

### **MEDICAL NECESSITY CRITERIA**

The following medical necessity criteria apply to Medicaid mental health, developmental disabilities, and substance abuse supports and services.

#### **Medical Necessity Criteria**

Mental Health, developmental disabilities, and substance abuse services are supports, services, and treatment:

- ♦ Necessary for screening and assessing the presence of a mental illness, developmental disability, or substance use disorder; and/or
- ♦ Required to identify and evaluate a mental illness, developmental disability, or substance use disorder; and/or
- ♦ Intended to treat, ameliorate, diminish, or stabilize the symptoms of mental illness, developmental disability, or substance use disorder; and/or
- ♦ Expected to arrest or delay the progression of a mental illness, developmental disability, or substance use disorder; and/or
- ♦ Designed to assist the beneficiary to attain or maintain a sufficient level of functioning in order to achieve his goals of community inclusion and participation, independence, recovery, or productivity.

#### **Determination Criteria**

The determination of a medically necessary support, service, or treatment must be:

- ♦ Based on information provided by the beneficiary, beneficiary's family, and/or other individuals (e.g., friends, personal assistants/aides) who know the beneficiary; and
- ♦ Based on clinical information from the beneficiary's primary care physician or health care professionals with relevant qualifications who have evaluated the beneficiary; and
- ♦ For beneficiaries with mental illness or developmental disabilities, based on person-centered planning, and for beneficiaries with substance use disorders, individualized treatment planning; and
- ♦ Made by appropriately trained mental health, developmental disabilities, or substance abuse professionals with sufficient clinical experience; and
- ♦ Made with Federal and State standards for timeliness; and
- ♦ Sufficient in amount, scope, and duration of the service(s) to reasonably achieve its/their purpose.

## **Supports, Services, and Treatment Authorized by the PIHP/CMHSP**

Supports, services, and treatment authorized by the PIHP/CMHSP must be:

- ◆ Delivered in accordance with Federal and State standards for timeliness in a location that is accessible to the beneficiary; and
- ◆ Responsive to particular needs of multi-cultural populations and furnished in a culturally relevant manner; and
- ◆ Responsive to the particular needs of beneficiaries with sensory or mobility impairments and provided with the necessary accommodations; and
- ◆ Provided in the least restrictive, most integrated setting. Inpatient, licensed residential, or other segregated settings shall be used only when less restrictive levels of treatment, service, or support have been, for that beneficiary, unsuccessful or cannot be safely provided; and
- ◆ Delivered consistent with, where they exist, available research findings, health care practice guidelines, best practices, and standards of practice issued by professionally recognized organizations or government agencies.

## **PIHP/CMHSP Decisions**

Using criteria for medical necessity, a PIHP/CMHSP may:

- ◆ Deny services that are:
  - ⇒ deemed ineffective for a given condition based upon professionally and scientifically recognized and accepted standards of care;
  - ⇒ experimental or investigational in nature; or
  - ⇒ services for which there exists another appropriate, efficacious, less-restrictive, and cost-effective service, setting, or support, that otherwise satisfies the standards for medically necessary services; and/or
  - ⇒ Employ various methods to determine amount, scope, and duration of services, including prior authorization for certain services, concurrent utilization reviews, centralized assessment and referral, gatekeeping arrangements, protocols, and guidelines.

A PIHP/CMHSP may not deny services based **solely** on preset limits of the cost, amount, scope, and duration of services. Instead, determination of the need for services shall be conducted on an individualized basis.

**LEGAL ISSUES**

Adult involuntary admission of a person requiring treatment must meet the criteria specified in Section 401 (1) of the Michigan Mental Health Code, and be screened, evaluated, referred, and approved by the Payor for admission prior to admittance to the Hospital.

