



Behavioral Health Medical Necessity Criteria



Effective September 2009

OVERVIEW

Source of Criteria

First Coast Advantage (FCA) criteria are based upon the protocols of The American Academy of Child and Adolescent Psychiatry, American Psychiatric Association, and the American Society of Addiction Medicine. Criteria are based on a symptomatic phenomenological perception of psychiatric illness and not purely on specific diagnoses.

GENERAL GUIDELINES

Definition of "Medically Necessary"

Medically necessary evaluation and treatment in psychiatry is defined as all forms of treatment which are generally accepted by peers, carried out in an ethical climate, and based on effective diagnostic evaluation procedures. Inpatient treatment is to be provided by a board certified psychiatrist, a resident under the personal supervision of a psychiatrist who is a member of the medical faculty at a teaching hospital as defined in Chapter 395, Florida Statutes, or an advanced registered nurse practitioner who has a specialty in mental health and may include other mental health professionals working as fully supervised agents, for whose work the psychiatrist assumes full responsibility. When medically necessary evaluation and treatment are provided, the psychiatrist and/or agents address (in evaluation) the patient's symptoms, associated condition, and development needs, with the aim of restoring emotional and mental health.

For outpatient treatment, practitioners should aim to identify, resolve, and ameliorate disturbance or defects in normal developmental progress or in physical, social, familial, sexual, affective, and/or educational functioning, utilizing appropriate community resources, as indicated. The problems should be sufficiently severe to meet established criteria for the diagnosis of psychiatric illness, according to standard Diagnostic and Statistical Manual – IV (DSM-IV) nomenclature. Medically necessary treatment coordinates the intensity of service with the member's symptomatic clinical condition and with the appropriate level of care. Decisions are to be based on the best possible match between treatment needs of the member and his family as well as the therapeutic capabilities of the available resources in the treatment continuum. To achieve this goal, practitioners should seek to maximize use of available community-based and financial resources, including a variety of recreational and educational programs for children, youths, and families with special needs, specialized foster care, therapeutic group homes, correctional facilities, substance abuse treatment programs, and educational residential treatment centers.

General Criteria for Determining Levels of Care

It is FCA's policy that all members who request services are afforded, at a minimum, an evaluation prior to determination being made as to what type of service is warranted or that psychiatric care is not the preferred method of dealing with the presenting difficulties. No member who seeks out care is refused appropriate attention.

As determined by a psychiatric examination, a member will be admitted to the least restrictive treatment environment possible, and from there, be moved to increasingly less restrictive treatment environments as soon as therapeutically feasible.

Not only is it the goal of FCA to control costs for the organizations with whom we contract but to assure quality. There is no evidence that high cost care affords quality. Actually, in many instances, high cost is the antithesis of quality care in psychiatry. By following our guidelines, we ensure that the member receives the appropriate care, not necessarily the least expensive nor, in many cases, the most expensive.

The determination of appropriate treatment is based on the impairment severity, the complexity of the member's illness, and the intensity and duration of services required to evaluate and treat. The decision to be made, in terms of whether a member requires inpatient or outpatient services, is based on the severity of illness and intensity of service required. By viewing clinical syndromes by symptoms and problems rather than by specific diagnostic entities, we are able to focus on the specific needs of the member, regardless of theoretical orientation of treatment providers.

Levels of Care

FCA recognizes the following levels of care:

Psychiatric Inpatient:

Adult, Child and Adolescent

Psychiatric Outpatient:

Adult, Child and Adolescent

Medication Management

Individual and Family Therapy

Group Therapy

Targeted Case Management

Adult Only

Intensive Case Management

Psychosocial Rehabilitation

Child and Adolescent only

Therapeutic Behavioral Onsite

Justifying Level of Care

If the member's condition requires specialized resources and/or the structured environment of a specific facility for diagnosis, evaluation, or treatment, the attending psychiatrist should state why the selected facility is deemed the appropriate level of care (i.e., special medication therapy, pre-natal substance abuse treatment, continuous skilled psychiatric observation, etc.).

In addition, it is important to explain why a shorter-term, less intensive treatment setting is not appropriate (for inpatient care); why outpatient treatment and community family resources are not appropriate; or why family, school, and/or community resources are not adequate to improve member's functioning (for outpatient care).

