



- Category:** Utilization Management
- Code:** UM 2.0 Attach C Residential
- Subject:** Residential Level of Care Guidelines
- Purpose:** The purpose of this policy is to describe the criteria used by BHP in medical necessity determinations for residential treatment services.
- Policy:** BHP Care Management (CM) staff use the following level of care guidelines for residential treatment services when completing medical necessity determinations.

Please refer to the enrollee's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the enrollee's benefit plan or certificate of coverage, the terms of the enrollee's benefit plan document will govern.

Benefits must be available for healthcare services. Healthcare services must be ordered by a physician, physician assistant, nurse practitioner, or behavioral health practitioner. Healthcare services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

DEFINITIONS:

Custodial Care:

Services to assist in activities of daily living and personal care that do not seek to cure or do not need to be provided or directed by a skilled medical professional, such as assistance in walking, bathing and feeding.

DSM:

The most current edition of the American Psychiatric Association Diagnostic and Statistical Manual of Mental Health Disorders

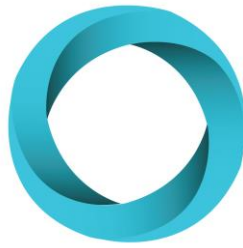
ICD:

The most current edition of the International Statistical Classification of Diseases and Related Health Problems.

Substance- Related Disorders:

Disorders associated with excessive use of or exposure to psychoactive substances, including drugs of abuse, medications, and toxins, that fall into two groups: Substance Use Disorders (Substance Dependence and Substance Abuse) and Substance-Induced Disorders (Substance Intoxication, Substance Withdrawal, Substance-Induced Delirium, Substance-Induced Persisting Dementia, Substance-Induced Persisting Amnesic Disorder, Substance-Induced Psychotic Disorder, Substance-Induced Mood Disorder, Substance-Induced Anxiety Disorder, Substance-Induced Sexual Dysfunction, and Substance-Induced Sleep Disorder).

Inpatient admissions to hospitals: 'Inpatient admissions to hospitals' includes admissions to all acute medical, surgical, obstetrical, psychiatric, and chemical dependency inpatient services at a licensed hospital facility, as well as other licensed inpatient facilities including skilled nursing facilities, residential treatment centers, and free standing rehabilitation facilities.



BACKGROUND:

The criteria set is based on expert professional practice guidelines.

A residential mental health or substance related disorders treatment center may be affiliated with or located within a hospital or may be a freestanding model in the community. The facility/program must be licensed by the Minnesota Department of Health, or its equivalent from a local health department.

A residential treatment program is a planned combination of living conditions, services, and resources for treatment and rehabilitation on a 24-hour per day basis.

Residential treatment must be covered as inpatient hospital medical coverage provided in the enrollee's benefit plan for those plans subject to Minnesota mandates.

Criteria set generally applies to both mental health and substance related disorders in children, adolescents, and adults.

All non-hospital based providers of mental health/substance-related disorders treatment must be licensed for the services being requested.

GUIDELINES:

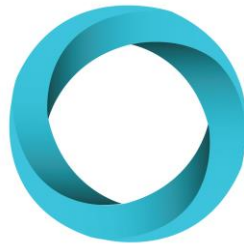
Medical Necessity Criteria - must have: I and II

I. Patient requirements – any of the following: A-C

A. Admission - must satisfy: 1, or all of 2-6

1. Mental health treatment is court ordered (Does not apply to substance-related disorders); or
2. Patient's clinical condition meets the diagnostic criteria for a DSM or ICD diagnosis; and
3. Demonstrates serious and persistent impairment in psychological/psychosocial functioning and/or disruptive behavior of sufficient severity that failure to control these behaviors places the patient at risk of serious harm to self or others; and
4. Other treatment settings have had an adequate trial and have not been effective or are clearly not indicated or are not available; and
5. Patient behaviors and/or symptoms require 24-hour structure, medical supervision, and treatment; and
6. If the request is for substance-related disorders, the patient is actively engaging in substance use within the last 10 days (unless substance is physically unavailable, such as the patient has been incarcerated or hospitalized).