Voluntary admission of an eligible person requiring treatment must meet the criteria specified in Chapter 4 Civil Admission and Discharge Procedures: Mental Illness, or Chapter 4A Civil Admission and Discharge Procedures for Emotionally Disturbed Minors of the Michigan Mental Health Code; and be screened, evaluated, referred, and approved for psychiatric inpatient admission by the Payor prior to admittance, in accordance with Section 410 of the Mental Health Code. Other eligible consumers who meet the description in Section 401(2) of the Mental Health Code also may constitute informal or formal voluntary admissions hereunder; said individuals also must be screened, evaluated, and referred for psychiatric inpatient admission by the Payor prior to their admission to the Provider's inpatient unit, pursuant to Section 410 of the Mental Health Code.

**INPATIENT PSYCHIATRIC CARE: ADULT**

Inpatient psychiatric care may be used to treat a person with a mental illness who requires care in a 24-hour medically structured and supervised facility. The Severity of Illness/Intensity of Service (SI/IS) criteria for admission are based upon the assumption that the beneficiary is displaying signs and symptoms of a serious psychiatric disorder, demonstrating functional impairments, and manifesting a level of clinical instability (risk) that, either individually or collectively, are of such severity that treatment in an alternative setting would be unsafe or ineffective.

Medicaid coverage is dependent upon active treatment being provided at the medically necessary level of care.

**CRITERIA:** The individual must meet all three outlined below:

- A. Diagnosis:** The beneficiary must be suffering from a mental illness, reflected in a primary, validated, current version of DSM Axis I, or ICD diagnosis (not including V Codes).
- B. Severity of Illness:** (signs, symptoms, functional impairments, and risk potential)

At least **one** of the following manifestations is present:

- ◆ *Severe Psychiatric Signs and Symptoms*
  - ⇒ Psychiatric symptoms - features of intensive cognitive/perceptual/affective disturbance (hallucinations, delusions, extreme agitation, profound depression) severe enough to cause seriously disordered and/or bizarre behavior (e.g., catatonia, mania, incoherence) or prominent psychomotor retardation, resulting in extensive interference with activities of daily living, so that the person cannot function at a lower level of care.
  - ⇒ Disorientation, seriously impaired reality testing, defective judgment, impulse control problems and/or memory impairment severe enough to endanger the welfare of the person and/or others.

- ⇒ A severe, life-threatening psychiatric syndrome or an atypical or unusually complex psychiatric condition exists that has failed, or is deemed unlikely, to respond to less intensive levels of care, and has resulted in substantial current dysfunction.
- ◆ *Disruptions of Self-Care and Independent Functioning*
  - ⇒ The person is unable to attend to basic self-care tasks and/or to maintain adequate nutrition, shelter, or other essentials of daily living due to a psychiatric disorder.
  - ⇒ There is evidence of serious disabling impairment in interpersonal functioning (e.g., withdrawal from relationships; repeated conflictual interactions with family, employer, co-workers, neighbors) and/or extreme deterioration in the person's ability to meet current educational/occupational role performance expectations.
- ◆ *Harm to Self*
  - ⇒ Suicide: Attempt or ideation is considered serious by the intention, degree of lethality, extent of hopelessness, degree of impulsivity, level of impairment (current intoxication, judgment, psychological symptoms), history of prior attempts, and/or existence of a workable plan.
  - ⇒ Self-Mutilation and/or Reckless Endangerment: There is evidence of current behavior, or recent history. There is a verbalized threat of a need or willingness to self-mutilate, or to become involved in other high-risk behaviors; and intent, impulsivity, plan, and judgment would suggest an inability to maintain control over these ideations.
  - ⇒ Other Self-Injurious Activity: The person has a recent history of drug ingestion with a strong suspicion of overdose. The person may not need detoxification but could require treatment of a substance induced psychiatric disorder.
- ◆ *Harm to Others*
  - ⇒ Serious assaultive behavior has occurred, and there is a risk of escalation or repetition of this behavior in the near future.
  - ⇒ There is expressed intention to harm others and a plan and/or means to carry it out, and the level of impulse control is non-existent or impaired (due to psychotic symptoms, especially command or verbal hallucinations, intoxication, judgment, or psychological symptoms, such as prosecutory delusions and paranoid ideation).
  - ⇒ There has been significant destructive behavior toward property that endangers others.

