2014 FLORIDA SUBSTANCE ABUSE 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. In some cases, a member may be referred for treatment at a designated level of care for a specified length of stay. Mandated and/or court-ordered referrals may not be based on clinical considerations and thus may not be consistent with placement determinations based on the application of the Substance Abuse Level of Care Clinical Criteria.

Clinical review decisions for substance abuse treatment are based on the Florida Substance Abuse Level of Care Clinical Criteria, the definition of medical necessity, and Beacon Clinical Management Guidelines. The Substance Abuse Level of Care Clinical Criteria was adapted from the nationally recognized resources below.

- 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 Substance Abuse Level of Care Clinical Criteria
All initial clinical review determinations are made by our Case Managers, who are Doctorate Level Licensed Clinicians, Master's Level Licensed Clinicians, or Registered Nurses, supervised by the Vice President of Clinical Operations, 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 Substance Abuse 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, risk factors, safety concerns, and 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**

Factors present secondary to Substance Abuse:

This includes:

- risk of withdrawal
- biomedical conditions and complications
- emotional, behavioral, or cognitive conditions and/or complications
- readiness to change
- relapse or continued use/continued problem potential
- recovery environment
- role impairment

**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.

**Risk of Withdrawal and complications**

Assessment includes the severity of:

- Signs and symptoms of intoxication or withdrawal problem (anxiety, tremors, black outs, cravings, abnormal vital signs).
- Continued use of substances despite physical health problems requiring biomedical services.
- High risk behavior indicating high risk for self injury.
- Co-occurring substance abuse disorders and mental disorders.

**Destructive Behavior**

Destructive behaviors include, but are not limited to:

- The member continues to demonstrate a problem with deficits in coping.
- The member has impaired judgment/awareness related to how his substance abuse affects his work performance and familial relationships.
- 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.

INPATIENT DETOXIFICATION

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 Detoxification will be authorized, consideration is given to current behavioral signs and symptoms, quality of life, and safety factors.

I. Criteria for Admission

Inpatient detoxification is made up of services and care provided in an acute care setting with a planned regimen of 24 hour, medically managed evaluation and treatment aimed at ensuring medically safe withdrawal from substances. Inpatient detoxification is clinically indicated when there is a risk of severe withdrawal symptoms, seizures, and/or co-occurring medical or mental health conditions that require acute inpatient care for the safety of the member. The following criteria must be met in order to comply with the Criteria for Admission:

Criteria A AND either B or C must 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's use of alcohol and/or drugs is severe and continuous and is associated with any or all of
the following:

1. The member is evidencing current symptoms of severe withdrawal that require 24 hour medical care and management.
2. The member presents with marked history of use. The member’s history is positive for a history of withdrawal seizures or delirium tremens or the member’s presenting condition indicates that severe withdrawal is impending and requires 24 hour medical care and monitoring.
3. The member evidences a presence of co-existing, medical or mental health condition that may adversely impact or complicate detoxification.
4. The member evidences a risk of self harm or harm to others.

C. The member evidences marked medical complications from substance use that require 24 hour monitoring and care.

D. There must be an active, goal-oriented, treatment plan aimed at reducing symptomatology, rapid stabilization, improving motivation for treatment and recovery, management of co-existing medical/mental health conditions, and anticipated discharge plan and disposition to facilitate the member’s ability to sustain gains from treatment at the acute inpatient level of care. Interventions should include: (1) monitoring and management of vital signs, withdrawal symptoms, co-existing medical conditions, co-existing mental health conditions; (2) familial involvement (when available); (3) social support network development and involvement; (4) follow-up/aftercare plan inclusive of sobriety support groups (finding or re-establishing a sponsor); and (5) referrals to community resources to facilitate recovery and prevent relapse.

E. Treatment should begin immediately, without delay, following initial evaluation and continued monitoring by the attending physician (psychiatrist).

F. The development of a discharge plan within 24 hours of the member’s admission to include the following elements: (1) projected discharge date; (2) recommendations for next level of care and aftercare follow up; (3) coordination of follow up visit post-discharge within 7 days of discharge; and (4) coordination of community support/resources for member to access post-discharge.

G. The acute inpatient detoxification treatment is NOT simply a substitute for lower level of care when such resources and treatment alternatives are available.

H. The acute inpatient detoxification treatment is NOT solely for the purpose of satisfying a court order or mandate.

I. The member cannot be effectively and safely treated at a lower 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, 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 A and either B and C** of the Admission Criteria.

C. The member continues to present with signs and symptoms that require 24 hour medical monitoring and care. Continued treatment would include, 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 medical management and care as consistent with the Acute Inpatient...
Detoxification Level of Care.

D. Despite the development and implementation of the member’s 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 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.

