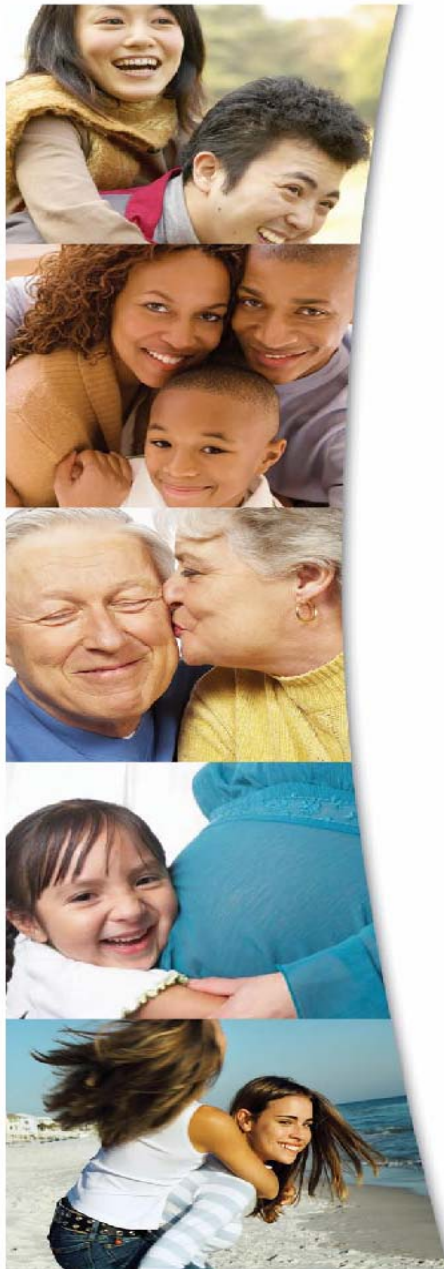


MaineCare ASO Behavioral Health Services

Utilization Review Level of Care Criteria



Introduction

The Level of Care Criteria are offered as interpretive clinical guidelines for proper application of the MaineCare rules. In the event of conflict between the rules and the guidelines, determinations of initial or continuing eligibility shall be controlled by the applicable MaineCare rules.

The Level of Care Criteria have been developed in partnership with Maine's Department of Health and Human Services, and incorporates previous provider and member recommendations developed during the first phase of the Utilization Service Review Program for Maine.

APS Healthcare utilizes established Level of Care Criteria for Prior Authorizations, Continued Stay Reviews, and Retroactive Reviews for mental health and substance use services for levels of care that are part of the MaineCare mental health continuum, and subject to the MaineCare Utilization Management Program. Proper understanding and application of the Level of Care Criteria will be monitored on an on-going basis through the APS Healthcare Inter-Rater Reliability Program.

APS Healthcare regards the Level of Care Criteria as a starting point and common reference for clinical discussion. As such, the criteria focus on the MaineCare member's clinical history, presenting history, presenting symptoms and available resources in recommending a level of care. In addition, APS Healthcare's clinical staff consider the following issues when reviewing the criteria for a given individual:

- Age; Co-occurring conditions; Complications; Progress of treatment; Psychosocial situation, and Home environment.

APS Healthcare recognizes that resources for the full continuum of care do not exist in all parts of the local delivery systems. In these cases, APS Healthcare may recommend a higher level of care than medically necessary in order to ensure safe, effective treatment. The term "Medically Necessary" is defined as care, which is determined to be effective, appropriate, and necessary to treat a given consumer's disorder. The term "substance use disorder" is also used throughout this document in lieu of "substance abuse disorder", including in places where the criteria were taken directly from the MaineCare Benefits Manual, to better reflect current language and practice.

APS Healthcare will implement any updates to the Level of Care Criteria at the direction of Maine's Department of Health and Human Services. Updated criteria will be incorporated into the Quality Management and Utilization Management plans. All APS Healthcare clinical staff, including Physician Advisors, will receive copies of updated criteria and receive training, as needed. Updated criteria will also be posted on the website at www.qualitycareforME.com and in that manner made available to MaineCare's mental health providers. For providers without access to the Internet, a hard copy will be made available.



Level of Care Criteria

ADULT MENTAL HEALTH SERVICES COMMUNITY SUPPORT SERVICES; MBM Ch II Section 17 (SUBSECTION 17.04-1)

COMMUNITY INTEGRATION (CI)

Admission Criteria	Continuing Stay Criteria
<p>The person is a Class Member OR</p> <p>The person is age eighteen (18) or older or is an emancipated Minor; AND</p> <ol style="list-style-type: none"> 1. Has a primary diagnosis on Axis I or Axis II of the multiaxial assessment system of the current version of the <i>Diagnostic and Statistical Manual of Mental Disorders</i>, other than one of the following diagnoses: <ol style="list-style-type: none"> a. Delirium, dementia, amnesia, and other cognitive disorders; b. Mental disorders due to a general medical condition, including neurological conditions and brain injuries; c. Substance abuse or dependence; d. Mental retardation; e. Adjustment disorders; f. V-codes; or g. Antisocial personality disorder 2. The member must have a qualifying ICD-9 diagnosis and a current GAF score of 50 or less as determined by a licensed professional clinician; AND 3. At least one of the following consequences resulting from signs and symptoms of the psychiatric diagnosis: <ol style="list-style-type: none"> a. The member has become homeless or at risk of losing his or her current residence; b. The member is causing repeated disturbances in the community because of poor judgment or bizarre, 	<ol style="list-style-type: none"> 1. The member's treatment plan has been reviewed by a licensed professional clinician and documents that the member continues to meet admission criteria; AND 2. The member is participating in treatment and making progress toward goals or there is an active strategy in place to improve progress toward goals.



- intrusive, or ineffective behavior;
- c. The member is at great risk of arrest because of behavior which results from his or her psychiatric diagnoses, or is presently incarcerated because of such behavior;
 - d. The member presents a clear risk of harming self or others without community support services;
 - e. The member manifests great difficulty in caring for self, posing a threat to his or her health, life or limb, without community support services; OR
 - f. The member would deteriorate clinically to a point of needing immediate medical or psychiatric hospitalization in the absence of prompt community support services; OR
 - g. The member meets the criteria for eligibility under Section 17.02-3(A)(2)(a)(I-vi)if, without current treatment or supportive services, he or she would clearly be exhibiting any of the difficulties described in Section 17.02-3(A)(2)(a)(I-vi)as a direct result of his or her Axis I or II diagnosis and he or she would likely have a GAF score of less than 50 and/or a LOCUS score of 14 or greater without current treatment or supportive services.
- 4. The member requires case management services to promote treatment efforts geared toward daily functioning and to live in the least restrictive environment.
 - 5. The member typically has a LOCUS score of 14 or greater.
 - 6. The member may have a co-occurring substance use disorder that is contributing to high risk or dangerous behavior and which requires consistent integrated treatment services.



Level of Care Criteria

ADULT MENTAL HEALTH SERVICES COMMUNITY SUPPORT SERVICES; MBM Ch II Section 17 (SUBSECTION 17.04-3)

INTENSIVE CASE MANAGEMENT (ICM)

Admission Criteria	Continuing Stay Criteria
<p>The person is age eighteen (18) or older or is an emancipated Minor; AND</p> <ol style="list-style-type: none"> 1. Has a primary diagnosis on Axis I or Axis II of the multi-axial assessment system of the current version of the <i>Diagnostic and Statistical Manual of Mental Disorders</i>, other than one of the following diagnoses: <ol style="list-style-type: none"> a. Delirium, dementia, amnesia, and other cognitive disorders; b. Mental disorders due to a general medical condition, including neurological conditions and brain injuries; c. Substance abuse or dependence; d. Mental retardation; e. Adjustment disorders; f. V-codes; or g. Antisocial personality disorder 2. The member must have a qualifying ICD9 diagnosis and a current GAF score of 50 or less as determined by a licensed professional clinician; AND At least one of the following consequences resulting from signs and symptoms of the psychiatric diagnosis: <ul style="list-style-type: none"> • The member has become homeless or at risk of losing his or her current residence; 	<ol style="list-style-type: none"> 1. The member's treatment plan has been reviewed by a licensed professional clinician and documents that the member continues to meet Admission criteria. AND 2. The member is participating in treatment and making progress toward goals or there is an active strategy in place to improve progress toward goals.



- The member is causing repeated disturbances in the community because of poor judgment or bizarre, intrusive, or ineffective behavior;
 - The member is at great risk of arrest because of behavior which results from his or her psychiatric diagnoses, or is presently incarcerated because of such behavior;
 - The member presents a clear risk of harming self or others without community support services;
 - The member manifests great difficulty in caring for self, posing a threat to his or her health, life or limb, without community support services; OR
 - The member would deteriorate clinically to a point of needing immediate medical or psychiatric hospitalization in the absence of prompt community support services; OR
 - The member meets the criteria for eligibility under Section 17.02-3(A)(2)(a)(I-vi) if, without current treatment or supportive services, he or she would clearly be exhibiting any of the difficulties described in Section 17.02-3(A)(2)(a)(I-vi) as a direct result of his or her Axis I or II diagnosis and he or she would likely have a GAF score of less than 50 and/or a LOCUS score of 14 or greater without current treatment or supportive services.
3. The member requires case management services to promote treatment efforts geared toward daily functioning and to live in the least restrictive environment.
 4. The member typically has a LOCUS score of 14 or greater.
 5. CI, ICI, ACT Services have not been successful or are not available.
 6. The member may have a co-occurring substance use disorder that is contributing to high risk or dangerous behavior and which requires consistent integrated treatment services.

