**Category:** Utilization Management

**Code:** UM 2.0 Attach L OP MH

**Subject:** Outpatient Mental Health (MH) Level of Care Guidelines

**Purpose:** The purpose of this policy is to describe the criteria used by BHP in medical necessity determinations for outpatient MH treatment services.

**Policy:** BHP Care Management (CM) staff use the following level of care guidelines for outpatient MH 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.***

## ADMISSION CRITERIA

1. The patient has significant symptoms and impairments.

2. The provider has completed a diagnostic assessment by a licensed mental health practitioner which results in a DSM or ICD diagnosis within 4 visits

3. The patient is assessed as not being a danger to self or others.

4. If the patient has active chemical health problems, they are relatively stable and the patient's overall functioning is assessed as likely to permit adequate participation.

5. For children and adolescents, when therapeutically indicated, the parents or other caretakers are adequately involved in the assessment and treatment plan.

6. The provider documents having inquired about other providers and, when therapeutically indicated, has requested authorization to coordinate services.

7. When clinically indicated, the provider has offered referrals for adjunctive services.

8. For court ordered services, a copy of the court order is provided.

## CONTINUED STAY CRITERIA

1. The provider, patient and, for children and adolescents, the parents or caretakers (when therapeutically indicated) have developed a treatment plan that includes A-F:

    A. clear and, when possible, measurable treatment goals;

    B. the treatment goals a linked to the patient's current primary symptoms and impairments;

    C. treatment interventions that support work on the treatment goals and which are, when possible, supported by current research on effective treatment outcomes.

    D. treatment sessions are scheduled at a frequency which is appropriate for the patient's current treatment needs, including managing any risk factors, and which responds to the patient's progress or lack of progress to date.

    E. The patient, or for children and adolescents the parents or caretakers, is documented to have had the opportunity to review and sign the treatment plan.

    F. The treatment plan includes specific and, when possible, measurable discharge goals.

1. The patient is documented to have continuing significant symptoms and impairments.

2. The treatment plan is updated every 90 days or more often if the patient's treatment needs change significantly.

    a. The diagnostic assessment (DA) is updated every year or more often if the patient's symptoms and impairments change significantly. A new DA must be completed annually, unless the child has an Autism Spectrum or Pervasive Developmental Disorder diagnosis, in which case the DA may be completed every three years if the parent or guardian requests a reduced frequency of assessment and the assessing mental health practitioner agrees that there has been little change in the child's condition and therefore an annual assessment is not necessary.

3. Coordination of care with other providers is documented, as therapeutically indicated. Coordination of care is recommended at least once per year and more frequently if there is a significant change in the patient's symptoms, impairments, or treatment plan.

4. For children and adolescents, when therapeutically indicated, the parents or caretakers are documented to be actively involved in the treatment.

5. Any risk factors are monitored carefully, with ongoing assessment of whether a higher level of care is therapeutically required.

6. Treatment continues to be mandated by a court order.

**DISCHARGE CRITERIA**

1. The patient's primary treatment goals have been completed and the patient, and in the case of children and adolescents the parents or caretakers, agree in consultation with provider that discharge would be appropriate.

2. The patient has consistently not participated in treatment after reasonable efforts to engage the patient and to address any barriers to adequate participation.

3. Treatment has been mandated by a court order, the court order has been discontinued and patient declines continued services.

4. The patient's symptoms, impairments or risk factors have worsened, requiring referral to a higher level of care.

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

1. Munich, R.L. and Sledge, W.H.: "Treatment Settings: Providing a Continuum of Care for Patients with Schizophrenia or Related Disorders," Chapter 39 in Gabbard, G. (Ed.) Treatments of Psychiatric Disorders, Second Edition, APA Press, 1995, pp. 1075-1090.

2. Minnesota Department of Human Services. 2014, April 3. "Mental Health Services Provider Manual." Retrieved from: http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_058037#P10_162.

3. Wiger, Donald E., The Psychotherapy Documentation Primer, 3rd Edition. John Wiley and Sons, New York, 2011, pp. 2-250.

4. American Psychiatric Association. Diagnostic and statistical manual of mental disorders (5th ed.) 2013; Arlington, VA: American Psychiatric Publishing

5. American Psychiatric Association. Practice guidelines for the psychiatric evaluation of adults (3rd ed.) 2016; Arlington, VA: American Psychiatric Publishing.

6. Centers for Medicare and Medicaid Services. Local Coverage Determination (LCD): Psychiatric diagnostic evaluation and psychotherapy services (L33252). Retrieved from: LCD - Psychiatric Diagnostic Evaluation and Psychotherapy Services (L33252) (cms.gov)

**Internal References**: Richard Sethre PsyD LP, Quinn McBreen LADC

**Source**: PreferredOne, BHP

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**Date Evaluated by Clinical Team:** **April 2014, December 2014, April 2015, December 2015, March 2016, December 2016, December 2017, December 2018, December 2019, December 2020, December 2021**

## Revision Tracking

| **Date Revised** | **Revision Type**<br>List all applicable:<br>- Minor changes (Use this when changes are related to staff titles, names of reports or systems, etc).<br>- Change in process/procedure<br>- Change in requirements<br>- New attachments or forms added<br>- Updated documentation to clarify policy<br>- Other | **Details of Revision Made** |
|---|---|---|
| 11.03.2017 | Change in requirements | Revised Admission criteria regarding DA to state it is completed within 4 visits per DHS update. |
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