ACUTE INPATIENT REHABILITATION

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 or significant disability.
2. Specific and consistent with symptoms and a confirmed DSM IV 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 Rehabilitation will be authorized, consideration is given to current behavioral signs and symptoms, quality of life, and safety factors.
I. Criteria for Admission

Acute Inpatient Rehabilitation is made up of services and care provided in an acute care setting with a planned regimen of 24 hour, targeted, structured, monitored services that include: assessment and observation, medical management and supervision, and treatment for addiction disorders in an acute inpatient environment. This level of care is appropriate for members whose presenting medical and behavioral problems are so severe that they would require treatment in an acute inpatient environment, but do not require inpatient detoxification. The following criteria must be met in order to comply with the Criteria for Admission:

Criteria A, B, C, D OR E must be met, AND all of the following (Criteria F, G, H, I, J, and K) must be met.

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

B. The member presents with significant medical complications requiring 24 hour care and medical/nursing management.

C. The member evidences an imminent risk of harm to self or others.

D. The member continues to evidence adverse effects of the substance used, requiring 24 hour care and medical/nursing management.

E. The member evidences marked changes in mental status without the presence of acute withdrawal symptoms – requiring 24 hour care and medical/nursing management.

F. There must be an active, goal-oriented, treatment plan aimed at reducing symptomatology, rapid stabilization, improving motivation for treatment and recovery, management of co-existing medical/mental health conditions, and anticipated discharge plan and disposition to facilitate the member’s ability to sustain gains from treatment at the acute inpatient level of care. Interventions should include: (1) monitoring and management of vital signs, withdrawal symptoms, co-existing medical conditions, co-existing mental health conditions; (2) familial involvement (when available); (3) social support network development and involvement; (4) follow-up/aftercare plan inclusive of sobriety support groups (finding or re-establishing a sponsor); and (5) referrals to community resources to facilitate recovery and prevent relapse.

G. Continuous monitoring of signs and symptoms of risk including vital signs, withdrawal symptoms, behavior, potential side effects of medication, and co-existing medical conditions.

H. The development of a discharge plan within 24 hours of the member’s admission to include the following elements: (1) projected discharge date; (2) recommendations for next level of care and aftercare follow up; (3) coordination of follow up visit post-discharge within 7 days of discharge; and (4) coordination of community support/resources for member to access post-discharge.

I. The acute inpatient detoxification treatment is NOT solely for the purpose of satisfying a court order or mandate.

J. The member cannot be effectively and safely treated at a lower 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, 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 A and either B, C, D, OR E of the Admission Criteria.
C. The member continues to present with signs and symptoms that require 24 hour medical monitoring and care. Continued treatment would include, 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 medical management and care as consistent with the Acute Inpatient Rehabilitation.

D. Despite the development and implementation of the member’s 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 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 - 23 HOUR OBSERVATION

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
Crisis Stabilization / 23 hour observation is a planned regimen of targeted, structured, monitored services that include: assessment and observation, medical management and supervision, stabilization, and referral services to assist members facing a substance abuse crisis for a period of up to 23 hours.

Criteria A, and either B OR C must be met, AND all of the following (Criteria D, E, F, G, H, I, and J) must be met

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

B. The member presents with signs and symptoms of an imminent or current substance abuse emergency, but admission to acute inpatient treatment requires further assessment.

C. Based on the member’s substance abuse symptomatology, history, and treatment failure at lower levels of care, the member exhibits a need for medical observation, consistent and close medication management, and/or stabilization to avoid relapse in current outpatient environment.

D. The provider is able to provide adequate nursing and medical care, acute medication management and observation, and able to perform all necessary tests (drug screens, lab work, medical tests, and monitoring of vital signs).

E. A global assessment of the member is completed, including the following: (1) psychosocial assessment;
(2) mental status examination; (3) history and physical assessment; (4) assessment of physical, sexual, or emotional abuse is completed; (5) documentation of presenting problem(s) and precipitating event; (6) psychiatric evaluation; (7) documentation of safety/risk issues and description of any disabilities or impairments; (8) documentation of the presence of any co-existing mental health issues.

F. The availability of treatment information including medications (frequency, dosage) and prior treatment history (including names and disciplines of providers/practitioners, length of treatment, focus of treatment).

G. The development of an active, short-term, treatment plan which includes recommendations and referrals for treatment at the next, lower level of care and linkage to community support groups and resources.

H. If acute inpatient detoxification or rehabilitation is not warranted, care with the appropriate providers/practitioners is arranged to occur as soon as possible, but within 7 days of discharge.

I. The 23 hour observation / crisis stabilization is NOT solely for the purpose of satisfying a court order or mandate.

J. The member cannot be safely and effectively treated at a lower 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, B, and C must be met:
A. The member continues to meet Psychcare’s definition of Medical Necessity.

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

C. 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 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.

RESIDENTIAL PLACEMENT

Definition: A combination of acute treatment services with an overnight component that are provided in a Residential Treatment facility for the care and treatment of substance abuse disorders. Residential treatment is appropriate when the member requires a higher level of care than outpatient services can provide, but the member does not require the structure and intensity provided in an acute care setting.