Data should support the conclusion that the present treatment program is geared to the developmental and therapeutic needs of the member and member's family. It is expected that the resources and techniques associated with this level of care will:

- 1) Inpatient care:
 - a) Lead to successful discharge to the community; or
 - b) Lead to a transfer to a less intensive or less restrictive treatment program within the appropriate (and specified) time frame.
- 2) Outpatient care:
 - a) Improve current level of functioning so that treatment is no longer necessary for age-appropriate functioning and/or developmental progress to continue; or
 - b) Maintain and/or improve current level of functioning.

MEDICAL NECESSITY CRITERIA PSYCHIATRIC INPATIENT ADULT

DEFINITION: Short term psychiatric treatment within a licensed psychiatric inpatient treatment unit for rapid stabilization and treatment of acute symptoms and risk factors.

MEDICALLY NECESSARY: As defined in the FCA Utilization Management Plan/Utilization Management Program Description, medically necessary evaluation and treatment in psychiatry is defined as all forms of treatment which are generally accepted by peers, carried out in an ethical climate and based on effective diagnostic evaluation procedures. Inpatient treatment is to be provided by a fully trained psychiatrist, and may include other mental health professionals working as fully supervised agents, for whose work the psychiatrist assumes full responsibility.

I. ADMISSION TO AN ACUTE INPATIENT FACILITY REQUIRES:

- ◆ Presence of a DSM IV Axis I diagnosis; and
- ◆ GAF < 35.

As well as one (1) of the following six (6):

- ◆ Dangerousness to self or others in the absence of sufficient family or community supports. This does not include superficial scratching, scarring or ingestion of a few over the counter medications merely for social manipulation or responding to situational stressors. The assessment should include the presence of a concrete plan of sufficient lethality potential to result in loss of life or serious medical consequences. Metaphorical comments such as “I wish you were dead” or “I wish I were dead” do not constitute severity potential; behavioral observations and assessments support severity.
- ◆ Inability to meet basic needs as a result of psychiatric illness.
- ◆ Evaluation or procedure which is only available on an inpatient basis.
- ◆ Medication combination which is best started on an inpatient basis.
- ◆ Presence of a psychiatric condition which directly causes a deterioration in a medical condition.
- ◆ Or, if in the judgment of the physician reviewer, it is felt that the member requires inpatient hospitalization. This requires specific documentation as to why the physician felt that the admission was the appropriate level of care.

ASSESSMENT TOOLS:

1. GAF <35 - Criteria (of the four groups below - need two endorsed areas).

GROUP: I. PSYCHOLOGICAL IMPAIRMENT:

1. Behavior is considerably influenced by delusions or hallucinations; serious impairment in communication (e.g., sometimes incoherent; at times attention span is markedly impaired; serious impairment in judgment (e.g., acts grossly inappropriately); because of lethargy or lack of motivation, patient stays in bed all day and does not care for own living space.
2. Gross impairment in thinking and communication; largely incoherent; largely mute, catatonic; manic excitement; generally markedly impaired attention span; occasionally fails to maintain minimal personal hygiene due to gross impairment in thinking or severe lethargy.
3. Thinking is totally disorganized; completely incoherent; completely mute, catatonic; persistent inability to maintain minimal personal hygiene due to totally disorganized thinking or very severe lethargy; unable to focus attention for even a few seconds.

II. SOCIAL:

1. Acts grossly inappropriately toward others; almost totally insensitive to the feelings and needs of others; serious impairment in communication (e.g., sometimes incoherent or unresponsive; unaware of or ignores most social norms as manifested by openly masturbating, inappropriate sexual touching, etc.).
2. Very few social skills; generally unable to communicate in an organized, understandable way; acts very shockingly inappropriately in front of others, such as smearing of feces; however, may have some understanding that such behavior is inappropriate.
3. Few if any social skills; totally insensitive to the feelings and needs of others; unable to communicate in an organized, understandable way; shows no apparent awareness of social norms (e.g., does not realize that it is inappropriate to grab food or cigarettes from others).

III. DANGEROUSNESS:

1. Often hitting or biting others; two suicidal gestures within the last month; frequent suicidal preoccupations; actively following through with plans to hurt self or others (e.g., obtaining a gun, pills, rope, etc.); at times close observation or restraints may be necessary to prevent serious harm to self or others.
2. Frequently violent; serious thoughts of killing someone; attempt to violently rape someone within the last month; very real danger of hurting self or others; constant suicidal preoccupations; however, patient is felt to have some control of the suicidal impulses; several suicide attempts without clear expectation of death within the last month; close observation to prevent harm to self or others may be required 1 or 2 days a week.
3. Little or no control of impulses to hurt self or others; attempt to kill someone within the last month or serious suicidal act with clear expectation of death within the last month; attempted to set a fire or demonstrated fire setting behavior or ideation within the last month with intent of killing others; persistent, real danger of severely hurting self or others; 1-to-1, at-arms-length observation and/or physical restraint for prevention of serious harm to self or others may be required 3 or more days a week; (e.g., a 4-year-old boy needs constant restraint to avoid hurting himself).