Level of Care Criteria

ADULT MENTAL HEALTH SERVICES COMMUNITY SUPPORT SERVICES; MBM Ch II Section 17 (SUBSECTION 17.04-4)

ASSERTIVE COMMUNITY TREATMENT (ACT)

Admission Criteria	Continuing Stay Criteria
<p>The person is age eighteen (18) or older or is an emancipated Minor; AND</p> <ol style="list-style-type: none"> 1. Has a primary diagnosis on Axis I or Axis II of the multiaxial assessment system of the current version of the <i>Diagnostic and Statistical Manual of Mental Disorders</i>, other than one of the following diagnoses: <ol style="list-style-type: none"> a. Delirium, dementia, amnesia, and other cognitive disorders; b. Mental disorders due to a general medical condition, including neurological conditions and brain injuries; c. Substance abuse or dependence; d. Mental retardation; e. Adjustment disorders; f. V-codes; or g. Antisocial personality disorder 2. The member must have a qualifying ICD-9 diagnosis and a current GAF score of 50 or less as determined by a licensed professional clinician. AND <p>At least one of the following consequences resulting from signs and symptoms of the psychiatric diagnosis:</p> <ul style="list-style-type: none"> • The member has become homeless or at risk of losing his or her current residence; 	<ol style="list-style-type: none"> 1. The member's treatment plan has been reviewed by a licensed professional clinician and documents that the member continues to meet Admission criteria; AND 2. The member is participating in treatment and making progress toward goals or there is an active strategy in place to improve progress toward goals.



- The member is causing repeated disturbances in the community because of poor judgment or bizarre, intrusive, or ineffective behavior;
 - The member is at great risk of arrest because of behavior which results from his or her psychiatric diagnoses, or is presently incarcerated because of such behavior;
 - The member presents a clear risk of harming self or others without community support services;
 - The member has a co-occurring substance use disorder which compromises treatment services outside the team setting;
 - The member requires aggressive outreach and team-oriented services in order to engage in treatment.
 - The member manifests great difficulty in caring for self, posing a threat to his or her health, life or limb, without community support services.
 - The member would deteriorate clinically to a point of needing immediate medical or psychiatric hospitalization in the absence of prompt community support services; OR
 - The member meets the criteria for eligibility under Section 17.02-3(A)(2)(a)(I-vi)if, without current treatment or supportive services, he or she would clearly be exhibiting any of the difficulties described in Section 17.02-3(A)(2)(a)(I-vi)as a direct result of his or her Axis I or II diagnosis and he or she would likely have a GAF score of less than 50 and/or a LOCUS score of 20 or greater without current treatment or supportive services.
3. The member has recently had unsuccessful attempts at outpatient or CSS treatment and/or requires a higher level of outpatient care in order to live in the least restrictive environment;
 4. The member requires treatment from a multi-disciplinary team, including access to treatment four hours per day, seven days a week;
 5. The member typically has a LOCUS score of 20 or greater.

Level of Care Criteria

ADULT MENTAL HEALTH SERVICES COMMUNITY SUPPORT SERVICES; MBM Ch II Section 17

DAILY LIVING SUPPORT SERVICES

Admission Criteria	Continuing Stay Criteria
<p>The person is age eighteen (18) or older or is an emancipated Minor; AND</p> <ol style="list-style-type: none"> 1. Has a diagnosis on Axis I or Axis II of the multiaxial assessment system of the current version of the <i>Diagnostic and Statistical Manual of Mental Disorders</i>, other than one of the following diagnoses: <ol style="list-style-type: none"> a. Delirium, dementia, amnesia, and other cognitive disorders; b. Mental disorders due to a general medical condition, including neurological conditions and brain injuries; c. Substance abuse or dependence; d. Mental retardation; e. Adjustment disorders; f. V-codes; or g. Antisocial personality disorder 2. Has a current score of 50 or below on the Global Assessment of Functioning (GAF) scale as determined by a professional licensed to assign a clinical diagnosis, AND <p>At least one of the following consequences resulting from signs and symptoms of the psychiatric diagnosis:</p> <ul style="list-style-type: none"> ▪ has become homeless or at risk of losing his or her current residence; ▪ is causing repeated disturbances in the community because of poor judgment or bizarre, intrusive, or ineffective behavior; 	<ol style="list-style-type: none"> 1. The member's treatment plan has been reviewed by a licensed professional clinician and documents that the member continues to meet Admission criteria.; AND 2. The member is participating in treatment and making progress toward goals or there is an active strategy in place to improve progress toward goals.



- presence of behaviors which could result in arrest or incarceration;
- presents a clear risk of harming self or others without community support services;
- The member has a co-occurring substance use disorder which compromises treatment services outside the team setting;
- manifests great difficulty in caring for self, posing a threat to his or her life or limb, without community support services; or
- would deteriorate clinically to a point of needing immediate medical or psychiatric hospitalization in the absence of prompt community support services; **OR**
- The member meets the criteria for eligibility under Section 17.02-3(A)(2)(a)(I-vi) if, without current treatment or supportive services, he or she would clearly be exhibiting any of the difficulties described in Section 17.02-3(A)(2)(a)(I-vi) as a direct result of his or her Axis I or II diagnosis and he or she would likely have a GAF score of less than 50 without current treatment or supportive services.



Level of Care Criteria

ADULT MENTAL HEALTH SERVICES COMMUNITY SUPPORT SERVICES; MBM Ch II Section 17

SKILLS DEVELOPMENT

Admission Criteria	Continuing Stay Criteria
<p>The person is age eighteen (18) or older or is an emancipated Minor; AND</p> <ol style="list-style-type: none"> 1. Has a diagnosis on Axis I or Axis II of the multiaxial assessment system of the current version of the <i>Diagnostic and Statistical Manual of Mental Disorders</i>, other than one of the following diagnoses: <ol style="list-style-type: none"> a. Delirium, dementia, amnesia, and other cognitive disorders; b. Mental disorders due to a general medical condition, including neurological conditions and brain injuries; c. Substance abuse or dependence; d. Mental retardation; e. Adjustment disorders; f. V-codes; or h. Antisocial personality disorder 2. Has a current score of 50 or below on the Global Assessment of Functioning (GAF) scale as determined by a professional licensed to assign a clinical diagnosis, AND <p>At least one of the following consequences resulting from signs and symptoms of the psychiatric diagnosis:</p> <ul style="list-style-type: none"> ▪ has become homeless or at risk of losing his or her current residence; ▪ is causing repeated disturbances in the community because of poor judgment or bizarre, intrusive, or 	<ol style="list-style-type: none"> 1. The member's treatment plan has been reviewed by a licensed professional clinician and documents that the member continues to meet Admission criteria; AND 2. The member is participating in treatment and making progress toward goals or there is an active strategy in place to improve progress toward goals.



- ineffective behavior;
- presence of behaviors which could result in arrest or incarceration;
- presents a clear risk of harming self or others without community support services;
- manifests great difficulty in caring for self, posing a threat to his or her life or limb, without community support services; or
- would deteriorate clinically to a point of needing immediate medical or psychiatric hospitalization in the absence of prompt community support services; **OR**
- The member meets the criteria for eligibility under Section 17.02-3(A)(2)(a)(I-vi) if, without current treatment or supportive services, he or she would clearly be exhibiting any of the difficulties described in Section 17.02-3(A)(2)(a)(I-vi) as a direct result of his or her Axis I or II diagnosis and he or she would likely have a GAF score of less than 50 without current treatment or supportive services.

Level of Care Criteria

ADULT MENTAL HEALTH SERVICES COMMUNITY SUPPORT SERVICES; MBM Ch II Section 17 (Subsections 17.04-1, 17.04-2, 17.04-3, 17.04-4)

DAY SUPPORT SERVICES

Admission Criteria	Continuing Stay Criteria
<p>The person is age eighteen (18) or older or is an emancipated Minor; AND</p> <ol style="list-style-type: none"> 1. Has a diagnosis on Axis I or Axis II of the multiaxial assessment system of the current version of the <i>Diagnostic and Statistical Manual of Mental Disorders</i>, other than one of the following diagnoses: <ol style="list-style-type: none"> a. Delirium, dementia, amnesia, and other cognitive disorders; b. Mental disorders due to a general medical condition, including neurological conditions and brain injuries; c. Substance abuse or dependence; d. Mental retardation; e. Adjustment disorders; f. V-codes; or i. Antisocial personality disorder 2. Has a current score of 50 or below on the Global Assessment of Functioning (GAF) scale as determined by a professional licensed to assign a clinical diagnosis, AND <p>At least one of the following consequences resulting from signs and symptoms of the psychiatric diagnosis:</p> <ul style="list-style-type: none"> ▪ has become homeless or at risk of losing his or her current residence; 	<ol style="list-style-type: none"> 1. The member's treatment plan has been reviewed by a licensed professional clinician and documents that the member continues to meet Admission criteria; AND 2. The member is participating in treatment and making progress toward goals or there is an active strategy in place to improve progress toward goals.



- is causing repeated disturbances in the community because of poor judgment or bizarre, intrusive, or ineffective behavior;
- presence of behaviors which could result in arrest or incarceration;
- presents a clear risk of harming self or others without community support services;
- manifests great difficulty in caring for self, posing a threat to his or her life or limb, without community support services; or
- would deteriorate clinically to a point of needing immediate medical or psychiatric hospitalization in the absence of prompt community support services; **OR**
- The member meets the criteria for eligibility under Section 17.02-3(A)(2)(a)(I-vi) if, without current treatment or supportive services, he or she would clearly be exhibiting any of the difficulties described in Section 17.02-3(A)(2)(a)(I-vi) as a direct result of his or her Axis I or II diagnosis and he or she would likely have a GAF score of less than 50 without current treatment or supportive services.