- ◆ *Drug/Medication Complications or Co-Existing General Medical Condition Requiring Care*
  - ⇒ The person has experienced severe side effects from using therapeutic psychotropic medications.
  - ⇒ The person has a known history of psychiatric disorder that requires psychotropic medication for stabilization of the condition, and the administration, adjustment, or reinitiation of medications requires close and continuous observation and monitoring, and this cannot be accomplished at a lower level of care due to the beneficiary's condition or to the nature of the procedures involved.
  - ⇒ There are concurrent significant physical symptoms or medical disorders which necessitate evaluation, intensive monitoring, and/or treatment during medically necessary psychiatric hospitalization, and the co-existing general medical condition would complicate or interfere with treatment of the psychiatric disorder at a less intensive level of care.

**Special Consideration: Concomitant Substance Abuse** - The underlying or existing psychiatric diagnosis must be the primary cause of the beneficiary's current symptoms or represent the primary reason observation and treatment is necessary in the psychiatric unit or hospital setting.

**C. Intensity of Service:**

The person meets the intensity of service requirements if inpatient services are considered medically necessary for the beneficiary's treatment/diagnosis, and if the person requires at least **one** of the following:

- ◆ Close and continuous skilled medical observation and supervision are necessary to make significant changes in psychotropic medications.
- ◆ Close and continuous skilled medical observation is necessary due to otherwise unmanageable side effects of psychotropic medications.
- ◆ Continuous observation and control of behavior (e.g., isolation, restraint, closed unit, suicidal/homicidal precautions) is needed to protect the beneficiary, others, and/or property, or to contain the beneficiary so that treatment may occur.
- ◆ A comprehensive multi-modal therapy plan is needed, requiring close medical supervision and coordination, due to its complexity and/or the severity of the beneficiary's signs and symptoms.

**INPATIENT ADMISSION CERTIFICATION CRITERIA: CHILDREN THROUGH AGE 21**

Inpatient psychiatric care may be used to treat a child or adolescent with mental illness or serious emotional disturbance who requires care in a 24-hour medically structured and supervised facility. The SI/IS criteria for admission are based on the assumption that the beneficiary is displaying

signs and symptoms of a serious psychiatric disorder, demonstrating functional impairments, and manifesting a level of clinical instability (risk) that are, either individually or collectively, of such severity that treatment in an alternative setting would be unsafe or ineffective.

Medicaid coverage is dependent upon active treatment being provided at the medically necessary level of care.

**CRITERIA:** The individual must meet all three criteria outlined below:

- A. Diagnosis:** The beneficiary must be suffering from a mental illness, reflected in a primary, validated, current DSM Axis I, or ICD diagnosis (not including V Codes).
- B. Severity of Illness:** (signs, symptoms, functional impairment, and risk potential)

At least **one** of the following manifestations is present:

- ◆ *Severe Psychiatric Signs and Symptoms*
  - ⇒ Psychiatric symptoms - features of intense cognitive/perceptual/affective disturbance (hallucinations, delusions, extreme agitation, profound depression) severe enough to cause disordered and/or bizarre behavior (e.g., catatonia, mania, incoherence) or prominent psychomotor retardation, resulting in extensive interference with activities of daily living, so that the person cannot function at a lower level of care.
  - ⇒ Disorientation, impaired reality testing, defective judgment, impulse control problems and/or memory impairment severe enough to endanger the welfare of the person and/or others.
  - ⇒ Severe anxiety, phobic symptoms or agitation, or ruminative/obsessive behavior that has failed, or is deemed unlikely, to respond to less intensive levels of care and has resulted in substantial current dysfunction.
- ◆ *Disruptions of Self-Care and Independent Functioning*
  - ⇒ Beneficiary is unable to maintain adequate nutrition or self care due to a severe psychiatric disorder.
  - ⇒ The beneficiary exhibits significant inability to attend to age-appropriate responsibilities, and there has been a serious deterioration/impairment of interpersonal, familial, and/or educational functioning due to an acute psychiatric disorder or severe developmental disturbance.
- ◆ *Harm to Self*
  - ⇒ A suicide attempt has been made which is serious by degree of lethal intent, hopelessness, and impulsivity.
  - ⇒ There is a specific plan to harm self with clear intent and/or lethal potential.

