2014 FLORIDA MENTAL HEALTH LEVEL OF CARE CLINICAL CRITERIA
MENTAL HEALTH LEVEL OF CARE CLINICAL CRITERIA

OVERVIEW

Psychcare strives to provide quality care in the least restrictive environment. An inpatient setting is the most restrictive level of care, and outpatient therapy is the least restrictive level of care. Psychcare believes that the determination of the level of care should be based upon presenting signs and symptoms, indicating that all lesser alternative levels of care would be detrimental to the safety and/or health of the member. It is the responsibility of the Psychcare clinical staff, including the Medical Director, Clinical Peer Reviewers, Director of Utilization Management, and licensed Utilization Review staff, to direct every member to the appropriate level of care based on an acuity assessment.

Clinical review decisions are based on the Psychcare Level of Care Clinical Criteria, the definition of medical necessity, and Psychcare Clinical Management Guidelines. The Mental Health Level of Care Clinical Criteria was adapted from the nationally recognized resources below.

- Milliman Care Guidelines, Inpatient and Surgical Care, 17th Edition
- Milliman Care Guidelines, Ambulatory Care, 11th Edition
- The American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (DSM).

The above national resources may be referenced by the licensed clinical staff for diagnostic specific criteria recommendations.

APPLICATION OF THE LEVEL OF CARE CLINICAL CRITERIA

All initial clinical review determinations are made by our licensed Utilization Review staff, who are Doctorate Level Licensed Clinicians, Master’s Level Licensed Clinicians, or Registered Nurses, supervised by the Director of Utilization Management, a Masters’ Level Licensed Clinician. The Medical Director and Physician Advisor, both psychiatrists that hold active and unrestricted medical licenses, oversee all UM decision making, and provide internal clinical guidance. Utilization management decisions are based on the level of care clinical criteria and definition of medical necessity.

The application of the criteria includes the following considerations in individual case review:

- Age
- Comorbidities
- Complications
- Progress of treatment
- Psychosocial situation
- Home environment
- Readiness to change
- Psychosocial situation; social functioning
- Level of acceptance or resistance to treatment (motivational factors)
- Dangerousness/lethality
- Interference with addiction recovery efforts
- Ability for self-care
- Course of illness

Available local delivery systems noted below, but not limited to, are considered in individual case reviews:

- Availability of alternative levels of care, such as intensive outpatient programs, outpatient detoxification
programs or residential treatment centers within the client health plans' service area and based on the members' benefit plan to support the member after hospital discharge.

- Coverage of benefits for alternative levels of care such as intensive outpatient treatment, outpatient detoxification programs or residential treatment centers, based on the members' benefit plan, where needed.
- Local hospitals' ability to provide all recommended services within the estimated length of stay.

**CONSIDERATIONS TO DETERMINE ACUITY**

Once a member is stabilized, Psychcare believes they should progress to a less restrictive environment. Determination of a member's acuity is based on the stabilization or reduction of symptomology, incorporating safety, as well as health factors.

The principles utilized in determining acuity and the appropriate level of care for a member are based on quality of life, and safety factors.

**QUALITY OF LIFE FACTORS**

**Psychiatric Signs and Symptoms**

This includes thought or mood disturbances, which present as:

- disorganized/bizarre behavior
- role impairment
- psychomotor retardation
- changes in weight
- impaired thinking

**Self-care:**

The inability of a member to independently maintain:

- shelter,
- adequate nutrition
- other activities of daily living due to the acuity of their symptoms
- The unavailability of family/community support to provide essential care.

The more severe the signs and symptoms are, the more acute the situation, and the more restrictive the environment.

**SAFETY FACTORS**

The factors below must be evaluated when assessing acuity and appropriate level of care to determine the intensity of support, which may be required to maintain the member's safety.