Level of Care Criteria

ADULT MENTAL HEALTH SERVICES HOSPITAL SERVICES; MBM Ch II Sections 45

INPATIENT HOSPITAL SERVICES

Admission Criteria	Continuing Stay Criteria
<ol style="list-style-type: none"> 1. The member has a DSM-IV Axis I or Axis II diagnosis which may be determined after Admission; AND 2. The member's psychiatric condition must require 24-hour medical/psychiatric and nursing services and/or must be of such intensity that needed services can only be appropriately provided by acute hospital care; AND 3. Inpatient services in an acute care hospital must be expected to significantly improve the member's psychiatric condition within a reasonable period of time so that acute short term 24-hour a day inpatient medical/psychiatric and nursing services will no longer be needed. 	<p>All of the following criteria must be met:</p> <ol style="list-style-type: none"> 1. The member's psychiatric condition must require 24-hour medical/psychiatric and nursing services and/or must be of such intensity that needed services can only be appropriately provided by acute hospital care. 2. The member is experiencing symptoms of such intensity that he/she is likely to be immediately re-hospitalized if discharged. 3. Treatment is still necessary to reduce symptoms and improve functioning so the member may be treated at a less restrictive level of care, and continued treatment is likely to yield significant benefit.



Level of Care Criteria

ADULT MENTAL HEALTH SERVICES

INPATIENT PSYCHIATRIC FACILITY SERVICES: MBM CHII SUBSECTION 46.05-1

PSYCHIATRIC FACILITY SERVICES (AGE 18-20 & 65 AND OLDER)

Admission Criteria	Continuing Stay Criteria
<ol style="list-style-type: none"> 1. The member has a DSM-IV Axis I or Axis II diagnosis which may be determined after Admission; AND 2. The member's psychiatric condition must require 24-hour medical/psychiatric and nursing services and/or must be of such intensity that needed services can only be appropriately provided by acute hospital care; AND 3. Inpatient services in an acute care hospital must be expected to significantly improve the member's psychiatric condition within a reasonable period of time so that acute short term 24-hour a day inpatient medical/psychiatric and nursing services will no longer be needed. 	<p>All of the following criteria must be met:</p> <ol style="list-style-type: none"> 1. The member's psychiatric condition must require 24-hour medical/psychiatric and nursing services and/or must be of such intensity that needed services can only be appropriately provided by acute hospital care. 2. The member is experiencing symptoms of such intensity that he/she is likely to be immediately re-hospitalized if discharged. 3. Treatment is still necessary to reduce symptoms and improve functioning so the member may be treated at a less restrictive level of care, and continued treatment is likely to yield significant benefit.



Level of Care Criteria

ADULT MENTAL HEALTH SERVICES OUTPATIENT SERVICES; MBM CHII, SECTION 65

HOME BASED - ADULT

Home-Based Treatment for Adults is limited to members who, due to a documented mental health or physical functioning limitation, are unable to travel to an outpatient mental health setting for their medically necessary mental health services.

Admission Criteria	Continuing Stay Criteria
<ol style="list-style-type: none"> 1. Member must have an Axis I or Axis II diagnosis of a psychiatric disorder or substance use disorder and member is likely to benefit from outpatient treatment; AND 2. Member has the capacity to engage in treatment and/or agrees to participate in the development of, and to cooperate with, their treatment plan; AND 3. Member meets one of the following criteria indicating that outpatient treatment is the appropriate level of care to address the Member's current clinical needs: <ul style="list-style-type: none"> • Member has been discharged or is in transition from a more intense level of care and is able to benefit from outpatient treatment. • Member's level of functioning in self-care, work, family living, and social relations is impaired, and outpatient care will be instrumental in increasing functioning. • Member with a DSM-IV TR substance use disorder diagnosis is experiencing increased intensity or duration of symptoms, which are not the result of substance intoxication. <p>If member has only a substance use disorder diagnosis, ASAM criteria will be used to determine medical necessity.</p>	<p>All of the following criteria must be met:</p> <ol style="list-style-type: none"> 1. Member continues to meet Admission criteria and a different level of care is not appropriate. 2. Member is experiencing symptoms of such intensity that if s/he were discharged, the Member's level of functioning would be significantly impaired, likely to require a greater intensity of treatment. 3. Treatment reflects a change in progress, with lack of progress documented and strategies to address any possible changes noted in treatment plan. 4. Family/Guardian(s) are participating in treatment where appropriate. 5. Coordination of treatment with all included parties (as appropriate to the outpatient role), including PCP's, or other medical practitioners, and state or other community agencies, is well documented



Level of Care Criteria

ADULT MENTAL HEALTH SERVICES, MBM, CHAPTER II, SECTION 65

CRISIS SUPPORT SERVICES

Services may extend for several days, but clinical discussions of continuing eligibility and need shall occur, at the latest, within ten days of the precipitating psychiatric emergency.

Admission Criteria

1. Must have an Axis I diagnosis(es) of mental disorder(s) including co-occurring substance use issues or disorders as described in the most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM)*, or have a diagnosis described in the most recent version of the Diagnostic Classification of Mental Health and Developmental Disabilities of Infancy and Early Childhood (DC: 0-3*); **AND**
2. Member requires personal supervision services and therapeutic supports in order to stabilize the Member's condition during a psychiatric emergency or post-crisis period.
3. Member does not require inpatient level of care.

Continuing Stay Criteria

All of the following criteria must be met:

1. Member continues to meet Admission criteria and a different level of care is not appropriate.
2. Member is experiencing symptoms of such intensity that if s/he were discharged, the Member's level of functioning would be significantly impaired, likely to require a greater intensity of treatment.
3. Treatment reflects a change in progress, with lack of progress documented and strategies to address any possible changes noted in treatment plan.
4. Family/Guardian(s) are participating in treatment where appropriate.
5. Coordination of treatment with all included parties (as appropriate to the outpatient role), including PCP's, or other medical practitioners, and state or other community agencies, is well documented



Level of Care Criteria

ADULT MENTAL HEALTH SERVICES OUTPATIENT SERVICES; MBM CHII, SECTION 65

GROUP PSYCHOTHERAPY

Admission Criteria	Continuing Stay Criteria
<ol style="list-style-type: none"> 1. Member must have an Axis I or Axis II diagnosis of a psychiatric disorder or substance use disorder and member is likely to benefit from outpatient treatment: AND 2. Member has the capacity to engage in treatment and/or agrees to participate in the development of, and to cooperate with, their treatment plan; AND 3. Member meets one of the following criteria indicating that outpatient treatment is the appropriate level of care to address the Member's current clinical needs: <ul style="list-style-type: none"> • Member has been discharged or is in transition from a more intense level of care and is able to benefit from outpatient treatment. • Member's level of functioning in self-care, work, family living, and social relations is impaired, and outpatient care will be instrumental in increasing functioning. • Member with a DSM-IV TR substance use disorder diagnosis is experiencing increased intensity or duration of symptoms, which are not the result of substance intoxication. <p>If member has only a substance use disorder diagnosis, ASAM criteria will be used to determine medical necessity.</p>	<p>All of the following criteria must be met:</p> <ol style="list-style-type: none"> 1. Member continues to meet Admission criteria and a different level of care is not appropriate. 2. Member is experiencing symptoms of such intensity that if s/he were discharged, the Member's level of functioning would be significantly impaired, likely to require a greater intensity of treatment. 3. Treatment reflects a change in progress, with lack of progress documented and strategies to address any possible changes noted in treatment plan. 4. Family/Guardian(s) are participating in treatment where appropriate. 5. Coordination of treatment with all included parties (as appropriate to the outpatient role), including PCP's, or other medical practitioners, and state or other community agencies, is well documented



Level of Care Criteria

ADULT MENTAL HEALTH SERVICES OUTPATIENT SERVICES; MBM CHII, SECTION 65

MEDICATION MANAGEMENT

- This service is limited to two (2) hours of services for the comprehensive assessment.
- Subsequent sessions are limited to one, 30-minute session per day.
- Additional sessions considered outpatient counseling & require provider to document in medical record as outpatient counseling.

Admission Criteria	Continuing Stay Criteria
<ol style="list-style-type: none"> 1. Member must have an Axis I or Axis II diagnosis of a psychiatric disorder or substance use disorder and member is likely to benefit from this service in an outpatient setting; AND 2. Member has the capacity to engage in treatment and/or agrees to participate in the development of, and to cooperate with, their treatment plan; AND 3. Member meets one of the following criteria indicating that outpatient treatment is the appropriate level of care to address the Member's current clinical needs: <ul style="list-style-type: none"> • Member has been discharged or is in transition from a more intense level of care and is able to benefit from outpatient treatment. • Member's level of functioning in self-care, work, family living, and social relations is impaired, and outpatient care will be instrumental in increasing functioning. • Member with a DSM-IV TR substance use disorder diagnosis is experiencing increased intensity or duration of symptoms, which are not the result of substance intoxication. <p>If member has only a substance use disorder diagnosis, ASAM criteria will be used to determine medical necessity.</p>	<ol style="list-style-type: none"> 1. Member continues to meet Admission criteria and a different level of care is not appropriate. 2. Member is experiencing symptoms of such intensity that if s/he were discharged, the Member's level of functioning would be significantly impaired, likely to require a greater intensity of treatment. 3. Treatment reflects a change in progress, with lack of progress documented and strategies to address any possible changes noted in treatment plan. 4. Family/Guardian(s) are participating in treatment where appropriate and applicable. 5. Coordination of treatment with all included parties (as appropriate to the outpatient role), including PCP's, or other medical practitioners, and state or other community agencies, is well documented