- ⇒ There is self-harm ideation or threats without a plan, which are considered serious due to impulsivity, current impairment, or a history of prior attempts.
- ⇒ There is current behavior or recent history of self-mutilation, severe impulsivity, significant risk-taking, or other self-endangering behavior.
- ⇒ There is a verbalized threat of a need or willingness to self-mutilate, or to become involved in other high-risk behaviors; and intent, impulsivity, plan, and judgment would suggest an inability to maintain control over these ideations.
- ⇒ There is a recent history of drug ingestion with a strong suspicion of intentional overdose. The person may not need detoxification but could require treatment of a substance-induced psychiatric disorder.
- ◆ *Harm to Others*
  - ⇒ Serious assaultive behavior has occurred, and there is a clear risk of escalation or repetition of this behavior in the near future.
  - ⇒ There is expressed intention to harm others and a plan and means to carry it out; the level of impulse control is non-existent or impaired.
  - ⇒ There has been significant destructive behavior toward property which endangers others, such as setting fires.
- ◆ *Drug/Medication Complications or Co-Existing General Medical Condition Requiring Care*
  - ⇒ The person has experienced severe side effects from using therapeutic psychotropic medications.
  - ⇒ The person has a known history of psychiatric disorder that requires psychotropic medication for stabilization of the condition, and the administration, adjustment, or re-initiation of medications requires close and continuous observation and monitoring, and this cannot be accomplished at a lower level of care due to the beneficiary's condition or to the nature of the procedures involved.
  - ⇒ There are concurrent significant physical symptoms or medical disorders which necessitate evaluation, intensive monitoring, and/or treatment during medically necessary psychiatric hospitalization, and the co-existing general medical condition would complicate or interfere with treatment of the psychiatric disorder at a less intensive level of care.

**Special Consideration: Concomitant Substance Abuse** - The underlying or existing psychiatric diagnosis must be the primary cause of the beneficiary's current symptoms or represent the primary reason observation and treatment are necessary in the hospital setting.

**C. Intensity of Service:**

The person meets the intensity of service requirements if inpatient services are considered medically necessary and if the person requires at least **one** of the following:

- ◆ Close and continuous skilled medical observation and supervision are necessary to make significant changes in psychotropic medications.
- ◆ Close and continuous skilled medical observation are needed due to otherwise unmanageable side effects of psychotropic medications.
- ◆ Continuous observation and control of behavior (e.g., isolation, restraint, closed unit, suicidal/homicidal precautions) are needed to protect the beneficiary, others, and/or property, or to contain the beneficiary so that treatment may occur.
- ◆ A comprehensive multi-modal therapy plan is needed, requiring close medical supervision and coordination, due to its complexity and/or the severity of the beneficiary's signs and symptoms.

**INPATIENT PSYCHIATRIC CARE - CONTINUING STAY CRITERIA: ADULTS, ADOLESCENTS, AND CHILDREN**

After a beneficiary has been certified for admission to an inpatient psychiatric setting, services must be reviewed at regular intervals to assess the current status of the treatment process and to determine the continued necessity for care in an inpatient setting. Treatment within an inpatient psychiatric setting is directed at stabilization of incapacitating signs or symptoms, amelioration of severely disabling functional impairments, arrestment of potentially life-threatening self/other harm inclinations, management of adverse biologic reactions to treatment, and/or regulation of complicated medication situations. The continuing stay recertification process is designed to assess the efficacy of the treatment regimen in addressing these concerns, and to determine whether the inpatient setting remains the most appropriate, least restrictive, level of care for treatment of the patient's problems and dysfunctions.