IV. Activities of Daily Living Skills (ADLs) - OCCUPATIONAL:

1. Unable to maintain employment; unable to perform most simple chores without supervision; serious difficulty following instructions; needs some supervision to prepare simple meals for self, such as a sandwich and beverage; needs supervision to dress self; needs constant supervision to complete more complicated ADL=s; very sloppy workmanship; often unable to find way back from short errands.
2. Demonstrates very few ADLs skills; needs some supervision to maintain minimal personal hygiene; is almost totally unable to follow instructions; needs supervision to feed self; needs constant supervision to complete most simple tasks; unable to find way back from short errands.
3. Demonstrates almost no ADLs; does not have the ability to maintain minimal personal hygiene; is totally unable to follow instructions;

unable to complete most tasks even with constant supervision; may even have to be physically assisted to complete a task, including eating or dressing.

II. CONTINUED STAY CRITERIA:

(Based on the severity of symptoms and the intensity of service provided)

- ◆ Daily implementation of a treatment plan developed by an integrated multidisciplinary treatment team directed by a psychiatrist, with physician progress notes at least five days a week. The documentation continues to support the need for this level of care; and
- ◆ Individual and group psychotherapy based on ongoing psychiatric assessment and response to intervention(s); and
- ◆ Availability of 24 hour nursing surveillance and physical safety precautions (e.g. seclusion or protective restraints) and \geq one of:
 - ◆ Combination of psychiatric and medical therapeutic services requiring close and continuous observation for potential medical complications/patient non-compliance; and /or
 - ◆ Initiation or adjustment of somatic treatments (e.g., drugs, etc) with potential for severe adverse reaction; and /or
 - ◆ In spite of active treatment, patient's symptoms worsen or remain at levels meeting criteria for inpatient admission.

III. DISCHARGE CRITERIA:

Either

- ◆ Acute Episode is resolved or stabilized sufficiently that the patient is able to control behavior in a less restrictive environment; or
- ◆ Medical complications preclude continued psychiatric treatment and transfer to medical acute level of care is required; or
- ◆ Treatment is refused.

MEDICAL NECESSITY CRITERIA PSYCHIATRIC INPATIENT CHILD AND ADOLESCENT

DEFINITION: Short term psychiatric treatment within a licensed psychiatric inpatient treatment unit for stabilization and treatment of acute symptoms and risk factors.

MEDICALLY NECESSARY: As defined in the FCA Utilization Management Plan/Utilization Management Program Description, medically necessary evaluation and treatment in psychiatry is defined as all forms of treatment which are generally accepted by peers, carried out in an ethical climate and based on effective diagnostic evaluation procedures. Inpatient treatment is to be provided by a fully trained psychiatrist, and may include other mental health professionals working as fully supervised agents, for whose work the psychiatrist assumes full responsibility. Children under 12 should be treated, or consulted on, by a child and adolescent psychiatrist.

I. ADMISSION TO AN ACUTE INPATIENT FACILITY REQUIRES:

- ◆ Presence of a DSM IV Axis I diagnosis; and
- ◆ GAF < 35 (see assessment tools).

As well as one (1) of the following six (6):

- ◆ Dangerousness to self or others in the absence of sufficient family or community supports. This does not include superficial scratching, scarring or ingestion of a few over the counter medications merely for social manipulation or responding to situational stressors. Metaphorical comments such as “I wish you were dead” or “I wish I were dead” do not constitute severity potential; behavioral observations and assessments support severity.
- ◆ Failure of appropriate treatment at a lesser level of care.
- ◆ Serious disability or dysfunction leading to major development disruption in the absence of appropriate or available support system.
- ◆ Strong likelihood of further worsening of condition without this level of treatment.
- ◆ Or, if in the judgment of the physician reviewer, it is felt that the patient requires inpatient hospitalization. This requires specific documentation as to why the physician felt that the admission was the appropriate level of care.
- ◆ Clarification of why a lower level of care is not medically appropriate. For example, no reasonable access to this level of treatment, or no available or appropriate support system.