Level of Care Criteria

ADULT MENTAL HEALTH SERVICES OUTPATIENT SERVICES; MBM CHII, SECTION 65 OUTPATIENT SERVICES; SECTION 58 LCSW/LCPC/LMFT

INDIVIDUAL PSYCHOTHERAPY OR OUTPATIENT SERVICES

Admission Criteria	Continuing Stay Criteria
<ol style="list-style-type: none"> 1. Member must have an Axis I or Axis II diagnosis of a psychiatric disorder or substance use disorder and member is likely to benefit from outpatient treatment; AND 2. Member has the capacity to engage in treatment and/or agrees to participate in the development of, and to cooperate with, their treatment plan; AND 3. Member meets one of the following criteria indicating that outpatient treatment is the appropriate level of care to address the Member's current clinical needs: <ul style="list-style-type: none"> • Member has been discharged or is in transition from a more intense level of care and is able to benefit from outpatient treatment. • Member's level of functioning in self-care, work, family living, and social relations is impaired, and outpatient care will be instrumental in increasing functioning. • Member with a DSM-IV TR substance use disorder diagnosis is experiencing increased intensity or duration of symptoms, which are not the result of substance intoxication. <p>If member has only a substance use disorder diagnosis, ASAM criteria will be used to determine medical necessity.</p>	<p>All of the following criteria must be met:</p> <ol style="list-style-type: none"> 1. Member continues to meet Admission criteria and a different level of care is not appropriate. 2. Member is experiencing symptoms of such intensity that if s/he were discharged, the Member's level of functioning would be significantly impaired, likely to require a greater intensity of treatment. 3. Treatment reflects a change in progress, with lack of progress documented and strategies to address any possible changes noted in treatment plan. 4. Family/Guardian(s) are participating in treatment where appropriate. 5. Coordination of treatment with all included parties (as appropriate to the outpatient role), including PCP's, or other medical practitioners, and state or other community agencies, is well documented

Level of Care Criteria

ADULT MENTAL HEALTH SERVICES OUTPATIENT SERVICES; MBM CHII, SECTION 65

FAMILY PSYCHO-EDUCATION

Admission Criteria	Continuing Stay Criteria
<ol style="list-style-type: none"> 1. Eligible members must have a primary diagnosis of an Axis I classification of major mental illness as described in the most recent version of the DSM IV, that is serious and disabling enough to cause one or more of the following symptoms of serious functional impairment: <ul style="list-style-type: none"> • Attempted or threatened suicide; • Active hallucinations that impair behavioral functioning; • Delusional or disorganized thoughts that impair behavioral functioning; or • Manifest inability to care for self, creating conditions either threatening to life or limb or likely to result in marked deterioration of mental and/or physical disorder(s). 2. Eligible members may also have a secondary diagnosis of substance use, autism or mild mental retardation. 3. The eligible member must participate in an initial engagement process with the staff that provide services. 	<p>All of the following criteria must be met:</p> <ol style="list-style-type: none"> 1. Member continues to meet Admission criteria and a different level of care is not appropriate. 2. Member is experiencing symptoms of such intensity that if s/he were discharged, the Member's level of functioning would be significantly impaired, likely to require a greater intensity of treatment. 3. Treatment reflects a change in progress, with lack of progress documented and strategies to address any possible changes noted in treatment plan. 4. Family/Guardian(s) are participating in treatment where appropriate. 5. Coordination of treatment with all included parties (as appropriate to the outpatient role), including PCP's, or other medical practitioners, and state or other community agencies, is well documented

Level of Care Criteria

NURSING FACILITY SERVICES; MBM CHII, SECTION 67

NURSING FACILITY SERVICES

These LOC apply only to certain beds, in 3 nursing facilities operating under contract with DHHS to provide mental health services to geriatric patients.

Admission Criteria	Continuing Stay Criteria
<p>All of the following criteria must be met:</p> <ol style="list-style-type: none"> 1. The service must be reasonable and necessary for the treatment of the individual's mental illness and co-occurring substance use disorders; 2. The services must be specifically designed by a plan of care developed in response to the findings and recommendations of PAS CIC and approved by the NF interdisciplinary team - OR - For individuals exempt from PAS, the services must be specifically designed by a plan of care developed in response to the findings and recommendations of, and approved by, the NF interdisciplinary team; 3. The services must be of a level of less intensity than those defined as specialized services; 4. The services must be of a level that the skills and expertise of a mental health professional are required; 5. The services must be provided by an individual appropriately licensed or certified in the State or province in which he or she practices and practicing within the scope of that licensure or certification. A 	<p>All of the following criteria must be met:</p> <ol style="list-style-type: none"> 1. The Member continues to meet Admission criteria, and less intensive care is not appropriate. 2. Time frames are consistent with the MED form. 3. The Member continues to meet Admission or Program criteria, and less intensive care is not appropriate. 4. The Member is experiencing symptoms of such intensity that he/she is likely to be hospitalized if discharged. 5. Crisis stabilization planning, including psychiatrist's orders, special procedures and medications, is individualized and specific to each Member. 6. Treatment is still necessary to reduce symptoms and improve functioning so the member may be treated at a less restrictive level of care. 7. Failed medication trials have been attempted or ruled out, if appropriate. 8. Family/Guardian(s) are participating in treatment as appropriate. Documentation reflects coordination of treatment with all involved parties including state or community agencies when appropriate.



clinician includes the following: licensed clinical professional counselor (LCPC); licensed clinical professional counselor-conditional (LCPC-conditional); licensed clinical social worker (LCSW); licensed master social worker conditional clinical (LMSW-conditional clinical); licensed marriage and family counselor (LMFT); licensed marriage and family counselor-conditional (LMFT-conditional); physician;
67.05 POLICIES AND PROCEDURES (cont.)psychiatrist; advanced practice registered nurse psychiatric and mental health nurse practitioner (APRN-PMH-NP); advanced practice registered nurse psychiatric and mental health clinical nurse specialists (APRN-PMH-CNS); psych examiner, RNC, or licensed clinical psychologist.

6. The services must be provided with the expectation that there will be improvement in mental, psychosocial and functional abilities;

7. Mental health and co-occurring disorder services will include consultation with and education of staff in the implementation of the treatment plan recommendations;

8. Mental health services in a NF setting will be reimbursed when ordered by a physician.

9. There is documentation that the Provider has made discharge-planning attempts that include transitioning the Member to a less intensive level of care.



Level of Care Criteria

ADULT RESIDENTIAL FACILITIES: MBM CH II, Section 97, Appendix E

PNMI- RESIDENTIAL TREATMENT

Admission Criteria	Continuing Stay Criteria
<p>A physician or provider must document the following information: The person is age eighteen (18) or older or is an emancipated Minor; AND</p> <ol style="list-style-type: none"> 1. Has a primary diagnosis on Axis I or Axis II of the multiaxial assessment system of the current version of the <i>Diagnostic and Statistical Manual of Mental Disorders</i>, other than one of the following diagnoses: <ol style="list-style-type: none"> a. Delirium, dementia, amnesia, and other cognitive disorders; b. Mental disorders due to a general medical condition, including neurological conditions and brain injuries; c. Substance abuse or dependence; d. Mental retardation; e. Adjustment disorders; f. V-codes; or g. Antisocial personality disorder 2. The member must have a current GAF score of 50 or less as determined by a licensed professional clinician. AND At least one of the following consequences resulting from signs and symptoms of the psychiatric diagnosis: <ul style="list-style-type: none"> • The member has become homeless or at risk of losing his or her current residence; • The member is causing repeated disturbances in the community because of poor judgment or bizarre, intrusive, or ineffective behavior; • The member is at great risk of arrest because of behavior which results from his or her psychiatric diagnoses, or is presently 	<p>All of the following criteria must be met:</p> <ol style="list-style-type: none"> 1. The Member continues to meet Admission criteria, and less intensive care is not appropriate. 2. The Member is experiencing symptoms of such intensity that he/she is likely to be hospitalized if discharged. 3. Crisis stabilization planning, including psychiatrist's orders, special procedures and medications, is individualized and specific to each Member. 4. Treatment is still necessary to reduce symptoms and improve functioning so the member may be treated at a less restrictive level of care. 5. Failed medication trials have been attempted or ruled out, if appropriate. 6. Family/Guardian(s) are participating in treatment as appropriate. Documentation reflects coordination of treatment with all involved parties including state or community agencies when appropriate. 7. There is documentation that the Provider has made discharge-planning attempts that include transitioning the Member to a less intensive level of care.



incarcerated because of such behavior;

- The member presents a clear risk of harming self or others without community support services;
- The member manifests great difficulty in caring for self, posing a threat to his or her health, life or limb without community support services; OR
- The member would deteriorate clinically to a point of needing immediate medical or psychiatric hospitalization in the absence of prompt community support services; OR
- The member meets the criteria for eligibility under Section 17.02-3(A)(2)(a)(I-vi) if, without current treatment or supportive services, he or she would clearly be exhibiting any of the difficulties described in Section 17.02-3(A)(2)(a)(I-vi) as a direct result of his or her Axis I or II diagnosis and he or she would likely have a GAF score of less than 50 and/or a LOCUS score of 17 or greater without current treatment or supportive services.

OR

3. The psychiatric condition or emotional disturbance, which may include the contribution of a co-occurring substance use disorder, poses a current threat to the member's ability to function in his or her current setting.
4. This Level of Care is an appropriate step-down from a higher Level of Care. **OR**
5. All evidence points to the onset of life endangering acuity of a psychiatric condition, but there is insufficient information concerning baseline functioning and family/community support to warrant inpatient psychiatric care. **AND**
6. Member is willing to participate in treatment and/or rehabilitation services. **AND**
7. Member has demonstrated an inability to function successfully in the community without the availability of 24 hour supervision.