**Suicidal Thoughts, Plans, and/or Recent Gestures to Self-Harm** Assessment include the severity of:

- the suicide attempt, indicated by degree of lethal intent, impulsivity, and/or current intoxication
- current suicidal ideation with intent, realistic plan, or available means that is severe and dangerous
- recent self-mutilation that is severe and dangerous
- recent verbalization or behavior indicating high risk for severe injury

**DESTRUCTIVE BEHAVIOR OR RISK TO HARM OTHERS**

Destructive behaviors include, but are not limited to:

- an active plan, means, and lethal intent to seriously injure other(s)
- recent assaultive behaviors that indicate a high risk for recurrent and serious injury to others
• recent and serious physically destructive acts toward persons or property that indicate a high risk for recurrence and serious risk

**MEDICAL OR DRUG COMPLICATIONS**

Medical or drug complications include, but are not limited to:
- a drug overdose with a suspicion of suicidal intent,
- signs and symptoms of alcohol or drug withdrawal requiring close supervision,
- life-threatening medical complications from psychotropic medications,
- life-threatening medical complications involving pregnant women,
- life-threatening medical complications from psychiatric conditions such as anorexia or bulimia nervosa.

### ACUITY LEVEL AND APPROPRIATE LEVEL OF CARE

The Psychcare management system has the capability of assigning an acuity level to each level of care authorized for a member. The table below summarizes the level of care assigned to each level of acuity. Intake coordinators process outpatient routine appointments (level 1) and transfer calls for inpatient services (levels 2 to 5) to licensed clinicians.

<table>
<thead>
<tr>
<th>LEVEL OF CARE</th>
<th>ACUITY</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Mental Health</td>
<td>5</td>
<td>The member requires immediate intervention due to imminent risk for self-injury or injury to others with an inability to guarantee safety; suicidal/homicidal precautions may be implemented; meets involuntary evaluation criteria based on state law, requires 24 hour nursing care; may require 1:1 observation. Behavior is so disordered, disorganized, or bizarre that it would be unsafe for the member to be treated at a lesser level of care. Meets involuntary evaluation criteria based on state law, clinical findings confirm need to detox.</td>
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<tr>
<td>Substance Abuse Inpatient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crisis Stabilization</td>
<td>4</td>
<td>The member is in need of up to 23 hours of assessment and evaluation in a safe environment to confirm need for inpatient services.</td>
</tr>
<tr>
<td>Partial Hospitalization</td>
<td>3</td>
<td>Refer to Partial Hospitalization Level of Care Criteria.</td>
</tr>
<tr>
<td>Intensive outpatient treatment for Substance abuse / Mental Health</td>
<td>2</td>
<td>The member’s symptoms are due to an acute and/or emotional crisis due to a DSM-IV-TR psychiatric disorder. The member has demonstrated deterioration in the ability to fulfill age-appropriate responsibilities. (Treatment at lower levels of care has been unsuccessful). Family/social support is available.</td>
</tr>
<tr>
<td>Outpatient Psychotherapy</td>
<td>1</td>
<td>The member has been diagnosed with a DSM IV-TR diagnosis and has a GAF of 70 or below. Symptoms are associated with subjective distress and /or a reduced level of functioning in one or more of the following areas: education, vocation, family, and/or social/peer relations. The member has demonstrated intent to form a treatment alliance and is compliant with treatment. Family/social support is available.</td>
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</tbody>
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### Triage Levels

<table>
<thead>
<tr>
<th>Level</th>
<th>Acuity**</th>
<th>Timeliness Standards Based on Line of Business</th>
</tr>
</thead>
</table>
| **Emergency**  | 5 or 4   | Medicare:  
• Members receive care for emergencies immediately |
Florida Medicaid:  
• Florida Medicaid members with emergencies have access to behavioral healthcare immediately and/or 24 hours per day, 7 days per week |
Commercial:  
• Members receive care for non-life threatening emergencies within 6 hours |

**Emergency**  
Emergency mental health services are defined as those services that are required to meet the needs of an individual who is experiencing an acute crisis, resulting from mental illness, which is at the level of severity that would meet the requirements for involuntary hospitalization pursuant to Section 394.463, F.S., and who, in the absence of a suitable alternative or psychiatric medication, would require hospitalization.

