



PROVIDER ALERT

Alert # 5- 2007 -2 -27 HCAL, HCYAB, HCCH, HCNE, HCNC

CRITERIA FOR INPATIENT SERVICES

Attached are medical necessity criteria for inpatient services for children and adults. Community Care will be using this criteria set beginning March 1, 2007 instead of the Appendix T criteria it previously used. We believe that this new set has additional clarity and will be easier to use. The criteria have been approved by OMHSAS and by all of Community Care's HealthChoices counties.

Community Care Behavioral Health
Quality Care Management Committee - HealthChoices (Allegheny)
Inpatient Mental Health
Medical Necessity Criteria
Adult and Children

Acute Inpatient Treatment: Mental Health

General Criteria

Each of the following General Criteria is required throughout the episode of care.

1. The services must be consistent with accepted standards of medical practice.
2. The services must be individualized, specific, recovery-oriented and consistent with the individual's signs, symptoms, history, diagnosis and, functional impairment
3. The services must be reasonably expected to help restore or maintain the individual's level of functioning or to improve or prevent deterioration in the individual's behavioral disorder or condition.
4. The individual adheres to the essential elements of treatment and issues of non-adherence are being addressed in a timely manner and in keeping with all governing body laws and regulations.
5. Services are not being sought as a way to potentially avoid legal proceedings, incarceration or other legal consequences.
6. The services are not predominately domiciliary or custodial, and include active treatment, even if the member is waiting placement in another level of care.

Treatment Initiation Criteria

Criteria 1,2,5,6 and 3 or 4 are required.

1. Based on a behavioral health history and mental status evaluation completed by 1) a psychiatrist; 2) a behavioral health professional licensed, certified, or registered to practice independently and reviewed by a physician prior to initiation of treatment; or 3) staff of a licensed or otherwise approved health care treatment facility and reviewed by a physician prior to initiation of treatment, the individual is diagnosed as having, or there is strong presumptive evidence, that the individual has a diagnosis of, a mental disorder or condition according to the most recent version of the *Diagnostic and Statistical Manual of Mental Disorders* that requires, and is likely to respond to, professional therapeutic intervention.
2. A concurrent medical and behavioral assessment indicates that a behavioral health condition is likely to be primarily responsible for the symptoms or behaviors necessitating treatment in this setting.
3. A result of the mental disorder or condition:
 - a. The individual's level of functioning has deteriorated such that the individual is now a clear and present danger to self, a clear and present danger to others, or unable to provide for basic self-care needs resulting in impending, serious self-harm.

OR

 - b. All other least restrictive levels of care have been discussed and/or considered and inpatient mental health is the least restrictive level of care available to treat the patient.

Community Care Behavioral Health
Quality Care Management Committee - HealthChoices (Allegheny)
Inpatient Mental Health
Medical Necessity Criteria

4. Continuous skilled behavioral health nursing care and the availability of immediate medical care are needed to observe, treat, or provide increased security for the individual because
 - a. The individual requires a locked, secure setting due to potentially dangerous behavior to self or others.

OR

 - b. The individual is, or there is a significant probability that the individual will become, acutely seriously medically compromised as a consequence of the mental disorder.
5. If the services being proposed have been attempted previously without significant improvement, there is a clinically credible rationale for why those same services could be effective now.
6. The place of service is licensed as an acute psychiatric inpatient facility.

Treatment Continuation Criteria

Each of the following Treatment Continuation Criteria is required throughout the episode of care.

1. The individual continues to meet the treatment initiation criteria each day that services are provided at this level or this is the least restrictive level of care available to safely treat the member.
2. There is an individualized plan of active treatment, developed with the individual as a part of the treatment team, that specifies the goals, interventions, time frames, and anticipated outcomes appropriate to:
 - a. Improve or prevent deterioration of the symptoms of, or impairment in functioning resulting from, the mental disorder or condition that necessitated initiation of treatment.

AND

 - b. Address a co-morbid substance use disorder or condition, if one exists.
3. The treatment goals, interventions, time frames, anticipated outcomes, discharge plan, and criteria for discharge are clinically efficient and reasonable.
4. Treatment is being rendered in a timely and appropriately progressive manner.
5. There are daily progress notes describing the therapeutic interventions rendered and the individual's response.
6. As appropriate, there is involvement of members of the individual's social support systems, including family and educational systems when indicated, in the individual's treatment and discharge planning.