Continuing treatment in an inpatient setting may be certified when signs, symptoms, behaviors, impairments, harm inclinations, or biologic/medication complications, similar to those which justified the patient's admission certification, remain present, and continue to be of such a nature and severity that inpatient psychiatric treatment is still medically necessary. It is anticipated that in those reviews which fall near the end of an episode of care, these problems and dysfunctions will have stabilized or diminished.

Discharge planning must begin at the onset of treatment in the inpatient unit. Payment cannot be authorized for continued stays that are due solely to placement problems or the unavailability of aftercare services.

**CRITERIA:** The individual must meet all three criteria outlined below:

- A. Diagnosis:** The beneficiary has a validated current version of DSM Axis I or ICD mental disorder (excluding V Codes) that remain the principal diagnosis for purposes of care during the period under review.

**B. Severity of Illness:** (signs, symptoms, functional impairments, and risk potential)

- ◆ Persistence/intensification of signs/symptoms, impairments, harm inclinations, or biologic/medication complications which necessitated admission to this level of care, and which cannot currently be addressed at a lower level of care:
- ◆ Continued severe disturbance of cognition, perception, affect, memory, behavior, or judgment.
- ◆ Continued gravely disabling or incapacitating functional impairments or severely and pervasively impaired personal adjustment.
- ◆ Continued significant self/other harm risk.
- ◆ Use of psychotropic medication at dosage levels necessitating medical supervision, dosage titration of medications requiring skilled observation, or adverse biologic reactions requiring close and continuous observation and monitoring.
- ◆ Emergence of new signs/symptoms, impairments, harm inclinations, or medication complications, meeting admission criteria.

**C. Intensity of Service:**

- ◆ The beneficiary requires close observation and medical supervision due to the severity of signs and symptoms, to control risk behaviors or inclinations, to assure basic needs are met, or to manage biologic/medication complications.
- ◆ The beneficiary is receiving active, timely, treatment delivered according to an individualized plan of care.
- ◆ Active treatment is directed toward stabilizing or diminishing those symptoms, impairments, harm inclinations, or biologic/medication complications that necessitated admission to inpatient care.
- ◆ The beneficiary is making progress toward treatment goals as evidenced by a measurable reduction in signs/symptoms, impairments, harm inclinations, or biologic/medication complications or, if no progress has been made, there has been a modification of the treatment plan and therapeutic program, and there is a reasonable expectation of a positive response to treatment.

Discharge criteria and aftercare planning are documented in the beneficiary's record.

**PARTIAL HOSPITALIZATION: ADULTS**

Partial hospitalization services may be used to treat a mentally ill person who requires intensive, highly coordinated, multi-modal ambulatory care with active psychiatric supervision. Treatment, services, and supports are provided for six or more hours per day, five days a week, in a licensed setting. The use of partial hospitalization as a setting of care presumes that the beneficiary does

not currently need treatment in a 24-hour protective environment. Conversely, the use of partial hospitalization implies that routine outpatient treatment is of insufficient intensity to meet the beneficiary's present treatment needs. The Severity of Illness (SI)/Intensity of Services (IS) criteria for admission assume that the beneficiary is displaying signs and symptoms of a serious psychiatric disorder, demonstrating significant functional impairments in self-care, daily living skills, interpersonal/social and/or educational/vocational domains, and is exhibiting some evidence of clinical instability. However, the level of symptom acuity, extent of functional impairments and/or the estimation of risk (clinical instability) do not justify or necessitate treatment at a more restrictive level of care.

Medicaid coverage is dependent upon active treatment being provided at the medically necessary level of care.