**Urgent**  
Any request for care or treatment with respect to which the application of the time periods for making nonurgent care determinations:  
• could seriously jeopardize the life, health or safety of the member or others due to the members’ psychological state, or  
• in the opinion of a practitioner with knowledge of the members’ medical or behavioral health condition, would subject the member to adverse health consequences without the care or treatment that is subject to the request.

<table>
<thead>
<tr>
<th>Level</th>
<th>Acuity**</th>
<th>Timeliness Standards Based on Line of Business</th>
</tr>
</thead>
</table>
| **Urgent**  | 3 or 2   | Medicare:  
• Members receive urgent care within 24 hour |
Florida Medicaid:  
• Urgent Care within one (1) day |
Commercial:  
• Members receive urgent care within 48 hours |
<table>
<thead>
<tr>
<th>Routine</th>
<th>1</th>
<th>Medicare:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Members in mild to moderate distress</td>
<td></td>
<td>Members receive nonurgent care within one week</td>
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<tr>
<td></td>
<td></td>
<td>Florida Medicaid:</td>
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<tr>
<td></td>
<td></td>
<td>Routine Sick Patient Care within one (1) week</td>
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<tr>
<td></td>
<td></td>
<td>Well Care Visit within one (1) month</td>
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<tr>
<td></td>
<td></td>
<td>Commercial:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Members receive an appointment for a routine office visit within 10 business days</td>
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</table>

**Triage Levels Acuity Scales will be implemented once the management system has been revised.**

**ACUTE INPATIENT TREATMENT**

**Medical Necessity:**

Psychcare’s definition of inpatient medical necessity is adapted from the State of Florida Agency for Health Care Administration (AHCA). Medically necessary services must contain one or more of the elements listed below:

1. Necessary to protect life, and prevent significant illness, significant disability, or emotional distress
2. Specific and consistent with symptoms and a confirmed DSM diagnosis, and not in excess of the member’s needs
3. Consistent with the generally accepted community standards as determined by Psychcare
4. Reflective of the level of service that can be effectively furnished, and for which no equally effective and more conservative, or less costly treatment is available
5. Furnished in a manner not intended for the convenience of the recipient, the recipient’s caretaker or the practitioner/provider
6. There is sufficient clinical information provided by the attending psychiatrist to make a medical necessity determination.
7. Clinical information indicating the ability for the condition to improve with acute inpatient treatment
8. Clinical information indicating a history of inpatient admissions with the ability to sustain gains on discharge; another acute inpatient admission is anticipated to significantly improve the member’s condition or symptomatology

In determining whether services provided in an **Acute Inpatient Treatment Level of Care** will be authorized, consideration is given to current behavioral signs and symptoms, quality of life, and safety factors.
I. Criteria for Admission

The following criteria must be met in order to comply with the Criteria for Admission:

Criteria A, B, and C must be met, AND at least one or more of the following (Criteria D, E, F, or G) must be met.

A. Psychcare’s definition of Medical Necessity must be met.

B. The member’s condition is such that it requires 24-hour services in a controlled acute behavioral health setting (either free-standing or medical facility) where he/she will require supervision and treatment by a qualified licensed staff, 24-hour nursing care staff, medication (psychopharmacological) management by a qualified licensed psychiatrist, suicidal/homicidal precautions, and therapeutic interventions (individual, group, and family therapy). The intensity of this setting is required to ensure the member’s safety and prevent serious deterioration.

C. The member presents with signs and symptoms consistent with mental illness or the member has been diagnosed with a behavioral health disorder as indicated by an Axis I diagnosis according to the Diagnostic and Statistical Manual of Mental Disorders-Text Revision (DSM IV-TR). Further, the Axis I diagnosis is amenable to acute stabilization.

D. The member presents with signs and symptoms indicating a disturbance in thought and/or mood consistent with a psychotic disorder. These disturbances may include disorganized or bizarre speech and behavior, impaired thought processes (hallucinations, delusions), and/or gross psychomotor retardation or agitation. These symptoms are serious enough to cause significant disruption to the member’s social, occupational, and family functioning. The member cannot guarantee his/her own safety in the community and requires inpatient monitoring and psychopharmacological treatment.

