



**MULTNOMAH COUNTY MENTAL HEALTH
AND ADDICTION SERVICES DIVISION**

**MULTNOMAH MENTAL HEALTH (MMH)
UTILIZATION REVIEW PRACTICE GUIDELINES**

**A MANUAL FOR UTILIZATION REVIEW STAFF
AND HEALTH SHARE OF OREGON PROVIDERS**

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Introduction

Medicaid managed care organizations are required to adopt practice guidelines that are based on valid and reliable clinical evidence, consider the needs of our individuals, and are adopted in consultation with our participating providers. Decisions for utilization management and coverage of services should be consistent with these guidelines.

Health Share of Oregon-along with the Risk Accepting Entities (RAEs)-Clackamas, Multnomah and Washington County has adopted a definition of medical necessity criteria and a set of practice guidelines as a resource for both providers and our staff. It should be noted that these guidelines are administrative in nature; they are not clinical practice guidelines. Clinical practice guidelines reflect practice standards for the management and treatment of specific conditions. Administrative guidelines describe the criteria for authorization for specific types of service. This document incorporates both Health Share of Oregon Regional Behavioral Health services, as well as services only available through Multnomah Mental Health.

The primary purpose of these guidelines is to assist providers in selecting the appropriate level of care for clients, and to inform providers of the criteria used by the RAEs in authorizing services.

Practice Guidelines – Values and Principles

Values:

Health Share of Oregon promotes resilience in and recovery of its members. We support a system of care that promotes and sustains a person's recovery from a mental health condition by identifying and building upon the strengths and competencies within the Individual to assist them in achieving a meaningful life within their community.

Individuals are to be served in the most normative, least restrictive, least intrusive, and most cost-effective level of care appropriate to their diagnosis and current symptoms, degree of impairment, level of functioning, treatment history, and extent of family and community supports.

Practice guidelines are intended to assure appropriate and consistent utilization of mental health services and to provide a frame of reference for clinicians in providing services to individuals enrolled in Health Share of Oregon. They provide a best practice approach and are not intended to be definitive or exhaustive.

When multiple providers are involved in the care of our members, it is our expectation that regular coordination and communication occurs between these providers to ensure coordination of care. This could include sharing of service plans, joint session, phone calls or team meetings.

Principles:

1. Treatment planning incorporates the principles of resilience and recovery:
 - Employs strengths-based assessment
 - Individualized and person-centered
 - Promotes access and engagement
 - Encourages family participation
 - Supports continuity of care
 - Empowering
 - Respects the rights of the individual
 - Involves individual responsibility and hope in achieving and sustaining recovery
 - Uses natural supports as the norm rather than the exception
2. Policies governing service delivery are age and gender appropriate, culturally competent, evidence-based and trauma-informed, and attend to other factors known to impact individuals' resilience and recovery.
3. Positive clinical outcomes are more likely when clinicians use evidence based practices or best clinical practices based on a body of research and as established by professional organizations.
4. Treatment interventions should promote resilience and recovery as evidenced by:
 - Maximized quality of life for individuals and families
 - Success in work and/or school
 - Improved mental health status and functioning
 - Successful social relationships
 - Meaningful participation in the community

Medical Necessity Criteria

All services provided to Oregon Health Plan Medicaid recipients must be medically appropriate and medically necessary. For all services, the individual must have a diagnosis covered by the Oregon Health Plan which is the focus of treatment, and the presenting diagnosis and proposed treatment must qualify as a covered condition-treatment pair on the Prioritized List of Health Services.