**CRITERIA** - Must meet all three:

- A. Diagnosis:** The beneficiary must be suffering from a mental illness, reflected in a primary, validated, current version of DSM or ICD diagnosis (not including V Codes).
- B. Severity of Illness:** (signs, symptoms, functional impairments, and risk potential)

At least **two** of the following manifestations are present:

- ◆ *Psychiatric Signs and Symptoms*
  - ⇒ Some prominent disturbance of thought processes, perception, affect, memory, consciousness, somatic functioning (due to a mental illness), or behavior exists (e.g., intermittent hallucinations, transient delusions, panic reactions, agitation, obsessions/ruminations, severe phobias, depression, etc.) and is serious enough to cause disordered or aberrant conduct, impulse control problems, questionable judgment, psychomotor acceleration or retardation, withdrawal or avoidance, compulsions/rituals, impaired reality testing, and/or impairments in functioning and role performance. The disordered or aberrant conduct or activity and/or the level of agitation are not so severe, extreme, or unstable so as to require frequent restraints or to pose a danger to others.
- ◆ *Disruptions of Self-Care and Independent Functioning*
  - ⇒ The person seriously neglects self-care tasks (hygiene, grooming, etc.) and/or does not sufficiently attend to essential aspects of daily living (does not shop, prepare meals, maintain adequate nutrition, pay bills, complete housekeeping chores, etc.) due to a mental disorder.
  - ⇒ Beneficiary is able to maintain adequate nutrition, shelter, or other essentials of daily living only with structure and supervision for a significant portion of the day, and with family/community support when away from the partial hospitalization program.

- ⇒ The person's interpersonal functioning is significantly impaired (seriously dysfunctional communication, extreme social withdrawal, etc.).
- ⇒ There has been notable recent deterioration in meeting educational/occupational responsibilities and role performance expectations.

◆ *Danger to Self*

- ⇒ There is modest danger to self reflected in intermittent self-harm ideation, expressed ambivalent inclinations without a plan, non-intentional threats, mild and infrequent self-harm gestures (low lethality/intent), or self-mutilation, passive death wishes, or slightly self-endangering activities.
- ⇒ The beneficiary has not made any recent significant (by intent or lethality) suicide attempts, nor is there any well-defined plan for such activity, or, if there have been recent significant actions, these inclinations/behaviors are now clearly under control and the person no longer needs/requires 24-hour supervision to contain self-harm risk.

◆ *Danger to Others*

- ⇒ Where assaultive tendencies exist, there have been no overt actions and there is reasonable expectation, based upon history and recent behavior, that the beneficiary will be able to curb these inclinations.
- ⇒ There have been destructive fantasies described and mild threats verbalized, but the beneficiary appears to have impulse control, judgment, and reality orientation sufficient to suppress urges to act on these imaginings or expressions.
- ⇒ There has been minor destructive behavior toward property without endangerment of others.

◆ *Drug/Medication Complications*

- ⇒ The beneficiary has experienced side effects of atypical complexity resulting from psychotropic drugs and regulation/correction/monitoring of these circumstances cannot be accomplished at a lower level of care due to the beneficiary's condition or to the nature of the procedures involved.
- ⇒ The beneficiary needs evaluation and monitoring due to significant changes in medication or because of problems with medication regimen compliance.

**C. Intensity of Service:**

The person meets the intensity of service requirements if partial hospitalization services are considered medically necessary and the person requires at least **one** of the following:

- ♦ The person requires intensive, structured, coordinated, multi-modal treatment and supports with active psychiatric supervision to arrest regression and forestall the need for inpatient care.
- ♦ The beneficiary has reached a level of clinical stability (diminished risk) obviating the need for continued care in a 24-hour protective environment but continues to require active, intensive treatment and support to relieve/reverse disabling psychiatric symptomatology and/or residual functional impairments.
- ♦ Routine medical observation and supervision required to effect significant regulation of psychotropic medications and/or to minimize serious side effects.