E. Suicidal Thoughts, Plans, and/or Recent Gestures to Harm Self, evident by one of the following:
   - The member has attempted suicide as indicated by a severe act of self harm, lethal intent, impulsivity, and/or current intoxication, OR
   - The member presents with suicidal ideation with intent, a realistic plan, and/or the available means that is severe and dangerous, OR
   - The member has recently engaged in self-mutilating behavior or serious bodily harm that is severe and dangerous, OR
   - The member has verbalized intent to cause self-harm and is unable to develop an appropriate safety plan to guarantee his/her physical safety, and therefore, is at high risk of harm.

F. Homicidal Thoughts, Plans, and/or Recent Gestures to Harm Others, evident by one of the following:
   - The member presents with an active plan, means, and lethal intent to seriously injure other(s), OR
   - The member presents with recent assaultive behavior that indicates a high risk for recurrent and serious injury to other(s), OR
   - The member presents with a recent and serious physically destructive act toward persons or property that indicate a high risk for recurrence and a serious risk of harm, OR
   - The member has verbalized intent to cause harm to other(s) and is unable to develop an adequate safety plan, and therefore, is at high risk of harm to other(s).

G. There is clinical evidence to indicate a serious mood or other behavioral health disorder such that:
   - The member presents with significant mood instability due to severe depression, anxiety, mania, or mixed symptoms such that functioning is severely impaired and he/she is unable to care for him/herself, OR
• After medical clearance and stabilization, the member continues to present with signs and symptoms such that functioning is severely impaired and he/she is unable to care for him/herself.

II. Criteria for Continued Stay

The following criteria must be met in order to comply with the Criteria for Continued Stay.

Criteria A, B, and C must be met, AND Either Criteria D OR E must be met.

A. The member continues to meet Psychcare’s definition of Medical Necessity.

B. The member continues to meet Criteria B and C of the Admission Criteria.

C. The member continues to present with signs and symptoms as described in Criteria D, E, For G of the Admission Criteria despite an adherence to “best practices” approach for the particular behavioral health disorder and intense therapeutic intervention by the treatment team. This includes, but is not limited to, psychopharmacological monitoring and treatment by the qualified psychiatrist, therapeutic interventions such as individual, group, family, and adjunct therapies, and 24 hour care as consistent with the Acute Inpatient Level of Care.

D. Despite the development and implementation of the member’s biopsychosocial treatment plan, and the member’s active participation in that plan, the member’s signs and symptoms have worsened OR remained unchanged.

E. There is clear and sufficient clinical information suggesting that the member cannot safely be transferred to an alternate level of care, and that doing so would subject the member to severe pain and jeopardize the member’s life or health.

III. Criteria for Discharge

The following criteria must be met in order to comply with the Criteria for Discharge.

Criteria A, B, and C must be met OR Criteria D.

A. The Criteria for Continued Stay are no longer met.

B. The member’s psychiatric symptoms can safely be treated at an alternate level of care.

C. The member’s ability to self-care is consistent with the alternate level of care.

D. The member has developed a medical emergency requiring a transfer to a medical facility.

CRISIS STABILIZATION

Definition: The member is in need of up to 23 hours of assessment and evaluation in a safe, structured environment that provides continual nursing care, observation, and control of member behavior to insure the safety of the member and others and/or to confirm need for acute inpatient behavioral health treatment.

I. Criteria for Admission

The following criteria must be met in order to comply with the Criteria for Admission:
Criteria A, AND either B OR C, OR D must be met.

A. Psychcare's definition of Medical Necessity must be met.

B. The member has evidenced risk of harm to self or others that requires evaluation to determine intensity, severity, and lethality which cannot be provided at a lower level of care.

C. The member has evidenced threats of harm to self or others or has evidenced bizarre behaviors that require further assessment and observation.

D. The member presents with signs and symptoms indicative of a thought/mood disturbance consistent with a psychotic disorder which are interfering with his/her judgment to the degree that if the member is not evaluated and stabilized on an emergency basis, he/she may require more intensive treatment.