Level of Care Criteria

PSYCHOLOGICAL SERVICES: MBM CH II, Section 100

PSYCHOLOGICAL SERVICES

Admission or Program Criteria	Continuing Stay Criteria
<ol style="list-style-type: none"> 1. Member has a primary DSM-IV TR Axis I diagnosis of a psychiatric disorder or substance use disorder; AND 2. Member has the capacity to engage in treatment and/or agrees to participate in the development of, and to cooperate with, their treatment plan; AND 3. Member meets one of the following criteria indicating that outpatient treatment is the appropriate level of care to address the Member's current clinical needs: <ul style="list-style-type: none"> • Member has been discharged or is in transition from a more intense level of care and is able to benefit from outpatient treatment. • Member's level of functioning in self-care, work, family living, and social relations is impaired, and outpatient care will be instrumental in increasing functioning. • Member with a DSM-IV TR substance use disorder diagnosis is experiencing increased intensity or duration of symptoms, which are not the result of substance intoxication. <p>If member has only a substance use disorder diagnosis, ASAM criteria will be used to determine medical necessity.</p>	<p>All of the following criteria must be met:</p> <ol style="list-style-type: none"> 1. Member continues to meet Admission or Program criteria and a different level of care is not appropriate. 2. Member is experiencing symptoms of such intensity that if s/he were discharged, the Member's level of functioning would be significantly impaired, likely to require a greater intensity of treatment. 3. Treatment reflects a change in progress, with lack of progress documented and strategies to address any possible changes noted in treatment plan. 4. Family/Guardian(s) are participating in treatment where appropriate. 5. Coordination of treatment with all included parties (as appropriate to the outpatient role), including PCP's, or other medical practitioners, and state or other community agencies, is well documented

Level of Care Criteria

SUBSTANCE USE TREATMENT SERVICES: MBM, CHAPTER II, SECTION 45

INPATIENT –GENERAL HOSPITAL

1. APS Healthcare refers to ASAM Criteria when determining what level of Substance Use Disorders or detoxification care best meets a Member's needs.
2. APS Healthcare uses ASAM PPCR2 criteria as guidelines, not absolute standards, and considers them in conjunction with other indications of a Member's needs, strengths, and treatment history in determining the most appropriate Level of Care for a Member.

Admission Criteria

1. APS Healthcare will utilize the American Society of Addiction Medicine (ASAM) PPCR2 criteria for Inpatient and Residential Levels of Care when conducting Utilization Reviews. Information on how to obtain ASAM criteria can be found at <http://www.asam.org/>.
2. For Inpatient Detoxification reviews, APS Healthcare refers to ASAM's Level IV – Medically Managed Intensive Inpatient Treatment. If APS Healthcare determines from the clinical presentation that the member could be served appropriately at an ASAM Level III.5 – Clinically Managed High Intensity Residential Treatment or ASAM Level III.7 – Medically Monitored Intensive Inpatient Treatment; this will be documented in the Utilization Review, and documented that the member does not meet the Level IV criteria.
3. During the Utilization review if the APS Healthcare Care Manager determines that the member's treatment needs could be served at a lower level of care, even if that level of care does not currently exist in the member's geographical area, that level of care will be documented in the Service Review. The fact that the needed service is not currently available will be clearly documented.

Continuing Stay Criteria

1. APS Healthcare will utilize the American Society of Addiction Medicine (ASAM) PPCR2 criteria for Inpatient and Residential Levels of Care when conducting Utilization Reviews. Information on how to obtain ASAM criteria can be found at <http://www.asam.org/>.
2. APS Healthcare refers to ASAM Criteria when determining what level of Substance Use Disorders or detoxification care best meets a Member's needs.

Level of Care Criteria

SUBSTANCE USE TREATMENT SERVICES: MBM, CHAPTER II, SECTION 97

PNMI-RESIDENTIAL TREATMENT

1. APS Healthcare refers to ASAM Criteria when determining what level of Substance Use Disorders or detoxification care best meets a Member's needs.
2. APS Healthcare uses ASAM PPCR2 criteria as guidelines, not absolute standards, and considers them in conjunction with other indications of a Member's needs, strengths, and treatment history in determining the most appropriate Level of Care for a Member.

Admission Criteria

1. APS Healthcare will utilize the American Society of Addiction Medicine (ASAM) PPC2R criteria for Inpatient and Residential Levels of Care when conducting Utilization Reviews. Information on how to obtain ASAM criteria can be found at <http://www.asam.org/>.
2. The following are the Admission Criteria for the Substance use PNMI Residential Treatment Levels of Care as described in the MaineCare regulations:

Substance Use Residential Treatment for Adults/Adolescents - Residential Rehabilitation **ASAM LEVEL 3.5**

- Provides scheduled therapeutic treatment consisting of diagnostic and counseling services
- 30-day residential rehab (limit of 2 admissions)
- 30 covered days on annual basis per member
- Member has DSM-IV Dx of Substance abuse or dependence
- Member has been unsuccessful in their attempts to live substance-free and is willing to live a drug-free life
- Support systems are not able to adequately manage the intensity of the cravings
- Reasonable and recent trials of substance use treatment in an intensive treatment program have failed

Continuing Stay Criteria

1. APS Healthcare will utilize the American Society of Addiction Medicine (ASAM) PPC2R criteria for Inpatient and Residential Levels of Care when conducting Utilization Reviews. Information on how to obtain ASAM criteria can be found at <http://www.asam.org/>.
2. APS Healthcare refers to ASAM Criteria when determining what level of Substance Use Disorders or detoxification care best meets a Member's needs.



- The member's recent history of substance use treatment demonstrates an inability to remain abstinent in any intensive ambulatory treatment setting
- Member lacks social supports that will assist with sobriety

Substance Abuse Halfway House ASAM LEVEL 3.1

- Provides scheduled therapeutic/rehabilitative treatment consisting of transitional services
- Single admission of 180-day covered on an annual basis per member
- Member has DSM-IV Diagnosis of Substance Abuse or Dependence
- Member has been unsuccessful in their attempts to live substance-free and is willing to live a drug-free life
- Support systems are not able to adequately manage the intensity of the cravings
- Reasonable and recent trials of substance abuse treatment in an intensive treatment program have failed
- The Member's recent history of substance abuse treatment demonstrates an inability to remain abstinent in any intensive ambulatory treatment setting without additional residential or shelter-based supports
- Member has social supports that will assist with sobriety

Substance Abuse Extended Care Services: ASAM LEVEL 3.1

- Provides therapeutic plans consisting of treatment services
- Single admission of 270-days covered on an annual basis per member
- Member has DSM-IV diagnosis of Substance abuse or dependence
- Member has been unsuccessful in their attempts to live substance-free and is willing to live a drug-free life
- Support systems are not able to adequately manage the intensity of the cravings
- Reasonable and recent trials of substance use treatment in an



- intensive treatment program have failed
- The Member's recent history of substance use treatment demonstrates an inability to remain abstinent in any intensive ambulatory treatment setting without additional residential or shelter-based supports
- Member has social supports that will assist with sobriety

Substance Use Extended Shelter: **ASAM LEVEL**

- Provides a structured therapeutic environment for members who are on a waiting list for treatment/completed detox treatment/ or not in need of detox services
- Term of residency shall not exceed 45 days
- Member has DSM-IV diagnosis of Substance abuse or dependence
- Member has been unsuccessful in their attempts to live substance-free and is willing to live a drug-free life
- Support systems are not able to adequately manage the intensity of the cravings
- Reasonable and recent trials of substance use treatment in an intensive treatment program have failed
- The Member's recent history of substance use treatment demonstrates an inability to remain abstinent in any intensive ambulatory treatment setting without additional residential or shelter-based supports
- Member has social supports that will assist with sobriety



Level of Care Criteria

SUBSTANCE USE TREATMENT SERVICES: MBM, CHAPTER II, SECTION 111

ROUTINE OUTPATIENT (NON-RESIDENTIAL) SERVICES

1. Outpatient services are limited to a maximum of thirty (30) weeks that must be completed within a 40 calendar week period from the date of initial treatment, three (3) hours per effective calendar week.
2. APS Healthcare will review provider requests for an extension beyond thirty (30) weeks, and will make the initial decision. Such approval must be documented and on file at the substance use treatment agency. Extension requests will be forwarded to OSA only in the instance of provider appeal of APS decision.

Admission Criteria	Continuing Stay Criteria
<ol style="list-style-type: none"> 1. APS Healthcare will utilize the American Society of Addiction Medicine (ASAM) PPC2R criteria for Routine Outpatient Levels of Care involving substance use disorders when conducting Utilization Reviews. Information on how to obtain ASAM criteria can be found at http://www.asam.org/. 2. The recipient must meet the American Society of Addiction Medicine (ASAM) criteria for Level 0.5 or Level I for individual, family or group medically necessary Outpatient Services; or Level II.1 or II.5 for medically-necessary Intensive Outpatient Services. <p>A. for addicted individual:</p> <ol style="list-style-type: none"> 1. Demonstrated symptoms of acute or chronic alcohol or other drug use/dependency to the point whereby the individual meets the outpatient Admission or Program criteria, and 2. Any major medical condition is sufficiently stable to permit routine attendance at Outpatient or IOP sessions. <p>B. for affected others:</p> <ol style="list-style-type: none"> 1. Demonstrated family relationship with an addicted individual whose substance use has led to the affected other's clinically significant impairment or distress. 	<ol style="list-style-type: none"> 1. APS Healthcare will utilize the American Society of Addiction Medicine (ASAM) criteria for Routine Outpatient Levels of Care involving substance use disorders when conducting Utilization Reviews. ASAM criteria can be obtained at http://www.asam.org/. 2. The recipient must continue to meet the American Society of Addiction Medicine (ASAM) criteria for Level 0.5 or Level I for individual, family or group medically necessary Outpatient Services; or Level II.1 or II.5 for medically-necessary Intensive Outpatient Services.



