

**HEALTHCHOICES BEHAVIORAL HEALTH SERVICES  
GUIDELINES for MENTAL HEALTH MEDICAL NECESSITY CRITERIA**

**ADULT**

**PSYCHIATRIC INPATIENT SERVICES**

***Admission (must meet criteria I, II, and III):***

A physician has conducted an evaluation and has determined that:

- I. The person has a psychiatric diagnosis or provisional psychiatric diagnosis, excluding mental retardation, substance abuse or senility, unless these conditions coexist with another psychiatric diagnosis or provisional psychiatric diagnosis,

and

- II. The person cannot be appropriately treated at a less intense level of care because of the need for:

- \* 24 hour availability of services for diagnosis, continuous monitoring and assessment of the person's response to treatment,
- \* availability of a physician 24 hours a day to make timely and necessary changes in the treatment plan,
- \* the involvement of a psychiatrist in the development and management of the treatment program, and
- \* 24 hour availability of professional nursing care to implement the treatment plan and monitor/assess the person's condition and response to treatment.
- \* 24 hour clinical management and supervision,

and

- III. The severity of the illness presented by the person meets one or more of the following:

- \* The person poses a significant risk of harm to self or others, or to the destruction of property.
- \* The person has a medical condition or illness which cannot be managed in a less

intensive level of care because the psychiatric and medical conditions so compound one another that there is a significant risk of medical crisis or instability.

- \* The person's judgment or functional capacity and capability has decreased to such a degree that self-maintenance, occupational, or social functioning are severely threatened.
- \* The person requires treatment which may be medically unsafe if administered at a less intense level of care.
- \* There is an increase in the severity of symptoms such that continuation at a less intense level of care cannot offer an expectation of improvement or the prevention of deterioration, resulting in danger to self, others, or property.

***Continued stay (must meet criteria I and II):***

I. The severity of the illness presented by the person meets one or more of the following:

- \* persistence of symptoms which meet admission criteria; or
- \* development of new symptoms during the person's stay which meet admission criteria; or
- \* there is an adverse reaction to medication, procedures, or therapies requiring continued hospitalization; or
- \* there is a reasonable expectation based on the person's current condition and past history, that withdrawal of inpatient treatment will impede improvement or result in rapid decompensation or the re-occurrence of symptoms or behaviors which cannot be managed in a treatment setting of lesser intensity.

and

II. The person continues to need the intensity of treatment defined under Admission Criterion II; and

- \* a physical examination is conducted within 24 hours after admission; and
- \* a psychiatrist conducts a psychiatric examination within 24 hours after admission; and
- \* the person participates in treatment and discharge planning; and
- \* treatment planning and subsequent therapeutic orders reflect appropriate, adequate and timely implementation of all treatment approaches in response to the person's changing needs.

***Discharge Indicators (must meet I or II):***

I. The person no longer needs the inpatient level of care because:

- \* The symptoms, functional impairments and/or coexisting medical conditions that necessitated admission or continued stay have diminished in severity and the person's treatment can now be managed at a less intensive level of care; and
- \* The improvement in symptoms, functional capacity and/or medical condition has been stabilized and will not be compromised with treatment being given at a less intensive level of care; and
- \* The person does not pose a significant risk of harm to self or others, or destruction of property; and
- \* There is a viable discharge plan which includes living arrangements and follow-up care

or

II. Inpatient psychiatric treatment is discontinued because:

- \* A diagnostic evaluation and/or a medical treatment has been completed when one of these constitutes the reason for admission; or
- \* The person withdraws from treatment against advice and does not meet criteria for involuntary commitment; or
- \* The person is transferred to another facility/unit for continued inpatient care.

PARTIAL HOSPITALIZATION

***Admission (must meet criteria I, II, and III):***

I. A mental health professional, as defined in Chapter 5210.3 of the Partial Hospitalization regulations, has conducted an evaluation and has determined that the person meets one of the following:

- \* The person has an established history of a psychiatric disorder, excluding mental retardation, substance abuse or senility, unless these conditions co-exist with other psychiatric symptomatology, and is presenting symptoms which require this level of care; or
- \* The person does not have an established psychiatric history, but a psychiatrist, or physician, or a licensed clinical psychologist has been consulted and has confirmed the presence of a psychiatric disorder that requires this level of care; or
- \* The person has had an evaluation by a psychiatrist, a physician, or a licensed clinical psychologist at another mental health treatment facility, (e.g., inpatient, outpatient or crisis intervention) and is being directly referred to this level of care; or
- \* The person needs a diagnostic evaluation that cannot be performed at a lesser

level of care.

and

II. The partial hospital level of care is appropriate because:

- \* The person has the capacity to participate in the partial hospitalization level of care; and
- \* The person has a community based network of support that enables him/her to participate in the partial hospitalization level of care; and
- \* The person exhibits sufficient control over his/her behavior such that he/she is judged not to be an imminent danger to self, others or property.

and

III. The severity of the symptoms presented by the person meets one or more of the following:

- \* The person's judgment or functional capacity and capability is compromised to such a degree that self-maintenance, occupational, educational or social functioning are significantly impaired, and the severity of the presenting symptoms is such that the success of treatment at a less intense level of care is unlikely; or
- \* The person requires treatment which may be unsafe if administered at a less intense level of care; or
- \* Sufficient clinical gains have not been made within a less intensive level of care, and the severity of presenting symptoms is such that the success of treatment at a less intense level of care is unlikely; or
- \* Co-existing, non-psychiatric medical conditions preclude treatment at a less intensive level of care because the psychiatric and medical conditions so compound one another that there is a significant risk of medical crisis or instability.