E. The member is being treated at a lower level of care, and despite active participation in treatment, the member has evidenced deterioration that requires further evaluation and treatment, without which the member will likely require treatment in a more restrictive setting.

II. Criteria for Discharge

A. The member has been assessed and stabilized to the degree that he/she can be safely transferred to a less restrictive setting.

B. The member has been assessed and it has been determined that the member meets criteria for treatment at an acute psychiatric inpatient level of care.

PARTIAL HOSPITALIZATION

Psychcare has adopted the Partial Hospitalization criteria based on CMS requirements.

Definition: A distinct and organized intensive ambulatory treatment program that offers less than 24 hour daily care. The services being provided need to be reasonable and necessary for the diagnosis or active treatment of the individual condition, and expected to improve or maintain the individual condition and functional level to prevent relapse or hospitalization.

Partial Hospitalization Program Criteria

Services are authorized when the member's clinical status indicates the need for inpatient behavioral health care, had partial hospitalization not been available.

The services are authorized for following reasons:

1. Individual and group therapy with a MD, Ph.D., or other mental health professional authorized under state law.

2. Occupational therapy, when the skills provided by an occupational therapist are required.

3. Social workers, trained psychiatric nurses, and other staff trained to work with psychiatric patients.

4. Individual therapy activities that are not recreational or diversionary in nature.

5. Family counseling for the treatment of the individual condition.
6. Training and educational activities that are closely related to the individual’s care and treatment.

7. Diagnostic services.

I. Criteria for Admission

The following criteria must be met in order to comply with the Criteria for Admission:

Criteria A, B, OR C, AND D must be met

A. Psychcare’s definition of Medical Necessity must be met.

B. The member has evidenced behaviors of harm to self or others, but does not require 24 hour supervision.

C. The member has signs and symptoms consistent with a behavioral health illness to a degree that it interferes with the member’s ability to function in a less restrictive level of care.

D. There is evidence of: (1) the member’s ability to maintain regular attendance and comply with the proposed treatment plan; (2) a risk assessment indicating that a higher level of care is not warranted, (3) the member’s ability to formulate a safety plan and seek emergency services if risks are augmented; and (4) assessment of the member’s support systems and their willingness to participate in the member’s treatment.

II. Criteria for Continued Stay

The following criteria must be met in order to comply with the Criteria for Continued Stay:

Criteria A, B, C, D, E, AND F must be met

A. The member continues to meet Psychcare’s definition of Medical Necessity.

B. Despite the member’s ability to actively participate in the partial hospitalization program, the member has not evidenced sufficient improvement facilitating transfer to a less restrictive level of care while maintaining gains at the lower level.

C. The member continues to present with signs and symptoms consistent with a behavioral illness to a degree that interferes with the member’s ability to function in a less restrictive level of care.

D. The treatment is not furnished in a manner intended for the convenience of the recipient or the recipient’s caretaker, or for antisocial behavior or legal problems.

E. The treatment is not provided with a primary intent of exclusively increasing social activity or as an alternative for other community resources.

F. The member cannot be safely treated at a lower level of care.

III. Discharge Criteria

The following criteria must be met in order to comply with the Criteria for Discharge:

Criteria A, B, and C apply.

A. The Criteria for Continued Stay are no longer met.

B. The member can be safely treated at an alternate level of care.
C. The member’s ability to self-care is consistent with the alternate level of care.

INTENSIVE OUTPATIENT TREATMENT

Psychcare has adopted the Intensive Outpatient Program criteria based on CMS requirements.

**Definition:** A highly structured ambulatory treatment program that offers individual and group mental health treatment designed to assist members evidencing acute impairment in psychosocial functioning secondary to symptomology of a psychiatric disorder. The services being provided need to be reasonable and necessary for the diagnosis, or active treatment of the individual condition, and expected to improve or maintain the individual condition and functional level to prevent relapse, decompensation, or need for a more restrictive level of care.

In determining whether services provided in an **Intensive Outpatient Program Level of Care** will be authorized, consideration is given to the following criteria.