Medically appropriate services are those services which are:

- Required for prevention, diagnosis or treatment of physical, substance use or mental disorders and which are appropriate and consistent with the diagnosis
- Consistent with treating the symptoms of an illness or treatment of a physical, substance use or mental disorder
- Appropriate with regard to standards of good practice and generally recognized by the relevant scientific community as effective
- Furnished in a manner not primarily intended for the convenience of the individual, the individual's caregiver, or the provider
- Most cost effective of the alternative levels of covered services which can be safely and effectively furnished to the individual

A covered service is considered medically necessary if it will do, or is reasonably expected to do, one or more of the following:

- Arrive at a correct diagnosis
- Reduce, correct, or ameliorate the physical, substance, mental, developmental, or behavioral effects of a covered condition
- Assist the individual to achieve or maintain sufficient functional capacity to perform age-appropriate or developmentally appropriate daily activities, and/or maintain or increase the functional level of the individual
- Flexible wraparound services should be considered medically necessary when they are part of a treatment plan.

The determination of medical necessity must be made on an individual basis and must consider the functional capacity of the individual and available research findings, health care practice guidelines, and standards issued by professionally recognized organizations.

**ACUTE INPATIENT
MULTNOMAH MENTAL HEALTH
HEALTH SHARE OF OREGON**

Youth and Adult Mental Health Inpatient protocol for Health Share Members. Refer to the Standardization of Inpatient Mental Health UM Policies and Procedures

| SERVICE DESCRIPTION | CRITERIA FOR AUTHORIZATION | CONCURRENT REVIEW CRITERIA | DISCHARGE CRITERIA |
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| <p>Acute inpatient psychiatric services are intensive, 24 hour services, occurring in an appropriately licensed hospital. Services are provided under the supervision of a licensed psychiatrist and are focused on reducing immediate risk due to dangerousness to self or others, grave disability, or complicating medical conditions (co-occurring with a mental health condition) that leave the individual at significant risk. Treatment is highly intensive and is provided in a secure environment by a multidisciplinary team of qualified mental health professionals.</p> <p>Services may include an initial assessment, history and physical, individual, group, family and/or activity therapies, social skill development, nutritional care, medically appropriate physical health care, and room and board</p> <p>* Re-assessment is considered complete when adequate time has lapsed from when the individual arrived intoxicated to the ED and verified by a UA, BAL or self-report</p> | <p>All Admission Criteria Must be Met:</p> <ul style="list-style-type: none"> • Client must have or be suspected of having a covered primary mental health disorder covered by the Oregon Health Plan that is the cause of the signs and symptoms that make consideration of hospitalization necessary • The client must be medically stable and medical causes have been ruled out as the source of the mental or behavioral symptoms • Less restrictive levels of care must have been explored, including increasing the intensity of outpatient treatment, and demonstrated to be less likely to be effective, more intrusive, unavailable or too dangerous • Admission cannot be strictly for the purpose of temporary housing or due to homelessness • For individuals presenting with intoxication due to | <p>At least two of the following are present:</p> <ul style="list-style-type: none"> • The persistence of psychiatric problems that resulted in the admission to a degree that continues to meet admission criteria • The emergence of additional problems that meet admission criteria • A severe reaction to medication or the need for further monitoring and adjustment of dosage that required 24 hour medical supervision • Daily progress notes document that the client's mental health problem(s) are responding to or are likely to respond to the current treatment plan • Evidence of active discharge planning in collaboration with UR Coordinator and/or RAE Care Coordinator • Evidence of active treatment including modification of treatment plan where progress is limited • No less restrictive level of care that would meet the client's | <p>At least one of the following must be met:</p> <ul style="list-style-type: none"> • Documented treatment goals and objectives have been substantially met • Individual has achieved symptom or functional improvement back to baseline in resolving issues that resulted in admission to this level of care • Meets criteria for a different level of care due to change in symptoms or function at this level of care |

