MAGELLAN HEALTH SERVICES
Getting Better All the Time™

Adult Residential Treatment Criteria
Level II
Admission and Continued Stay Authorization Criteria
Attachment 3.14.8

A. Purpose

Level II treatment facilities are **specific** psychiatric services provided by an OBHL licensed behavioral health agency as set forth in 9 A.A.C. 20. These settings provide treatment that includes continuous behavioral health therapy, 24 hour professional staffing, and therapeutic activities to an adult who is experiencing a behavioral health issue that limits his/her independence but who is able to participate in treatment to his/her basic physical and age appropriate needs under the supervision of an on-site or on-call behavioral health professional and psychiatric consultation for adults that do not require medical services provided by the facility.

Individuals demonstrate an impairment of functioning as a result of a primary DSM-IV-TR diagnosis (within the range of codes 290 through 316.99): the individual has significant risk of harm to self or others or disturbance of mood, thought, or behavior which renders him/her incapable of developmentally appropriate self care or self regulation.

The treatment goals for the individual in the facility must be **focused** on the signs and symptoms of the psychiatric disorder that necessitated the removal of the individual from his/her usual living situation. **These treatment goals and tentative discharge plan must be defined prior to admission.**

Admissions to a level II residential treatment facility are not emergent or urgent, and always require prior authorization. A decision to prior authorize admission into a level II residential treatment facility will be made within 7 business days. Prior authorization for initial admission for level II treatment is valid for up to 60 days, and re-authorization for continued stay is valid for up to 60 days.

An active treatment plan aims to return the individual to his/her customary environment at the earliest possible time.

Individuals referred for primary substance abuse treatment are exempt from these prior and re- authorization criteria.

B. Behavior and Functioning Required for Admission

All of the following criteria (1 through 5) must be met to satisfy the criteria for admission into residential treatment.

1. There is clinical evidence that the individual has a primary AXIS I DSM-IV-TR disorder (within the range of codes 290 through 316.99) that is amenable to active psychiatric treatment. Any co-occurring diagnosis or diagnoses must be identified and documented prior to admission into residential treatment.

2. The individual requires supervision seven days per week for 24 hours per day to develop skills necessary for activities of daily living, to assist with planning and arranging access to a range of educational, vocational, therapeutic, and aftercare services, and to develop the adaptive and functional behavior that will allow him/her to live outside of a residential treating setting.

    a. The individual must be able to participate in therapies and therapeutic activities as outlined in his/her ISP and targeted treatment goals.

    b. Active treatment with the services available at this level of care can reasonably be expected to improve the adult's psychiatric, and/or substance use condition in order to achieve discharge from this setting at the earliest possible time, and to facilitate return to outpatient care and community living.

3. The individual is medically stable and does not require the 24 hour medical/nursing monitoring or procedures provided in an acute inpatient setting. The individual must be capable of managing their own physical/medical health needs without hands on assistance.

4. Medically necessary outpatient behavioral health services do not meet the treatment needs of the individual and there is documentation of a failure to respond to or an inability to be safely managed in a less restrictive level of care. The individual's treatment goals must be focused on the signs and symptoms of the psychiatric disorder identified as the reason for admission into residential treatment which renders him/her incapable of developmentally appropriate self care or self regulation:

   a. These treatment goals must be defined prior to admission, including a discharge plan recommendation.

   b. It is not expected that all behavioral or psychological difficulties will be resolved by the time of discharge from the facility.

   c. A lack of available outpatient services is not, in and of itself, the sole criterion for admission into residential treatment.

5. There is evidence that the individual has agreed to this level of treatment.

6. The Level II admission/placement is <u>not</u> used primarily, and therefore clinically inappropriately, as;

   a. An alternative to preventative incarceration, or as a means to ensure community safety in a adult exhibiting primarily antisocial behavior; or

   b. The equivalent of safe housing, permanency placement, or an alternative to guardians' or other agencies' capacity to provide for the adult; or

   c. A behavioral health intervention when other less restrictive alternatives are available and meet the adult's treatment needs.

C. Continued Stay Criteria

All of the following criteria (1 through 5) must be met to satisfy the criteria for continued stay.

1. Despite reasonable therapeutic efforts, clinical evidence indicates at least <u>one</u> of the following:

   a. The persistence of problems that caused the admission to a degree that continues to meet the admission criteria, *or*

   b. The emergence of additional problems that meet the admission criteria , *or*

   c. The disposition planning and/or attempts at therapeutic re-entry into the community have resulted in, or would result in exacerbation of the psychiatric illness to the degree that would necessitate continued residential treatment.

2. There is evidence of objective, measurable, and time-limited therapeutic clinical goals that must be met before the individual can return to a new or previous living situation. There is evidence that attempts are being made to secure timely access to treatment resources and housing in anticipation of discharge, with alternative housing contingency plans also being addressed.

3. There is evidence that the treatment plan is focused on the alleviation of psychiatric symptoms and precipitating psychosocial stressors that are interfering with the individual's ability to return to a less intensive level of care.

4. The current or revised treatment plan can be reasonably expected to bring about significant results in the individual's progress toward meeting the targeted treatment goal(s) and this is documented in weekly progress notes, written and signed by the provider.

5. A discharge plan is initially formulated that is directly linked to the behaviors and/or symptoms that resulted in admission with identified treatment goals and that identifies appropriate post-residential treatment resources.

D. Discharge Criteria

All of the following criteria (1_through 4) must be met to satisfy the criteria for discharge.

1. There is a written plan for discharge with specific discharge criteria, written as behaviorally measurable goals.

2. There is ongoing documentation that the individual and outpatient team were involved in the development of the discharge plan; development of the discharge plan should occur prior to admission via this process.

3. The discharge plan complies with current standards for medically necessary covered behavioral health services, cost effectiveness, and least restrictive environment, and is in conformation with federal and state clinical practice guidelines.

4. The individual's treatment plan goals identified at admission specific to this level of care have been accomplished, or the individual is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care.