**PARTIAL HOSPITALIZATION ADMISSION CRITERIA: CHILDREN AND ADOLESCENTS**

Partial hospitalization services may be used to treat a child or adolescent with mental illness or serious emotional disturbance who requires intensive, highly coordinated, multi-modal ambulatory care with active psychiatric supervision. Treatment, services, and supports are provided for six or more hours per day, five days a week, in a licensed setting. The use of partial hospitalization as a setting of care presumes that the beneficiary does not currently need treatment in a 24-hour protective environment. Conversely, the use of partial hospitalization implies that routine outpatient treatment is of insufficient intensity to meet the beneficiary's present treatment needs. The SI/IS criteria for admission assume that the beneficiary is displaying signs and symptoms of a serious psychiatric disorder, demonstrating significant functional impairments in either self-care, daily living skills, interpersonal/social and/or educational/vocational domains, and is exhibiting some evidence of clinical instability. However, the level of symptom acuity, extent of functional impairments, and/or the estimation or risk (clinical instability) do not justify or necessitate treatment at a more restrictive level of care.

Medicaid coverage is dependent upon active treatment being provided at the medically necessary level of care.

**CRITERIA** - Must meet all three criteria outlined below:

- A. Diagnosis:** The beneficiary must be suffering from a mental illness, reflected in a primary, validated, current DSM or ICD diagnosis (not including V Codes).
- B. Severity of Illness:** (signs, symptoms, functional impairments, and risk potential)

At least **two** of the following manifestations are present:

- ♦ *Psychiatric Signs and Symptoms*
  - ⇒ Some prominent disturbance of thought processes, perception, affect, memory, consciousness, somatic functioning (due to a mental illness), or

behavior exists (e.g., intermittent hallucinations, transient delusions, panic reactions, agitation, obsessions/ruminations, severe phobias, depression, etc.) and is serious enough to cause disordered or aberrant conduct, impulse control problems, questionable judgment, psychomotor acceleration or retardation, withdrawal or avoidance, compulsions/rituals, impaired reality testing, and/or impairments in functioning and role performance. The disordered or aberrant conduct or activity and/or the level of agitation is not so severe, extreme, or unstable so as to require frequent restraints or to pose a danger to others.

◆ *Disruption of Self-Care and Independent Functioning*

- ⇒ The child/adolescent exhibits significant impairments in self-care skills (feeding, dressing, toileting, hygiene/bathing/grooming, etc.) in the ability to attend to age-appropriate responsibilities, or in self-regulation capabilities, due to a mental illness or emotional disturbance.
- ⇒ The child/adolescent is able to maintain adequate self-care and self-regulation only with structure and supervision for a significant portion of the day, and with family/community support when away from the partial hospitalization program.
- ⇒ There is recent evidence of serious impairment/incapacitation in the child/adolescent's interpersonal and social functioning (seriously dysfunctional communication, significant social withdrawal and isolation, repeated disruptive, inappropriate, or bizarre behavior in social settings, etc.).
- ⇒ There is recent evidence of considerable deterioration in functioning within the family and/or significant decline in occupational/educational role performance due to a mental illness or emotional disturbance.

◆ *Danger to Self*

- ⇒ There is modest danger to self reflected in: non-accidental self-harm gestures or self-mutilation actions which are not life-threatening in either intent or lethal potential; intermittent self-harm ideation; expressed ambivalent inclinations without a plan; non-intentional threats; passive death wishes; or slightly self-endangering activities.
- ⇒ The beneficiary has not made any recent significant (by intent or lethality) suicide attempts, nor is there any well-defined plan for such activity, or, if there have been recent significant actions, these inclinations/behaviors are now clearly under control, and the person no longer needs/requires 24-hour supervision to contain self-harm risk.