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| <p>and the clinical presentation remains the same after the individual is considered sober in the clinical judgment of medical personnel. A 2nd UA or BAL is not required by the RAE UR staff.</p> <p>** Criteria related to individuals presenting with Co-occurring symptoms.</p> | <p>alcohol, sobering must occur and the individual must be re-assessed* prior to approval for an inpatient stay.</p> <ul style="list-style-type: none"> • For other substances, if the individual meets the criteria for “a clear and reasonable inference of danger to self or others”, admission will be approved. ** <p>At least one of the following is present:</p> <ul style="list-style-type: none"> • A clear and reasonable inference of danger to self or others. ** • Dangerous assaultive or other uncontrolled behavior, including extensive damage to property, not due to substance abuse • Inability to provide for basic needs, safety and welfare • Acute deterioration in mental health functioning causing exacerbation of other medical conditions • The need for regulation of psychotropic medication that cannot be safely done without 24-medical supervision | <p>and public’s need for safety is accessible</p> <ul style="list-style-type: none"> • The client’s need for continued care is not for the primary purpose of temporary housing or due to homelessness <p>Please Note: This is baseline criteria that are being regionally applied by Health Share-Clackamas County, Multnomah and Washington. Each Risk Accepting Entity (RAE) may decide to approve someone that is above the baseline criteria based on allowable resources (example: co-occurring member admitted by one RAE because of additional information about the member or a less restrictive setting such as respite is available but deemed not appropriate for the member).</p> | |

ALCOHOL AND OTHER DRUG RESIDENTIAL TREATMENT PROGRAM-CHILD AND ADULT
MULTNOMAH MENTAL HEALTH
HEALTH SHARE OF OREGON

| SERVICE DESCRIPTION | CRITERIA FOR AUTHORIZATION | CONCURRENT REVIEW CRITERIA | DISCHARGE CRITERIA |
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| <p>Residential Alcohol and Other Drug Treatment Program" means a publicly or privately operated program as defined in ORS 430.010 that provides assessment, treatment, rehabilitation, and twenty-four hour observation and monitoring for individuals with alcohol and other drug dependence, consistent with Level III of ASAM PCC-2R.</p> <p>Residential treatment is a 24 hour a day/7 day a week facility-based level of care which provides individuals with substance use disorders therapeutic intervention and specialized programming in a controlled environment with a high degree of supervision and structure with the purpose of stabilization. Individuals meeting these criteria have multiple coexisting complications of their substance abuse. This may include mental health, medical, legal or other issues that preclude successful treatment outside of a 24 hour a day therapeutic setting. Services and activities are to be provided in a culturally appropriate manner.</p> | <p>To be appropriate for residential treatment, the individual must meet the following conditions</p> <ul style="list-style-type: none"> • Substance Use Disorder – <ul style="list-style-type: none"> • DSM-5 criteria <ul style="list-style-type: none"> ○ Moderate or High Severity diagnosis ○ Low severity only if pregnant woman or high risk of medical/behavioral complications • Meet ASAM Level III criteria and it is the least restrictive appropriate level of care. • Withdrawal Symptoms, if present, are not life threatening and can be safely monitored at this level of care. • No medical complications that would preclude participation in this level of care • Cognitively able to participate in and benefit from treatment. <p><u>At least one of the following must be met-</u></p> <p>A. The individual suffers from co-occurring psychiatric symptoms</p> | <p>For continued stay, the individual must continue to meet all the basic elements of medical necessity as defined above.</p> <p>An individualized discharge plan must have been developed/updated which includes specific realistic, objective and measurable discharge criteria and plans for appropriate follow-up care. A timeline for expected implementation and completion must be in place but discharge criteria have not yet been met.</p> <p><u>At least one of the following must be met-</u></p> <p>A. The treatment provided is leading to measurable clinical improvements in acute symptoms and a progression towards discharge from the present level of care, but the individual is not sufficiently stabilized so that he/she can be safely and effectively treated at a less restrictive level of care.</p> <p>B. There is evidence of ongoing reassessment and modification to the ISSP, if the Individual Services and Support Plan (ISSP) implemented is not</p> | <p><i>Any of the following criteria are sufficient for discharge from this level of care:</i></p> <ol style="list-style-type: none"> 1. The individual's documented treatment plan goals and objectives have been substantially met. 2. The individual is not making progress toward treatment goals despite persistent efforts to engage him/her, and there is no reasonable expectation of progress at this level of care, nor is treatment at this level of care required to maintain the current level of functioning. 3. Support systems, which allow the individual to be maintained in a less restrictive treatment environment, have been thoroughly explored and/or secured. 4. The individual can be safely treated at an alternative level of care. 5. An individualized discharge plan is documented with appropriate, realistic, and timely follow-up care in place. 6. The individual poses a safety risk to other participants, dependents, or staff (for example, physical/verbal violence, smoking in building, or the use or presence of alcohol or drugs on premises). |