***Continued Stay Criteria (must meet criteria I and II)***

I. One or more of the symptoms or conditions which necessitated admission persist, or new symptoms develop which meet admission criteria, and the person meets one or more of the following:

- \* The person has not completed the goals and objectives of the Individualized Treatment Plan that are necessary to warrant transition to a less intensive level of care; or
- \* The person demonstrates a current or historical inability to sustain/maintain gains without a comprehensive program of treatment services provided by the partial

- hospital program; or
- \* Attempts to reduce the intensity and structure of the therapeutic program have resulted in, or are likely to result in, exacerbation of the psychiatric illness as manifested by regression of behavior and/or the worsening of presenting symptomatology; or
- \* Attempts to increase the person's level of functioning or role performance in the areas of interpersonal, occupational or self-management functioning have resulted in exacerbation of psychiatric illness as manifested by regression of behavior and/or the worsening of presenting symptomatology; or
- \* An adverse reaction to medication, procedures or therapies requires frequent monitoring which cannot be managed at a less intensive level of care.

and

II. The partial hospital program provides the following service elements:

- \* The person is receiving active treatment within the framework of a multi-disciplinary individualized treatment plan approach; and
- \* There is the involvement of a psychiatrist in the development and management of the treatment program and discharge plan; and
- \* The treatment plan includes a discharge plan and is reviewed and modified, as appropriate, by the treatment team to respond to changes in the person's clinical presentation or lack of progress; and
- \* The person is an active participant in treatment and discharge planning; and
- \* Where clinically appropriate, and with the person's informed consent, timely attempts are made by the treatment team, and documented in the treatment plan, to involve the family and other components of the person's community support network in treatment planning and discharge planning.

***Discharge Indicators (must meet I or II):***

I. The person no longer needs the partial hospital level of care because:

- \* The symptoms, functional impairments and/or coexisting medical conditions that necessitated admission or continued stay have diminished in severity and the person's treatment can now be managed at a less intensive level of care; and
- \* The improvement in symptoms, functional capacity and/or medical condition has been stabilized and will not be compromised with treatment being given at a less intensive level of care; and
- \* There is a viable discharge plan with which service and care providers identified for after-care treatment, if needed, and support have concurred.

or

II. The partial hospital level of care is discontinued because:

- \* The diagnostic evaluation has been completed when this constitutes the reason for admission; or
- \* The person withdraws from treatment against advice and does not meet criteria for involuntary commitment; or
- \* The person is transferred to another facility/unit for continued care.

***Admission (must meet criteria I and II):***

- I. A mental health professional determines that the outpatient level of care is appropriate and there is the potential for the person to benefit from outpatient care. The person must meet at least one of the following condition elements:
  - \* The person has a psychiatric illness exhibited by reduced levels of functioning and/or subjective distress in response to an acute precipitating event; or
  - \* The person is exhibiting signs or symptoms of a psychiatric illness, associated with reduced levels of functioning and/or subjective distress; or
  - \* The person has a history of psychiatric illness and presents in remission or with a residual state of a psychiatric illness, and without treatment there is significant potential for serious regression,

and

- II. A comprehensive diagnostic evaluation, including an assessment of the psychiatric, medical, psychological, social, vocational and educational factors important to the person, is conducted.

***Continued Stay (must meet criteria I, II and III):***

- I. The person has a current psychiatric diagnosis or provisional psychiatric diagnosis.

and

- II. The treatment team determines that:
  - \* The person continues to exhibit one or more signs or symptoms that necessitated admission and can be expected to benefit from the outpatient level of care; or
  - \* The person has developed new signs or symptoms that meet admission criteria and could be expected to benefit from the outpatient level of care; or
  - \* There is a reasonable expectation based on the person's clinical history that withdrawal of treatment will result in decompensation or recurrence of signs or symptoms.
- III. The services provided to the person meet the following criteria:
  - \* The person is an active participant in treatment and discharge planning; and

- \* A psychiatrist reviews and approves the treatment plan; and
- \* The treatment plan includes a discharge plan and is reviewed and modified, as appropriate, by the treatment team to address changes in the person's clinical presentation and response to treatment; and
- \* The person is receiving treatment within the framework of a multidisciplinary individualized treatment plan approach.

***Discharge Indicators***

- \* The person no longer meets continued stay criteria; or
- \* The person withdraws from treatment against advice and does not meet criteria for involuntary treatment.