Level of Care Criteria

CHILDRENS SERVICES – TARGETED CASE MANAGEMENT SERVICES, MBM, CH II, SECTION 13.12

TARGETED CASE MANAGEMENT FOR CHILDREN AND ADOLESCENTS/YOUNG ADULTS

Children & Adolescents Age zero through twenty (0-20) with Emotional Disturbance, Behavioral Disorder, Mental Illness, or Pervasive Developmental Disorder(s):

Admission Criteria	Continuing Stay Criteria
<ol style="list-style-type: none"> 1. Must have an Axis I diagnosis(es) of mental disorder(s) including co-occurring substance use issues or disorders as described in the most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM)*, or have a diagnosis described in the most recent version of the Diagnostic Classification of Mental Health and Developmental Disabilities of Infancy and Early Childhood (DC: 0-3*), OR 2. For children 0-5 years of age, must have been assessed using screening tools adopted by DHHS as being at risk of mental, emotional, or behavioral impairment. This risk may be due to known environmental or biological risks, or to functional impairment in at least two (2) of the following areas: <ul style="list-style-type: none"> • Developmentally appropriate self-care; • An ability to build or maintain satisfactory relationships with peers and adults; • Self-direction, including behavioral control and substance use • A capacity to live in a family or family equivalent; • An inability to learn that is not due to intellectual, sensory or health factors. • A. Additional Required Criteria for Children and 	<p>All of the following criteria must be met:</p> <ol style="list-style-type: none"> 1. Member continues to meet Admission criteria; AND 2. There is a continued need for Case Management services that cannot be assumed by the family; AND 3. The member’s treatment plan has been reviewed by a licensed professional clinician (or for MR/DD-only programs, a supervisor or manager) (every 90 days) and documents that the member continues to meet Admission criteria; AND 4. The member is participating in treatment and making progress toward goals or there is an active strategy in place to improve progress toward goals. <p>Level I: Level I addresses moderate to minimal needs and is specifically for those families needing information or help accessing resources or guidance in doing their own case management and advocacy. Persons assigned to this level are eligible to receive the least intensive level of care. Such services will focus on, but not be limited to, information, referral, support, advocacy, and coordination of services.</p> <p>Guidance in assessing the level of care shall be provided by assessment tools approved by the Department. Assessment tool</p>



Adolescents Age zero through twenty (0-20) with Mental Retardation and/or Axis II diagnosis:

Must either meet the definition of mental retardation as defined in 34-B M.R.S.A. Section 5001 or must have an Axis II diagnosis as described in the most recent version of the Diagnostic and Statistical Manual of Mental Disorders.

B. Additional Required Criteria for Children from Birth to School-Age Five (5):

A child between birth and school age who does not meet the eligibility criteria outlined above is still eligible for services under this subsection if he or she has been assessed as being at risk of cognitive and /or mental impairment, or emotional or behavioral disorder due to known environmental or biological risks using DHHS adopted screening tools, such as the AIMS Developmental Indicators of Emotional Health, or Ages and Stages Questionnaire.

C. Guidance in assessing the level of care shall be provided by assessment tools approved by the Department. Assessment tool scores shall not be used as the exclusive criteria in determining level of care and are for guidance only. The following tools and levels are guidelines for Targeted Case Management as a level of care:

CAFAS Total 8 Scale Sum 40 and above

PECFAS Total 7 Scale Sum 30 and above

CHAT Total Score 25 and above

*DSM: Published by the American Psychiatric Association

*DC: 0-3 Published by the National center for Infants, Toddlers, and Families

scores shall not be used as the exclusive criteria in determining level of care and are for guidance only. The following tools and levels are guidelines for Targeted Case Management Level I as a level of care:

For children birth through 3 there is no tool currently in use for guidance on levels. Please refer to the written guidance for Level I above.

CAFAS Total 8 Scale Sum 40-59

PECFAS Total 7 Scale Sum 30-49

CHAT Total Score 25-35

Level II:

Level II addresses moderate to extensive needs and is for families with complicated clinical situations and resource needs or family difficulties which need more help than Level I in order to develop and maintain a comprehensive service plan and to coordinate services.

Guidance in assessing the level of care shall be provided by assessment tools approved by the Department. Assessment tool scores shall not be used as the exclusive criteria in determining level of care and are for guidance only. The following tools and levels are guidelines for Targeted Case Management Level II as a level of care:

For children birth through 3 there is no tool currently in use for guidance on levels. Please refer to the written guidance for Level II above.

CAFAS Total 8 Scale Sum 60 and above

PECFAS Total 7 Scale Sum 50 and above

CHAT Total Score of 36 and above



Level of Care Criteria

CHILDRENS SERVICES – HOSPITAL SERVICES, MBM, CHAPTER II, SECTION 45

INPATIENT HOSPITAL SERVICES

Admission Criteria	Continuing Stay Criteria
<ol style="list-style-type: none"> 1. The member has a DSM-IV Axis I or Axis II diagnosis, which may be determined after Admission or Program; AND 2. The member's psychiatric condition must require 24-hour medical/psychiatric and nursing services and/or must be of such intensity that needed services can only be appropriately provided by acute hospital care; AND 3. Inpatient services in an acute care hospital must be expected to significantly improve the member's psychiatric condition within a reasonable period of time so that acute short term 24-hour a day inpatient medical/psychiatric and nursing services will no longer be needed. 4. The member's family/guardian(s), where applicable and clinically indicated, are willing to actively participate throughout the duration of the treatment. 	<p>All of the following criteria must be met:</p> <ol style="list-style-type: none"> 1. The member's psychiatric condition must require 24-hour medical/psychiatric and nursing services and/or must be of such intensity that needed services can only be appropriately provided by acute hospital care. 2. The member is experiencing symptoms of such intensity that he/she is likely to be re-hospitalized if discharged. 3. Treatment is still necessary to reduce symptoms and improve functioning so the member may be treated at a less restrictive level of care, and continued treatment is likely to yield significant benefit. 4. Family/Guardian(s) are participating in treatment unless this is clinically contraindicated.



Level of Care Criteria

CHILDRENS SERVICES – HOSPITAL SERVICES, MBM, CHAPTER II, SECTION 45

OUTPATIENT HOSPITAL SERVICES (AGE 18-20 & 65 AND OLDER)

Admission Criteria	Continuing Stay Criteria
<ol style="list-style-type: none"> 1. Must have an Axis I diagnosis(es) of mental disorder(s) including co-occurring substance use issues or disorders as described in the most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM)*, or have a diagnosis described in the most recent version of the Diagnostic Classification of Mental Health and Developmental Disabilities of Infancy and Early Childhood (DC: 0-3*); AND 2. Member has the capacity to engage in treatment and/or agrees to participate in the development of, and to cooperate with, their treatment plan; AND 3. Member meets one of the following criteria indicating that outpatient treatment is the appropriate level of care to address the Member's current clinical needs: <ul style="list-style-type: none"> • Member has been discharged or is in transition from a more intense level of care and is able to benefit from outpatient treatment. • Member's level of functioning in self-care, work, family living, and social relations is impaired, and outpatient care will be instrumental in increasing functioning. • Member with a DSM-IV TR substance use disorder diagnosis is experiencing increased intensity or duration of symptoms, which are not the result of substance intoxication. • Member is at risk for hospitalization. 4. The family/guardian(s), where available and clinically indicated, are willing to actively participate throughout the duration of treatment. 	<p>All of the following criteria must be met:</p> <ol style="list-style-type: none"> 1. Member continues to meet Admission criteria and a different level of care is not appropriate. 2. Member is experiencing symptoms of such intensity that if s/he were discharged, the Member's level of functioning would be significantly impaired, likely to require readmission or significant deterioration of functioning. 3. Treatment reflects a change in progress, with lack of progress documented and strategies to address any possible changes noted in treatment plan. 4. Family/Guardian(s) are participating in treatment where appropriate and applicable. 5. Coordination of treatment with all included parties (as appropriate to the outpatient role), including PCP's, or other medical practitioners, and state or other community agencies, is well documented

Level of Care Criteria

CHILDRENS SERVICES – HOSPITAL SERVICES, MBM, CHAPTER II, SECTION 46

PSYCHIATRIC FACILITY SERVICES (AGE 20 & UNDER)

Admission Criteria

1. The member's psychiatric condition must require 24-hour medical/psychiatric and nursing services and/or must be of such intensity that needed services can only be appropriately provided by acute hospital care; **AND**
2. Inpatient services in an acute care hospital must be expected to significantly improve the member's psychiatric condition within a reasonable period of time so that acute short term 24-hour a day inpatient medical/psychiatric and nursing services will no longer be needed.

Continuing Stay Criteria

All of the following criteria must be met:

1. Inpatient services in an acute care hospital must be expected to significantly improve the member's psychiatric condition within a reasonable period of time so that acute short term 24-hour a day inpatient medical/psychiatric and nursing services will no longer be needed; **AND**
2. The member is experiencing symptoms of such an intensity that he/she is likely to be re-hospitalized if discharged; **AND**
3. Treatment is still necessary to reduce symptoms and improve functioning so the member may be treated at a less restrictive level of care, and continued treatment is likely to yield significant benefit.
4. Family/Guardian(s) are participating in treatment where appropriate and applicable.



Level of Care Criteria

CHILDRENS SERVICES – LICENSED CLINICAL SOCIAL WORKER, LICENSED CLINICAL PROFESSIONAL COUNSELOR AND LICENSED MARITAL AND FAMILY THERAPIST SERVICES, MBM, CHAPTER II, SECTION 58

LICENSED CLINICAL SOCIAL WORKER, LICENSED CLINICAL PROFESSIONAL COUNSELOR AND LICENSED MARITAL AND FAMILY THERAPIST SERVICES

Admission Criteria

1. Must have an Axis I diagnosis(es) of mental disorder(s) including co-occurring substance use issues or disorders as described in the most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM)*, or have a diagnosis described in the most recent version of the Diagnostic Classification of Mental Health and Developmental Disabilities of Infancy and Early Childhood (DC: 0-3*); **AND**
2. Member has the capacity to engage in treatment and/or agrees to participate in the development of, and to cooperate with, their treatment plan; **AND**
3. Member meets one of the following criteria indicating that outpatient treatment is the appropriate level of care to address the Member's current clinical needs:
 - Member has been discharged or is in transition from a more intense level of care and is able to benefit from outpatient treatment.
 - Member's level of functioning in self-care, work, family living, and social relations is impaired, and outpatient care will be instrumental in increasing functioning.
 - Member with a DSM-IV TR substance use disorder diagnosis is experiencing increased intensity or duration of symptoms, which are not the result of substance intoxication.
 - Member is at risk for hospitalization.
4. The family/guardian(s), where available and clinically indicated, are willing to actively participate throughout the duration of treatment.