B. Continued stay - must satisfy: 1, or all of 2-5



1. Mental health treatment is court ordered (Does not apply to substance-related disorders); or
2. Behaviors and/or symptoms continue to require 24-hour structure, medical supervision, and treatment.
3. Abstinence from repetitive use of all mood altering substances, non-prescribed (drug screening tests utilized when appropriate).
4. Evidence of motivation as demonstrated by active participation in the individualized treatment plan
5. The treatment plan is evaluated every 7 days and the goals and objectives of the individualized treatment plan necessary to facilitate transition to a less intensive treatment setting are not yet completed however documented progress is being made toward them.

C. Discharge - must satisfy one or more of the following: 1- 7

1. The patient's behavior and symptoms no longer require 24-hour structure, medical supervision and treatment.
2. The patient has completed attainable treatment goals.
3. The patient's functioning has not improved or has deteriorated requiring an alternative treatment setting.
4. After a reasonable amount of time and encouragement from staff, the patient refuses to become engaged in the treatment process and does not make the expected progress toward treatment goals.
5. Care has been determined to be custodial, primarily maintenance or for protection, and the patient has been determined to be functioning near his/her optimal level and reasonable progression can no longer be expected.
6. The patient's level of stability is consistent with a lower level of care.
7. Ongoing substance use or abuse that would preclude or decrease the effectiveness of treatment (may merit need for substance abuse evaluation or treatment).

Note: Discharge criteria do not apply to court ordered care

II. Program requirements – all of the following: A - D

A. Medical evaluation – must satisfy: 1 and 2

1. Comprehensive psychiatric evaluation by a psychiatrist within seven (7) days of admission with follow-up as needed at least monthly for a mental health disorder



2. Comprehensive history and physical within 30 days prior to admit or within 24 hours after admit for a substance related disorder.

B. Medical consultation (physician) and psychiatric consultation available twenty-four (24) hours per day, 7 (seven) days per week.

C. The program must provide active treatment documented in an individualized treatment plan addressing the behaviors that brought the patient into residential treatment.

D. Individualized treatment as determined by the patient's needs, diagnosis, and treatment goals that will be managed by an interdisciplinary team that meets at least weekly. This team should consist of at least the following: 1 or 2

1. For a mental health diagnosis

- a. Registered nurses
- b. Licensed psychologists
- c. Licensed clinical social workers
- d. Activities therapist
- e. If the patient is a child or adolescent, the team should also include a board certified or eligible child/adolescent psychiatrist or a general psychiatrist with special skills or training in child/adolescent psychiatry and a licensed educational specialist

2. For a substance related disorder diagnosis

- a. Registered nurses
- b. Licensed psychologists
- c. Licensed clinical social workers
- d. Licensed counselor for substance related disorders
- e. If the patient is a child or adolescent, the team should also include a licensed educational specialist

Regulatory / External References: NCQA UM 2.0, Chapter 62M.

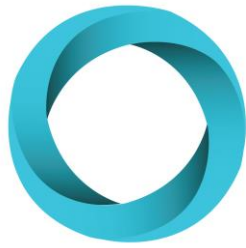
1. American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, TR 2000.

2. Minnesota Statue 62A.151 Emotionally handicapped children.

3. Minnesota Statue 62A.527 Antipsychotic Drugs.

4. Vandevoreen J, Miller L, O'Reilly R. Outcomes in community-based residential treatment and rehabilitation for individuals with psychiatric disabilities: a retrospective study. Psychiatr Rehabil J. 2007 Winter;30(3):215-7.

5. American Psychiatric Association, Practice Guideline for Treatment of Patients with Substance Use Disorders: Second Edition, August 2006



6. National Guideline Clearinghouse. Practice parameter for the assessment and treatment of children and adolescents with substance use disorders.

http://www.guideline.gov/summary/summary.aspx?doc_id=9316&nbr=004985&string=substance+AND+disorders. Accessed 04/04/2011

Internal References: Richard Sethre PsyD LP, Quinn McBreen LADC

Source: PreferredOne, BHP

Date Effective: 03/01/2014

Date Revised: 03/01/2014

Date Evaluated by Clinical Team: April 2014, December 2014, April 2015, December 2015, March 2016, December 2016