ASSESSMENT TOOLS:

1. GAF <35 - Criteria (of the four groups below - need two endorsed areas).

GROUPS: I. PSYCHOLOGICAL IMPAIRMENT:

1. Behavior is considerably influenced by delusions or hallucinations; serious impairment in communication (e.g., sometimes incoherent; at times attention span is markedly impaired; serious impairment in judgment (e.g., acts grossly inappropriately); unable to perform activities of daily living.
2. Gross impairment in thinking and communication; largely incoherent; largely mute, catatonic; manic excitement; generally markedly impaired attention span; occasionally fails to maintain minimal personal hygiene due to gross impairment in thinking or severe lethargy.
3. Thinking is totally disorganized; completely incoherent; completely mute, catatonic; persistent inability to maintain minimal personal hygiene due to totally disorganized thinking or very severe lethargy; unable to focus attention for even a few seconds.

II. SOCIAL:

1. Acts grossly inappropriately toward others; almost totally insensitive to the feelings and needs of others; serious impairment in communication (e.g., sometimes incoherent or unresponsive; unaware of or ignores most social norms as manifested by openly masturbating, inappropriate sexual touching, etc.).
2. Very few social skills; generally unable to communicate in an organized, understandable way; acts very shockingly inappropriately in front of others, such as smearing of feces; however, may have some understanding that such behavior is inappropriate.
3. Few if any social skills; totally insensitive to the feelings and needs of others; unable to communicate in an organized, understandable way; shows no apparent awareness of social norms (e.g., does not realize that it is inappropriate to grab food or cigarettes from others).

III. DANGEROUSNESS:

1. Often hitting or biting others; two suicidal gestures within the last month; frequent suicidal preoccupations; actively following through with plans to hurt self or others (e.g., obtaining a gun, pills, rope, etc.); at times close observation or restraints may be necessary to prevent serious harm to self or others.
2. Frequently violent; serious thoughts of killing someone; attempt to violently rape someone within the last month; very real danger of hurting self or others; constant suicidal preoccupations; however, patient is felt to have some control of the suicidal impulses; several suicide attempts without clear expectation of death within the last month; close observation to prevent harm to self or others may be required 1 or 2 days a week.
3. Little or no control of impulses to hurt self or others; attempt to kill someone within the last month or serious suicidal act with clear expectation of death within the last month; demonstrated fire setting behavior or ideation within the last month with intent of killing others; persistent, real danger of severely hurting self or others; 1-to-1, at-arms-length observation and/or physical restraint for prevention of serious harm to self or others may be required 3 or more days a week; (e.g., a 4-year-old boy needs constant restraint to avoid hurting himself).

IV. ADL - EDUCATIONAL:

1. Not in school; unable to attend or frequently sent home for major disruptive, inappropriate or dangerous behavior; serious difficulty following instructions; in the case of older children, needs supervision to dress self, prepare simple meals, etc., needs supervision to dress self; needs constant supervision to complete more complicated ADLs; often unable to find way back from short errands.
2. Demonstrates very few ADLs; needs some supervision to maintain minimal personal hygiene; is almost totally unable to follow instructions; needs supervision to feed self; needs constant supervision to complete most simple tasks; unable to find way back from short errands.
3. Demonstrates almost no ADL skills; does not have the ability to maintain minimal personal hygiene; is totally unable to follow

instructions; unable to complete most tasks even with constant supervision; may even have to be physically assisted to complete a task, including eating or dressing.

II. CONTINUED STAY CRITERIA:

(Based on the severity of symptoms and the intensity of service provided)

- ◆ Daily implementation of a treatment plan developed by an integrated multidisciplinary treatment team directed by a psychiatrist, with physician progress notes at least five days a week. Assessment includes at least psychiatric evaluation, nursing assessment and detailed psychosocial history including developmental and educational history. Treatment plan also addresses discharge plan and patient's assets and strengths. The documentation continues to support the need for this level of care; and
- ◆ Availability of 24 hour nursing surveillance and physical safety precautions (e.g. seclusion, protective restraints) and \geq one of:
 - ◆ Combination of psychiatric and medical therapeutic services requiring close and continuous observation for potential medical complications/patient non-compliance; and /or
 - ◆ Initiation or adjustment of somatic treatments (e.g., drugs, etc) with potential for severe adverse reaction; and /or
 - ◆ In spite of active treatment, patient's symptoms worsen or remain at levels meeting criteria for inpatient admission.
- ◆ Treatment should include:
 - (a) Family or significant other involvement at least two times a week which includes family therapy, visitation, multifamily group, psycho educational sessions, doctor's telephone contact, doctor's and or social worker's telephone contacts to review treatment plan, progress and/or discharge planning.
 - (b) Individual and group psychotherapy plus implementation of prescribed ancillary services based on ongoing psychiatric assessment and response to interventions. Example: recreational therapy, occupational therapy, psycho educational groups.
 - (c) Appropriate school/educational program with active collaboration with patient's home school system.