Continuing Stay Criteria

All of the following criteria must be met:

1. Member continues to meet Admission criteria and a different level of care is not appropriate.
2. Member is experiencing symptoms of such intensity that if s/he were discharged, the Member's level of functioning would be significantly impaired, likely to require readmission or significant deterioration of functioning.
3. Treatment reflects a change in progress, with lack of progress documented and strategies to address any possible changes noted in treatment plan.
4. Family/Guardian(s) are participating in treatment where appropriate and applicable.
5. Coordination of treatment with all included parties (as appropriate to the outpatient role), including PCP's, or other medical practitioners, and state or other community agencies, is well documented



Level of Care Criteria

CHILDRENS SERVICES – MENTAL HEALTH SERVICES, MBM, CHAPTER II, SECTION 65

CRISIS SUPPORT SERVICES

Limited to a ten (10) day period beginning with the precipitating psychiatric emergency.

Admission Criteria	Continuing Stay Criteria
<ol style="list-style-type: none"> 1. Must have an Axis I diagnosis(es) of mental disorder(s) including co-occurring substance use issues or disorders as described in the most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM)*, or have a diagnosis described in the most recent version of the Diagnostic Classification of Mental Health and Developmental Disabilities of Infancy and Early Childhood (DC: 0-3*); AND 2. Personal supervision services and therapeutic supports provided to a member during a psychiatric emergency and for a time-limited post-crisis period in order to stabilize the member's condition. 3. The family/guardian(s), where available and clinically indicated, are willing to actively participate throughout the duration of treatment. 	<p>All of the following criteria must be met:</p> <ol style="list-style-type: none"> 1. Member continues to meet Admission criteria and a different level of care is not appropriate. 2. Member is experiencing symptoms of such intensity that if s/he were discharged, the Member's level of functioning would be significantly impaired, likely to require a greater intensity of treatment. 3. Treatment reflects a change in progress, with lack of progress documented and strategies to address any possible changes noted in treatment plan. 4. Family/Guardian(s) are participating in treatment where appropriate and applicable. 5. Coordination of treatment with all included parties (as appropriate to the outpatient role), including PCP's, or other medical practitioners, and state or other community agencies, is well documented



Level of Care Criteria

CHILDRENS SERVICES – MENTAL HEALTH SERVICES, MBM, CHAPTER II, SECTION 65 CHILDREN’S OUTPATIENT SERVICES

Admission Criteria

1. Must have an Axis I diagnosis(es) of mental disorder(s) including co-occurring substance use issues or disorders as described in the most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM)*, or have a diagnosis described in the most recent version of the Diagnostic Classification of Mental Health and Developmental Disabilities of Infancy and Early Childhood (DC: 0-3*); **AND**
2. Member has the capacity to engage in treatment and/or agrees to participate in the development of, and to cooperate with, their treatment plan.
3. The family/guardian(s), where available and clinically indicated, are willing to actively participate throughout the duration of treatment.

Continuing Stay Criteria

All of the following criteria must be met:

1. Member continues to meet Admission criteria and a different level of care is not appropriate.
2. Member is experiencing symptoms of such intensity that if s/he were discharged, the Member's level of functioning would be significantly impaired, likely to require a greater intensity of treatment.
3. Treatment reflects a change in progress, with lack of progress documented and strategies to address any possible changes noted in treatment plan.
4. Family/Guardian(s) are participating in treatment where appropriate and applicable.
5. Coordination of treatment with all included parties (as appropriate to the outpatient role), including PCP's, or other medical practitioners, and state or other community agencies, is well documented



Level of Care Criteria

CHILDRENS SERVICES – MENTAL HEALTH SERVICES, MBM, CHAPTER II, SECTION 65

FAMILY PSYCHO EDUCATIONAL TREATMENT

Only Ages six (6) through twenty (20) are eligible for Family Psych Educational Treatment.

Admission Criteria	Continuing Stay Criteria
<ol style="list-style-type: none"> 1. The member must have a primary diagnosis of a serious emotional disturbance as described in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders; AND 2. Treatment must be focused on the member, although the parent or caregiver may be included when providing supportive services assisting in the member's treatment, and documented in the treatment plan; AND 3. Covered services may be provided with or without the member present if and when the member is clinically unable to participate. In order for the member and his/her parent or caregiver to participate in the service, the member must first be evaluated by a physician who determines the appropriateness of the service for the member. In addition, the member must participate in an initial engagement process with staff who provide the services; AND 4. In addition, the member may have a secondary diagnosis of substance use, autism or mild mental retardation. The diagnosis of serious emotional disturbance must have a duration or risk of duration of more than one (1) year, and results in the member's significant inability to function in the home, school or community without supportive services. 	<p>All of the following criteria must be met:</p> <ol style="list-style-type: none"> 1. Member continues to meet Admission criteria and a different level of care is not appropriate 2. Member is experiencing symptoms of such intensity that if s/he were discharged, the Member's level of functioning would be significantly impaired, likely to require a greater intensity of treatment. 3. Treatment reflects a change in progress, with lack of progress documented and strategies to address any possible changes noted in treatment plan. 4. Family/Guardian(s) are participating in treatment where appropriate. 5. Coordination of treatment with all included parties (as appropriate to the outpatient role), including PCP's, or other medical practitioners, and state or other community agencies, is well documented



5. The member must have one of the following:

- Psychotic symptoms;
- Suicidality: Attempt in past three (3) months; significant ideation within the past month;
- Aggression: at risk for causing injury to member or significant damage to property;
- Currently a victim of abuse; or
- Severe and disabling attention deficit, anxiety and depressive symptoms.

6. Family/Guardian(s) must be willing to actively participate throughout the duration of treatment.



Level of Care Criteria

CHILDRENS SERVICES – MENTAL HEALTH SERVICES, MBM, CHAPTER II, SECTION 65

CHILDREN'S ASSERTIVE COMMUNITY TREATMENT (ACT) SERVICES

Admission Criteria	Continuing Stay Criteria
<ol style="list-style-type: none"> 1. The member must have a clearly documented history of failure in other less intensive treatment approaches; AND 2. Members must be diagnosed with an Axis I diagnosis of a Serious Emotional Disturbance (SED) as described in the most recent Diagnostic and Statistical Manual of Mental Disorders or in the 0-3 National Center for Clinical Infant Programs Diagnostic Classifications of Mental Health and Developmental Disabilities of Infancy and Early Childhood Manual; AND 3. The member must meet at least one of the following criteria: <ul style="list-style-type: none"> • Be at clear risk for psychiatric hospitalization or residential treatment or admission to a crisis stabilization unit; • Has been discharged within 30 days from psychiatric hospitalization, residential treatment facility or crisis stabilization unit with documented evidence that he or she is highly likely to experience clinical decompensation in the absence of Children's ACT Service; AND 4. Family/Guardian must be willing to actively participate throughout the duration of treatment. 	<p>All of the following criteria must be met:</p> <ol style="list-style-type: none"> 1. The member continues to meet Admission or Program criteria. 2. Reauthorization required after 6 months and at least every 90 days thereafter. 3. Member is experiencing symptoms of such intensity that if s/he were discharged, the member's level of functioning would be significantly impaired, requiring a higher intensity of treatment. 4. Treatment reflects a change in progress, with lack of progress documented and strategies to address any possible changes noted in treatment plan. 5. Family/Guardian(s) are participating in treatment where appropriate. 6. Coordination of treatment with all included parties (as appropriate to the outpatient role), including PCP's, or other medical practitioners, and state or other community agencies, is well documented



Level of Care Criteria

CHILDRENS SERVICES – MENTAL HEALTH SERVICES, MBM, CHAPTER II, SECTION 65

MEDICATION SERVICES

- This service is limited to two (2) hours of services for the comprehensive assessment.
- Subsequent sessions are limited to one, 30-minute session per day.
- Additional sessions considered outpatient counseling & require provider to document in medical record as outpatient counseling.

Admission Criteria	Continuing Stay Criteria
<ol style="list-style-type: none"> 1. Must have an Axis I diagnosis(es) of mental disorder(s) including co-occurring substance use issues or disorders as described in the most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM)*, or have a diagnosis described in the most recent version of the Diagnostic Classification of Mental Health and Developmental Disabilities of Infancy and Early Childhood (DC: 0-3*); AND 2. Member requires personal supervision services directly related to the prescription, administration and/or monitoring of medications and/or consultation regarding complex cases intended for the treatment and management of mental health and co-occurring substance use disorders. 3. The family/guardian(s), where available and clinically indicated, are willing to actively participate throughout the duration of treatment. 	<ol style="list-style-type: none"> 6. Member continues to meet Admission criteria and a different level of care is not appropriate. 7. Member is experiencing symptoms of such intensity that if s/he were discharged, the Member's level of functioning would be significantly impaired, likely to require a greater intensity of treatment. 8. Treatment reflects a change in progress, with lack of progress documented and strategies to address any possible changes noted in treatment plan. 9. Family/Guardian(s) are participating in treatment where appropriate and applicable. 10. Coordination of treatment with all included parties (as appropriate to the outpatient role), including PCP's, or other medical practitioners, and state or other community agencies, is well documented