- ◆ *Danger to Others*
  - ⇒ Assaultive tendencies exist, and some assaultive behavior may have occurred, but any overt actions have been without any serious or significant injury to others, and there is reasonable expectation, based upon history and recent behavior, that the beneficiary will be able to curb any serious expression of these inclinations.
  - ⇒ There have been destructive fantasies described and mild threats verbalized, but the beneficiary appears to have adequate impulse control, judgment, and reality orientation sufficient to suppress urges to act on these imaginings or expressions.
  - ⇒ There has been minor destructive behavior toward property without endangerment of others.
- ◆ *Drug/Medication Complications*
  - ⇒ The beneficiary has experienced side effects of atypical complexity resulting from psychotropic drugs and regulation/correction/monitoring of these circumstances cannot be accomplished at a lower level of care due to the consumer's condition or to the nature of the procedures involved.
  - ⇒ The beneficiary needs evaluation and monitoring due to significant changes in medication or because of problems with medication regimen compliance.

**C. Intensity of Service:**

The person meets the intensity of service requirements if partial hospitalization services are considered medically necessary and the person requires at least **one** of the following:

- ◆ The person requires intensive, structured, coordinated, multi-modal treatment and supports with active psychiatric supervision to arrest regression and forestall the need for inpatient care.
- ◆ The beneficiary has reached a level of clinical stability (diminished risk) obviating the need for continued care in a 24-hour protective environment but continues to require active, intensive, treatment and support to relieve/reverse disabling psychiatric symptomatology and/or residual functional impairments.
- ◆ Routine medical observation and supervision is required to effect significant regulation of psychotropic medications and/or to minimize serious side effects.

**PARTIAL HOSPITALIZATION: CONTINUING STAY CRITERIA FOR ADULTS, ADOLESCENTS, AND CHILDREN**

After a beneficiary has been certified for admission to a partial hospitalization program, services will be reviewed at regular intervals to assess the current status of the treatment process and to determine the continued necessity for care in a partial hospitalization setting. Treatment within a partial hospitalization program is directed at resolution or stabilization of acute symptoms, elimination or amelioration of disabling functional impairments, maintenance of self/other safety, and/or regulation of precarious or complicated medication situations. The continuing stay recertification process is designed to assess the efficacy of the treatment regimen in addressing these concerns, and to determine whether the partial program remains the most appropriate, least restrictive, level of care for treatment of the beneficiary's problems and dysfunctions.

Continuing treatment in the partial program may be certified when symptoms, impairments, harm inclinations, or medication complications, similar to those which justified the beneficiary's admission certification, remain present, and continue to be of such a nature and severity that partial hospitalization treatment is still medically necessary. It is anticipated that in those reviews which fall near the end of an episode of care, these problems and dysfunctions will have stabilized or diminished.

Discharge planning must begin at the onset of treatment in the program. Payment cannot be authorized for continued stays that are due solely to placement problems or the unavailability of aftercare services.

**CRITERIA** - Must meet all three criteria outlined below:

- A. Diagnosis:** The beneficiary has a validated, current DSM or ICD mental disorder (excluding V Codes), which remains the principal diagnosis for purposes of care during the period under review.
- B. Severity of Illness:** (signs, symptoms, functional impairments, and risk potential)
- ◆ Persistence of symptoms, impairments, harm inclinations, or medication complications which necessitated admission to this level of care, and which cannot currently be addressed at a lower level of care.
  - ◆ Emergence of new symptoms, impairments, harm inclinations, or medication complications meeting admission criteria.
  - ◆ Progress has been made in ameliorating admission symptoms or impairments, but the treatment goals have not yet been fully achieved and cannot currently be addressed at a lower level of care.
- C. Intensity of Service:**
- ◆ The beneficiary is receiving active, timely, intensive, structured multi-modal treatment delivered according to an individualized plan of care.

- ◆ Active treatment is directed toward stabilizing or diminishing those symptoms, impairments, harm inclinations, or medication complications that necessitated admission to the program.
- ◆ The beneficiary is making progress toward treatment goals, or, if no progress has been made, the treatment plan and therapeutic program have been revised accordingly, and there is a reasonable expectation of a positive response to treatment.

Discharge criteria and aftercare planning are documented in the beneficiary's record.