III. DISCHARGE CRITERIA:

Either

- ◆ Acute episode is resolved or stabilized sufficiently that the patient is able to control behavior in a less restrictive environment; or
- ◆ Medical complications preclude continued psychiatric treatment and transfer to medical acute level of care is required; or
- ◆ Treatment is refused by patient and legal guardian. Patient does not meet criteria for involuntary hospitalization (non-psychotic patient).

MEDICAL NECESSITY CRITERIA PRENATAL MEDICAL DETOXIFICATION

DEFINITION: Short term psychiatric inpatient treatment within a licensed psychiatric inpatient treatment unit for rapid stabilization and treatment of acute symptoms and risk factors.

MEDICALLY NECESSARY: As defined in the FCA Utilization Management Plan/Utilization Management Program Description, medically necessary evaluation and treatment in psychiatry is defined as all forms of treatment which are generally accepted by peers, carried out in an ethical climate and based on effective diagnostic evaluation procedures.

I. ADMISSION TO AN INPATIENT MEDICAL DETOXIFICATION FACILITY REQUIRES:

- ◆ Current use of alcohol or drugs use meeting DSM IV criteria for abuse or dependency; and
- ◆ Pregnancy

II. CONTINUED STAY CRITERIA:

(Based on the severity of symptoms and the intensity of service provided)

- ◆ Documentation of the need for continued medical management of detoxification; and
- ◆ Physical signs and symptoms of acute withdrawal that requires 24 hour nursing and medical intervention.

III. DISCHARGE CRITERIA:

Either

- ◆ Acute need for medical detoxification is resolved or stabilized sufficiently that medically supervised care is no longer needed; or
- ◆ Medical complications require transfer to medical acute level of care; or
- ◆ Patient can continue receiving treatment in a less restrictive and less intensive setting.

MEDICAL NECESSITY CRITERIA RESIDENTIAL SUBSTANCE ABUSE PROGRAM

DEFINITION: Treatment that provides therapeutic services for pregnant substance abusers on a 24-hour basis in an off-site setting.

MEDICALLY NECESSARY: As defined in the FCA Utilization Management Plan/Utilization Management Program Description, medically necessary evaluation and treatment in psychiatry is defined as all forms of treatment which are generally accepted by peers, carried out in an ethical climate, and based on effective diagnostic evaluation procedures.

STIPULATIONS: FCA shall provide up to twenty-eight (28) inpatient hospital days in an inpatient hospital substance abuse treatment program for pregnant substance abusers who meet ISD Criteria with Florida Medicaid modifications as specified in InterQual Level of Care 2003- Acute Criteria-Pediatric and/or InterQual Level of Care 2003-Acute Criteria-Adult (McKesson Health Solutions, LLC, “McKesson”), 2003 Edition or the most current edition, for use in screening cases admitted to rehabilitative Hospitals and CON approved rehabilitative units in acute care Hospitals with admission dates of January 1, 2003 and after. In addition, the Health Plan shall provide inpatient Hospital treatment for severe withdrawal cases (not meeting the severity of illness criteria under inpatient medical detoxification criteria) and substance abuse rehabilitation (other than for pregnant women), including court ordered services, are not covered in the inpatient hospital setting.

II. CONTINUED STAY CRITERIA:

(Based on the severity of symptoms and the intensity of service provided)

- ◆ Patient participation in the program, as well as, acceptance of the treatment process and one of:
 - ◆ Medical complication: a documented condition or disorder which, in combination with psychoactive substance use, continues to present a serious health risk and is actively being treated.

- ◆ Major psychiatric illness: a documented condition or disorder which, in combination with substance use, continues to present a serious mental health risk and is actively being treated.
- ◆ Documentation for psychosocial planning: an individualized treatment plan is aggressively addressing psychosocial dysfunctions that remain an obstacle to outpatient treatment.

III. DISCHARGE CRITERIA:

Either

- ◆ Episode is resolved or stabilized sufficiently that the patient is able to control behavior in a less restrictive environment; or
- ◆ Treatment is refused; or
- ◆ Medical detoxification complications require transfer to an inpatient medical detoxification setting.

