

Policies & Procedures

Clinical Guide for Reference for UM

Section: Clinical

Pages: 5

Subject: Clinical Guide for Reference for UM

Effective Date:

Revision Date: 06/13/2023

LEVELS OF CARE

LEVEL 1: OUTPATIENT

i. Services:

- a. Individual, family and group therapy
- b. Case management and skill development
- c. Peer support and family peer support services

ii. Admission Criteria – Clients who present with the following characteristics may be considered a candidate for outpatient:

- a. The client has a diagnosis consistent with DSM/ICD/ASAM diagnostic and level of care criteria and will respond to therapeutic intervention at this level of care, and
- b. Following a thorough assessment, it is determined that the services are medically necessary in order to avert deterioration of functioning, alleviate symptoms or increase functioning level.

iii. Continued Treatment Criteria (one or more of the following):

- a. The client continues to meet admission criteria.
- b. The persistence of problems that caused admission continue and will likely respond to therapeutic interventions at this level of care.
- c. Additional problems have emerged which meet admission criteria.
- d. The current or revised treatment plan can reasonably be expected to bring about significant improvement in the referral problems.

iv. Exclusions (one or more of the following):

- a. The client situation does not justify the continued use of outpatient interventions, or
 - b. There is no behavioral health diagnosis, or
 - c. Criteria for a more intense level of care are present and documented with no indication that outpatient care will remediate symptoms.
- v. **Discharge Criteria** (A minimum of one of the following is required for discharge):
- a. Client's treatment goals have been accomplished.
 - b. Client has reached an adequate level of functioning within the current environmental setting.
 - c. Client has reached the maximum achievable level of functioning for this current episode.
 - d. Client is not making further progress and presenting signs and symptoms have decreased.
 - e. Client no longer meets admission criteria.
 - f. Care can be effectively provided at a less restrictive level of care or with natural supports.

LEVEL 2: INTENSIVE STABILIZATION

i. Services:

- a. Youth day treatment
- b. CRU
- c. Receiving center
- d. Subcontracted, out-of-home placement

ii. Admission Criteria – Clients who have a primary behavioral health condition and present with one or more of the following characteristics may be considered a candidate for this level of care:

- a. Following a clinical risk assessment, it is determined that the services are medically necessary in order to avert deterioration of functioning, alleviate symptoms or increase functioning level.
- b. Clients with substance use meet this ASAM level of care requirement
- c. Presence of a significant disturbance in mood/thought/behavior interfering with ADLs to the extent that stabilization is required.
- d. The clinical evaluation of the client's condition must indicate decompensation with a potential for danger to self or others, and the client has insufficient supports to provide continuous supervision and monitoring.

- e. The clinical evaluation indicates the client can be effectively treated with short-term, intensive, crisis stabilization services and returned to a less intensive level of care within a brief time frame.

iii. Continued Treatment Criteria:

- a. The persistence of problems that caused admission continue and will likely respond to therapeutic interventions at this level of care.
- b. Additional problems have emerged which meet admission criteria.
- c. The current or revised treatment plan can reasonably be expected to bring about significant improvement in the problems.

iv. Exclusions:

- a. Imminently suicidal, assaultive or actively psychotic with behaviors that cannot safely be monitored and supervised at this level of care.
- b. Significantly intellectually impaired without a behavioral health diagnosis that necessitates this level of care.
- c. In immediate medical crisis.
- d. Placement is used primarily to avoid legal problems or lack of housing.
- e. Behaviors that put other clients in the facility at risk and cannot be safely monitored.

v. Discharge Criteria: A minimum of one of the following is required for discharge:

- a. Client's treatment goals have been accomplished.
- b. Client has reached adequate level of functioning within the current environmental setting.
- c. No progress toward goals is being made. Consider discharge or alternate level of care.
- d. Presenting signs and symptoms have decreased and client is not making further progress.
- e. Client no longer meets admission or continued stay criteria or meets criteria for a less/more intensive level of care.
- f. Care can be effectively provided at a less restrictive level of care.

Inpatient

APPROPRIATENESS OF ADMISSION - CHILD/ADOLESCENT PSYCHIATRIC BOTH SEVERITY OF ILLNESS AND INTENSITY OF SERVICE CRITERIA MUST BE MET.

A. SEVERITY OF ILLNESS (documentation must be present to substantiate):

Either ONE of the following criteria is met (and must also meet item 1. in section B. below):		MET	NOT MET
1	An overt suicide attempt requiring immediate medical or surgical intervention.		
2	An acute psychotic break evidenced by severe, disabling symptoms, e.g., bizarre behavior to the extent of jeopardizing self or others.		
3	An immediate, life-threatening actual or potential danger to self or others, demonstrated by overt attempts to injure self or others, with documented medical evidence that this behavior is due to mental illness.		