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


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

B. The member has evidenced a distinct pattern of continued and severe substance abuse and use regardless of the presence of adequate motivation and history of treatment in an intermediate level of care program (intensive outpatient or partial hospitalization program).

C. The member exhibits a risk of harm to self or others or significant functional impairment due to the continued and persistent substance use which prevents successful treatment at a lower level of care.

D. The member evidences serious comorbid medical conditions that, in conjunction with the risk of continued substance use, would prevent successful treatment at a lower level of care.

E. The member is at risk of withdrawal symptoms which cannot be managed safely without 24 hour monitoring.

F. The member’s living environment does not support abstinence and increases the member’s risk for substance induced unsafe behavior. The member does not have sober support network to facilitate abstinence and sobriety and to prevent relapse.

G. The member’s co-morbid medical and/or mental health conditions (if applicable) can be safely managed in a residential program.

H. There must be an active, goal-oriented, treatment plan aimed at reducing symptomatology, rapid stabilization, improving motivation for treatment and recovery, management of co-existing medical/mental health conditions, and anticipated discharge plan and disposition. The treatment plan should clearly address all risk issues.

I. There is active involvement by a psychiatrist/addictionologist throughout the course of the residential placement.

J. A discharge plan is created at the point of admission with information on: target discharge date, discharge disposition and aftercare follow up treatment recommendations, specific appointment dates with outpatient specialists, consent for the release of information to facilitate coordination of care across the level of care continuum, and involvement of member’s family and/or sober social support in discharge/aftercare plan (with member consent) to provide for continuity of care.

K. Random urine drug screens to monitor for relapse.

L. 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 residential treatment 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 diagnosis 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/legal problems or primarily to satisfy the requirements of a court order.

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.

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.

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


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

B. The member has evidenced severe impairment in psychosocial functioning secondary to Substance Abuse disorders and it cannot be safely managed at a lower level of care.

C. The member has exhibited significant deterioration in his/her Substance Abuse Disorder, and may require acute inpatient care if not treated in a partial hospitalization program.
D. The member requires frequent and intensive supervision of behavior and/or medication, but does not require 24 hour monitoring and nursing care which is available in an inpatient setting.

E. The member’s condition requires the structure, supervision, monitoring, and medical/psychological management available at the PHP level of care.

F. There are no signs or symptoms of withdrawal, or the symptoms of withdrawal can be safely managed.

G. Co-existing medical and behavioral health conditions can be safely managed in an outpatient setting.

H. There must be an active, goal-oriented, treatment plan aimed at reducing symptomatology, rapid stabilization, improving motivation for treatment and recovery, management of co-existing medical/mental health conditions, and anticipated discharge plan and disposition. The treatment plan should clearly address all risk issues.

I. An active plan targeting the member’s return to regular functioning in his/her environment by linking the member to available community support groups and resources and treatment at a lower level of care.

J. Partial Hospitalization treatment is NOT solely for the purpose of satisfying a court order or mandate.

K. The member cannot be safely and effectively treated at a lower level of care.

L. 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 diagnosis 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 or substance abuse treatment designed to assist members evidencing acute impairment in psychosocial functioning secondary to symptomology of a psychiatric or substance abuse 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, B, C, OR D AND Criteria E, F, G, H, I, J, AND K must be met.**

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

B. The member’s symptoms require more intensive treatment than that which is available through traditional outpatient care AND attendance at support groups as evidenced by the member’s inability to maintain sobriety.

C. The member evidences a worsening of symptoms and an increase in risky behaviors related to the addiction with a higher likelihood of relapse without intensive treatment.

D. The member’s home environment is non-supportive or unstable, decreasing the likelihood that the member will maintain sobriety.

E. The member’s substance abuse and co-existing medical/mental health conditions (if applicable) can be treated in an outpatient setting.

F. There is no evidence of withdrawal, or any symptoms of withdrawal noted can be safely managed in an outpatient setting.

G. The member is able to understand and comply with the conditions set forth by the IOP, or the member is likely to participate in treatment.

H. An active, goal-oriented, treatment plan aimed at reducing symptomatology, rapid stabilization, improving motivation for treatment and recovery, management of co-existing medical/mental health conditions, and anticipated discharge plan and disposition. The treatment plan should clearly address all risk issues, interventions, importance of familial involvement and support networks, and the benefits of available support groups and resources.

I. Lack of improvement 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.
J. 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.

K. IOP treatment is NOT solely for the purpose of satisfying a court order or mandate.

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 signs and symptoms consistent with substance abuse disorder 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 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 SUBSTANCE ABUSE 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, I, AND J) 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 substance abuse disorder and any co-existing medical/psychiatric condition.

C. The member is evidencing impaired functioning secondary to the substance abuse disorder.

D. The substance abuse 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.

J. The treatment is not exclusively provided as a means of NOT satisfying a court order or mandate.
Reference List