MEDICAL NECESSITY CRITERIA PSYCHIATRIC OUTPATIENT ADULT

DEFINITION: Short term treatment for mental health issues provided by a licensed practitioner of the healing arts in an outpatient setting.

MEDICALLY NECESSARY: As defined in the FCA Utilization Management Plan/Utilization Management Program Description, medically necessary evaluation and treatment in psychiatry is defined as all forms of treatment which are generally accepted by peers, carried out in an ethical climate, based on effective diagnostic evaluation procedures.

I. ADMISSION TO AN OUTPATIENT FACILITY REQUIRES:

Symptoms due to a DSM-IV psychiatric disorder associated with subjective distress and/or a reduced level of functioning and/or impairment of developmental progression in one or more of the following areas:

- ◆ Education.
- ◆ Vocational/Occupational
- ◆ Family.
- ◆ Social/Peer Relations.

A comprehensive, multi-axial diagnostic evaluation is required as a basis for treatment, and Symptoms do not meet the criteria for a more intense level of treatment.

- ◆ Treatment is required to alleviate acute existing symptoms and/or behaviors or to prevent relapse in patients with symptoms and/or behaviors in partial or complete remission.
- ◆ The member has demonstrated intent to form a treatment alliance and comply with treatment.
- ◆ The member has sufficient family and/or social resources that have expressed a willingness to provide support for psychiatric treatment, or failing that, a supportive environment that can be identified for that purpose.

II. CONTINUED OUTPATIENT TREATMENT CRITERIA:

(Outpatient treatment is provided based upon the severity of symptoms and the intensity of services required by the member).

- ◆ Treatment being provided is necessary for age-appropriate functioning and/or developmental progress to continue; and
- ◆ Treatment being provided is necessary in order to maintain and/or improve current level of functioning; and
- ◆ Treatment being provided is necessary in order to reduce the risk of exacerbations and relapse.
- ◆ Treatment is outlined in a plan of care that is reviewed on a regular basis by the treatment team, has established timeframes for resolution of symptoms and has established clear discharge criteria.

III. DISCHARGE CRITERIA:

Either

- ◆ Member can be maintained at current level of functioning with community and/or family supports; or

Member is not actively involved in treatment.

MEDICAL NECCESSITY CRITERIA PSYCHIATRIC OUTPATIENT CHILDREN & ADOLESCENTS

DEFINITION: Short term treatment for mental health issues provided by a licensed practitioner of the healing arts in an outpatient setting. Interventions include family, individual, and/or group counseling, case management, medication management, and support services. Children, adolescents and families are involved with a variety of service providers, both inside and outside of Community Mental Health Agency (e.g. school, court, etc.)

MEDICALLY NECESSARY: As defined in the FCA Utilization Management Plan/Utilization Management Program Description, medically necessary evaluation and treatment in psychiatry is defined as all forms of treatment which are generally accepted by peers, carried out in an ethical climate, based on effective diagnostic evaluation procedures.

ADMISSION TO AN OUTPATIENT FACILITY REQUIRES:

- ◆ The child/adolescent demonstrates symptoms consistent with a covered DSM-IV diagnosis, and can reasonably be expected to respond to therapeutic interventions; and
- ◆ The parent or caregiver has demonstrated a sufficient level of commitment, motivation, and an ability to participate in treatment; or
- ◆ Children/adolescents who demonstrates residual impairment after discharge from an inpatient psychiatric stay or another more intensive service; or
- ◆ There are significant symptoms that interfere with the child/adolescent's ability to function in at least one life area: Educational/Occupational, Family, Social/Peer Relations.

Continuing Stay Criteria

All of the following criteria are necessary for continuing treatment at this level of care:

- ◆ The child/adolescent's condition continues to meet admission criteria at this level of care.
- ◆ The child/adolescent's treatment does not require a more intensive level of care, and no less intensive level of care would be appropriate.
- ◆ Treatment planning is individualized and appropriate to the child/adolescent's changing condition with realistic, specific, and measurable goals and objectives stated.
- ◆ Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms, but goals of treatment have not yet been achieved, or adjustments in the treatment plan to address lack of progress are evident.

Discharge Criteria

- ◆ Treatment plan goals have been sufficiently met such that the child/adolescent no longer requires this level of care; or
- ◆ The child/adolescent voluntarily leaves treatment or the parent or legal guardian removes them from the program