OR TWO of the following criteria are met:

4	An actual or potential danger of physical harm or severe emotional or psychological trauma to self or others demonstrated either by threats with the capacity to carry them out or poorly controlled expressions of (or suppression of) intense emotions, with documented medical evidence that this behavior is due to mental illness.		
5	A current, severe hypersensitive or cumulative adverse effect from medication.		
6	An inability to perform the usual activities of daily living, so that there is a major life threat to physical health (e.g., there is substantial weight loss, dehydrations, malnutrition, isolation).		
7	Current, disabling symptoms, such as impaired reality testing, disordered behavior, psychotic organic brain symptoms, depression, anxiety, conversion, dissociation, depersonalization, somatization, phobia(s), compulsion(s), hypochondriasis, insomnia, over/under activity, eating disorder. Includes behavior which is a serious threat to the patient's adaptation to life. Such as severe aggression and noncompliance, severe school failure, or running away if there is a medical documentation that such symptoms are due to mental illness.		
8	Documentation that an adequate trial (at least four months of outpatient therapies) such as individual, group, or family therapy or less intensive care settings such as group, residential, specialized school program, specialized foster care, or day treatment; or medication management have failed immediately prior to hospitalization.		
9	Adequate documentation that the appropriate outpatient psychiatric treatment is not presently accessible for the degree of severity of the presenting problems.		

B. INTENSITY OF SERVICE

Either ONE of the following criteria is met:

1	Because of mental disorder, required immediate intensive preventive security for protection of self or others; requires immediate, intensive treatment to control dysfunctional behavior, emotional outburst, or thinking patterns; or serious regression in development.		
2	Requires immediate, specialized somatic treatments, such as electroconvulsive therapy or parenteral neuroleptic medications which can only be provided in an inpatient hospital setting.		
OR TWO of the following criteria are met:			
3	Requires daily individualized intervention and treatment and may include individual psychotherapy.		
4	Requires daily intensive group treatment, such as group therapy and daily structured occupational and other activity therapy.		
5	Requires family intervention a minimum of two times per week, (including biological or foster families or significant others). Must always be met for patients under 21 (or adequate documentation, e.g., parents are out of state and child is in State's custody).		
6	Complex medication trial or frequent dose adjustments requiring specific close medical supervision with skilled nursing observation.		
7	Requires parenteral medications, seclusion, or physical restraint to control behavior.		

APPROPRIATENESS OF ADMISSION - ADULT PSYCHIATRIC
BOTH SEVERITY OF ILLNESS AND INTENSITY OF SERVICE CRITERIA MUST BE MET.

A. SEVERITY OF ILLNESS (documentation must be present to substantiate):

Either ONE of the following criteria is met (and must also meet item 1. in section B. below):		MET	NOT MET
1	An overt suicide attempt requiring immediate medical or surgical intervention.		
2	An acute psychotic break evidenced by severe, disabling symptoms, e.g., bizarre behavior to the extent of jeopardizing self or others.		
3	An immediate, life-threatening actual or potential danger to self or others, demonstrated by overt attempts to injure self or others, with documented medical evidence that this behavior is due to mental illness.		

OR TWO of the following criteria are met:

4	An actual or potential danger of physical harm or severe emotional or psychological trauma to self or others demonstrated either by threats with the capacity to carry them out or poorly controlled expressions of (or suppression of) intense emotions, with documented medical evidence that this behavior is due to mental illness.		
5	A current, severe hypersensitive or cumulative adverse effect from medication.		
6	An inability to perform the usual activities of daily living, so that there is a major life threat to physical health (e.g., there is documented substantial weight loss, dehydration, malnutrition, isolation).		
7	Current, disabling symptoms, such as impaired reality testing, disordered behavior, psychotic organic brain symptoms depression, anxiety, conversion, dissociation, depersonalization, somatization, phobia, etc.		
8	Adequate documentation that an adequate trial (at least four months) of outpatient therapies (e.g., individual, group, or family; medication management; or treatment in less restrictive environment).		
9	Adequate documentation that the appropriate outpatient psychiatric treatment is not presently accessible or available for the degree of severity of the presenting problems.		

B. INTENSITY OF SERVICE

Either ONE of the following criteria is met:

1	Because of mental disorder, requires immediate intensive preventive security for protection of self or others; requires immediate, intensive treatment to control dysfunctional behavior, emotional outburst, or thinking patterns; or serious regression in development.		
2	Requires immediate, specialized somatic treatments, such as electroconvulsive therapy or parenteral neuroleptic medications which can only be provided in an inpatient hospital setting.		
OR TWO of the following criteria are met:			
3	Requires daily individualized intervention and treatment and may include individual psychotherapy.		
4	Requires daily intensive group treatment, such as group therapy and daily structured occupational and other activity therapy.		
5	Requires appropriate family intervention which includes significant others who may or may not be related.		
6	Complex medication trial or frequent dose adjustments requiring specific close medical supervision with skilled nursing observation.		
7	Requires parenteral medications, seclusion, or physical restraint to control behavior.		