Level of Care Criteria

CHILDRENS SERVICES – MENTAL HEALTH SERVICES, MBM, CHAPTER II, SECTION 65M

CHILD AND FAMILY BEHAVIORAL HEALTH TREATMENT SERVICES

Admission Criteria	Continuing Stay Criteria
<ol style="list-style-type: none"> 1. Have completed a multi-axial evaluation with an Axis I or Axis II mental health diagnosis using the most recent Diagnostic and Statistical Manual of Mental Disorders. Axis I mental health diagnoses do not include the following: Learning Disabilities (LD) in reading, mathematics, written expression, Motor Skills Disorder, and LD NOS (Learning Disabilities Not Otherwise Specified); Communication Disorders (Expressive Language Disorders, Mixed Receptive Expressive Language Disorder, Phonological Disorder, Stuttering, and Communication Disorder NOS); AND 2. Have a significant functional impairment (defined as a substantial interference with or limitation of a Member's achievement or maintenance of one or more developmentally appropriate, social, behavioral, cognitive, or adaptive skills.), and 3. Have a diagnosis of a serious emotional disturbance for one (1) year or likely to last more than one (1) year; and 4. Determination of the appropriate level of care, as based on the Child/ Adolescent's Level of Functional Assessment Score (CAFAS), and other clinical assessment information obtained from the member and family; and 5. Need treatment that is more intensive and frequent than what he or she would get in outpatient mental health services (Section 65A.02(F)). OR 	<ol style="list-style-type: none"> 1. The member continues to meet Admission criteria. 2. Member is experiencing symptoms of such intensity that if s/he were discharged, the Member's level of functioning would be significantly impaired, likely to require a greater intensity of treatment. 3. Treatment reflects a change in progress, with lack of progress documented and strategies to address any possible changes noted in treatment plan. 4. Family/Guardian(s) are participating in treatment where appropriate. 5. Coordination of treatment with all included parties (as appropriate to the outpatient role), including PCP's, or other medical practitioners, and state or other community agencies, is well documented



- Have a diagnosis from the 0-3 National Center for Clinical Infant Programs Diagnostic Classifications of Mental Health and Developmental Disabilities of Infancy and Early Childhood Manual; and
- Need treatment that is more intensive and frequent than what he or she would get in Outpatient Mental Health Services (Section 65A.02(F)) or Infant Mental Health Services (Section 65A.02 (E)).

6. The parent/guardian must participate in the member's treatment, consistent with the ITP.



Level of Care Criteria

CHILDRENS SERVICES – MENTAL HEALTH SERVICES, MBM, CHAPTER II, SECTION 65N

COMMUNITY-BASED TREATMENT FOR CHILDREN WITHOUT PERMANENCY SERVICES

Admission Criteria	Continuing Stay Criteria
<ol style="list-style-type: none"> 1. Have completed a multi-axial evaluation that demonstrates an Axis I or Axis II mental health diagnosis using the most recent Diagnostic and Statistical Manual of Mental Disorders. Axis I mental health diagnoses do not include the following: Learning Disabilities Disorders in reading, mathematics, written expression, Motor Skills Disorder), and LD NOS, (Learning Disabilities Not Otherwise Specified); Communication Disorders (Expressive Language Disorders, Mixed Receptive Expressive Language Disorder, Phonological Disorder, Stuttering, and Communication Disorder NOS); AND 2. Have a significant functional impairment (defined as a substantial interference with or limitation of a Member's achievement or maintenance of one (1) or more developmentally appropriate, social, behavioral, cognitive, or adaptive skills.); AND 3. Have a diagnosis of a serious emotional disturbance for one (1) year or likely to last more than one (1) year; AND 4. Determination of the appropriate level of care, as based on the Child/Adolescent's Functional Assessment Score (CAFAS), and other clinical assessment information obtained from the member and family; AND 5. Need treatment that is more intensive and frequent than what he or she would get in outpatient mental health services (Section 65A.02 (F)); AND 6. Member does not have permanency. 	<p>All Criteria Must be Met:</p> <ol style="list-style-type: none"> 1. The member continues to meet Admission criteria. 2. Member is experiencing symptoms of such intensity that if s/he were discharged, the Member's level of functioning would be significantly impaired, likely to require a greater intensity of treatment. 3. Treatment reflects a change in progress, with lack of progress documented and strategies to address any possible changes noted in treatment plan. 4. Family/Guardian(s) are participating in treatment where appropriate. 5. Coordination of treatment with all included parties (as appropriate to the outpatient role), including PCP's, or other medical practitioners, and state or other community agencies, is well documented

Level of Care Criteria

CHILD CARE FACILITIES; MBM Ch II, Section 97, Appendix D

PNMI- CHILDREN'S CRISIS UNIT

Admission Criteria

1. The child must have a diagnosed DSM-IV mental health disorder; and documented clinical evidence for all of the following that:
 - Due to impairment from the mental health disorder, that without PNMI level of care, there is a significant potential that the child will require psychiatric hospitalization;
 - Due to the psychiatric disorder, the child exhibits an inability to adequately care for his/her own physical needs without external support beyond the family or other community supports, or represents potential serious harm to self or others;
 - The child has failed to respond to less restrictive treatments;
 - The child has a mental health disorder that has been determined to be amenable to active psychiatric and or behavioral treatment as evaluated from a face-to-face comprehensive psychiatric evaluation; and
 - The child requires assistance in developing the skills necessary for daily living, as well as assistance with planning and arranging access to a range of educational, therapeutic, and aftercare services on a seven (7) day per week twenty-four (24) hour per day basis.
 - Member has an initial treatment plan, a discharge plan and the family is willing to actively participate throughout the duration of treatment.

Continuing Stay Criteria

All of the following criteria must be met:

1. The Member continues to meet Admission or Program criteria; a different level of care is not appropriate.
2. The Member is experiencing symptoms of such intensity that he/she is likely to be psychiatrically hospitalized if discharged.
3. Treatment is still necessary to reduce symptoms and improve functioning so the Member may be treated at a less restrictive level of care.
4. Family/Guardian(s) are participating in treatment where appropriate. Documentation reflects coordination of treatment with all involved parties including state or community agencies when appropriate.
5. Evidence that discharge planning is/was initiated at the time of Admission or Program, and is continually modified during the course of treatment, with the eventual goal of returning the Member to the community.

Level of Care Criteria

CHILDRENS SERVICES – MENTAL HEALTH SERVICES, MBM, CHAPTER II, SECTION 97 APP. D

PNMI – CHILDREN’S INTENSIVE RESIDENTIAL TREATMENT

Admission Criteria	Continuing Stay Criteria
<ol style="list-style-type: none"> 1. Must document that children receiving this service meet all of the eligibility criteria below addressing severity of need and intensity of service; AND 2. The child must have a diagnosed DSM-IV mental health disorder; and documented clinical evidence for all of the following that: <ol style="list-style-type: none"> a. Due to impairment from the mental health disorder, that without PNMI level of care, there is a significant potential that the child will require psychiatric hospitalization; b. Due to the psychiatric disorder, the child exhibits an inability to adequately care for his/her own physical needs without external support beyond the family or other community supports, or represents potential serious harm to self or others; c. The child has failed to respond to less restrictive treatments; d. The child has a mental health disorder that has been determined to be amenable to active psychiatric and or behavioral treatment as evaluated from a face-to-face comprehensive psychiatric evaluation; and e. The child requires assistance in developing the skills necessary for daily living, as well as assistance with planning and arranging access to a range of educational, therapeutic, and aftercare services on a seven (7) day per week twenty-four (24) hour per day basis. f. Member has an initial treatment plan, a discharge plan and the family is willing to actively participate throughout the duration of treatment. 	<p>All of the following criteria must be met:</p> <ol style="list-style-type: none"> 1. The Member continues to meet Admission or Program criteria; a different level of care is not appropriate. 2. The Member is experiencing symptoms of such an intensity he/she is likely to be psychiatrically hospitalized if discharged. 3. Treatment is still necessary to reduce symptoms and improve functioning so the member may be treated at a less restrictive level of care. 4. Family/Guardian(s) are consistently participating in treatment where appropriate; or when there is no family/guardian to participate, there is clear documentation within the treatment plan as to steps being taken to facilitate finding a caregiver who will be part of the child’s permanency plan. 5. Documentation reflects coordination of treatment with all involved parties including state or community agencies when appropriate. 6. Evidence that discharge planning began at the time of Admission or Program, and is continually modified during the course of treatment, with the eventual goal of returning the member to the community.



Level of Care Criteria

CHILD CARE FACILITIES; MBM CHII, SECTION 97, APPENDIX D

PNMI- CHILDREN'S RESIDENTIAL TREATMENT

TREATMENT FOSTER CARE NOTE: *These Level of Care Criteria are not intended to be an impediment or disincentive to adoption or any other permanency outcome for any child. In addition, these Levels of Care criteria are not a replacement for or represent an alteration of the DHHS Treatment Foster Care "Levels of Care".*

Admission Criteria	Continuing Stay Criteria
<ol style="list-style-type: none"> 1. The Member must have a diagnosed DSM-IV mental health disorder. 2. Without this LOC there is a significant potential that the Member would require a higher LOC. 3. Due to the psychiatric disorder, the Member exhibits an inability to adequately care for his/her own physical needs without external support beyond the family or other community supports, or represents potential serious harm to self or others. 4. Treatment Foster care services are the least restrictive, most appropriate level of care that meet's the Member's current clinical needs. 5. The Member has a mental health disorder that has been determined to be amenable to active psychiatric and or behavioral treatment as evaluated from a face-to-face comprehensive psychiatric evaluation; and 6. The Member requires the support of a foster care setting conjunction with mental health treatment. 	<p>Two of the following criteria must be met:</p> <ol style="list-style-type: none"> 1. The Member continues to meet Admission criteria; a different level of care is not appropriate. 2. The Member is experiencing symptoms of such an intensity he/she is likely to be psychiatrically hospitalized if discharged. 3. Treatment is still necessary to reduce symptoms and improve functioning so the member may be treated at a less restrictive level of care. 4. Family/Guardian(s) are participating in treatment where appropriate. Documentation reflects coordination of treatment with all involved parties including state or community agencies when appropriate. 5. Evidence that discharge planning began at the time of Admission or Program, and is continually modified during the course of hospitalization, with the eventual goal of returning the member to the community.