I. **Criteria for Admission**

The following criteria must be met in order to comply with the Criteria for Admission:

**Criteria A, OR B, OR C, OR D must be met**

A. Psychcare’s definition of Medical Necessity must be met.

B. The member’s symptoms are due to an acute and/or emotional crisis due to a DSM-IV-TR disorder. The member has evidenced deterioration in the ability to maintain an adequate level of psychosocial functioning (work, family, school) to the degree that the member cannot be treated in outpatient therapy. The intensity of this setting is required to prevent the need for a higher level of care.

C. Lack of improvement in treatment with outpatient treatment indicates the need for a highly structured ambulatory treatment program with a multidisciplinary team focus to prevent the need for a higher level of care.

D. The member has evidenced history of similar presentations where less intensive treatment was inadequate at preventing decompensation or preventing the need for treatment at a higher level of care.

II. **Criteria for Continued Stay**

The following criteria must be met in order to comply with the Criteria for Continued Stay.

**Criteria A must be met AND Either B, OR C, OR D, OR E must be met**

A. The member continues to meet Psychcare’s definition of Medical Necessity.

B. Despite the member’s ability to participate actively in the intensive outpatient program, the patient has not evidenced sufficient improvement facilitating transfer to a less restrictive level of care while maintaining gains at the lower level. Concurrent reviews at this level should always include an evaluation of the appropriateness of decreasing the frequency of visits.
C. The member continues to present with psychiatric signs and symptoms consistent with mental illness to a degree that interferes with the member’s ability to function in a less restrictive level of care.

D. The treatment is not furnished in a manner intended for the convenience of the recipient or the recipient’s caretaker, or for antisocial behavior or legal problems.

E. The treatment is not provided with a primary intent of exclusively increasing social activity or as an alternative for other community resources.

F. The member cannot be safely treated at a lower level of care.

III. Criteria for Discharge

The following criteria must be met in order to comply with the Criteria for Discharge.

Criteria A, B, AND C apply.

A. The Criteria for Continued Stay are no longer met.

B. The member’s psychiatric symptoms can safely be treated at an alternate level of care.

C. The member’s ability to self-care is consistent with the alternate level of care.

OUTPATIENT MENTAL HEALTH TREATMENT

Medical Necessity:

Psychcare’s definition of outpatient medical necessity is adapted from the Medicare Benefit Policy Manual, revision 12/16/05. Medically necessary services must contain one or more of the elements listed below:

A. An individualized treatment plan must include the type, amount, frequency, and duration of the services to be furnished, and indicate the diagnoses and anticipated goals.

B. The services provided are expected to reduce or control the patient’s behavioral symptoms to prevent relapse.

C. The services provided are expected to improve the patient’s level of functioning; and not primarily for maintaining the patients’ current level of functioning.

D. Stability cannot be maintained without further treatment, or with less intensive treatment.

I. Criteria for Outpatient Treatment

The following criteria must be met in order to comply with the Criteria for Admission:

Criteria A, B, C, OR D can be met AND ALL of the following (Criteria D, E, F, G, H, AND I) must be met.

A. Psychcare’s definition of Medical Necessity must be met.

B. The member presents with signs and symptoms or behaviors resulting from a behavioral health disorder or psychological/emotional difficulties.
C. The member is evidencing impaired functioning secondary to the behavioral health disorder or psychological/emotional difficulties.

D. The behavioral health disorder requires medication management and monitoring

E. The member evidences a reduction in control of the signs and symptoms of their disorder secondary to outpatient treatment being received, without which would likely lead to relapse or deterioration in the member’s level of functioning.

F. The member evidences inadequate behavioral control to function adequately without this level of treatment and the treatment is not being primarily rendered to assist the patient in simply maintaining the current level of functioning.

G. Stability cannot be maintained without further treatment or with less intensive treatment.

H. The frequency and duration of sessions are required to address the member’s symptomology and work toward the achievement of established treatment objectives.

I. The treatment is not exclusively provided as a means of social support or as an alternate to community resources.
Reference List