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| <p>Residential treatment addresses stabilization of the identified problems through a wide range of diagnostic and treatment services by reliance on the treatment community setting. Services may address (but are not limited to) the following issues:</p> <p>Addiction/relapse Craving management Motivation Trauma Employment Education Life skills Recovery support Housing Criminality Parenting Case Management/Mentoring Culture/Spirituality Mental Health- screening/evaluation Medication monitoring and asst with self admin Family and/or significant other involvement unless otherwise indicated</p> <p>Residential Treatment for parents with children may also include: Childcare Child services (e.g. mental health) Parenting skills Parent/Child interaction</p> | <p>that interfere with his/her ability to successfully participate in a less restrictive level of care, but are sufficiently controlled to allow participation in residential treatment.</p> <p>B. The individual's living environment is such that his/her ability to successfully achieve abstinence is jeopardized. Examples would be: the family is opposed to the treatment efforts, the family is actively involved in their own substance abuse, or the living situation is severely dysfunctional (including homelessness).</p> <p>C. The individual's social, family, and occupational functioning is severely impaired secondary to substance use disorders such that most of their daily activities revolve around obtaining, using and recuperating from substance abuse.</p> <p>D. The individual is at risk of exacerbating a serious medical or psychiatric condition with continued use and can't be safely treated at a lower level of care.</p> <p>E. Either:</p> <ul style="list-style-type: none"> The individual is likely to experience a deterioration of | <p>leading to measurable clinical improvements in acute symptoms and a progression towards discharge from the present level of care.</p> <p>C. The individual has developed new symptoms and/or behaviors that require this intensity of service for safe and effective treatment.</p> <p>2. All of the following must be met:</p> <p>D. The individual and family are involved to the best of their ability in the treatment and discharge planning process, unless there is a documented clinical contraindication.</p> <p>E. Continued stay is not primarily for the purpose of providing a safe and structured environment (unless discharge presents a safety risk to a minor child.)</p> <p>F. Continued stay is not primarily due to a lack of external support unless discharge presents a safety risk to a minor child.</p> <p>For authorization of continued stay, the following documentation will be required:</p> <ul style="list-style-type: none"> Re-auth form Copy of current ISSP | <p>7. The individual's MH or medical symptoms increase to the point that continued treatment is not beneficial at this level of care. The individual has been referred to the appropriate level.</p> |

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| <p>Residential Services for youth may also include:</p> <p>Education Recreation Family and/or significant involvement including DHS, Juvenile Justice and natural supports.</p> <p>Residential treatment must include an Initial Assessment and Individual Service and Support Plan within 24 hours of admission. Residential treatment is not based on preset number of days, and length of stay will vary based on the individual's needs. The use of evidence based practices is expected, to the extent that they are appropriate for the individual.</p> | <p>his/her condition to the point that a more restrictive treatment setting may be required if the individual is not treated at this level of care at this time.</p> <ul style="list-style-type: none"> • The individual demonstrates repeated inability to control his/her impulses to use illicit substances and is in imminent danger of relapse with resultant risk of harm to self (medically/behaviorally), or others. This is of such severity that it requires 24-hour monitoring/support/intervention. For individuals with a history of repeated relapses involving multiple treatment episodes, there must be evidence of the rehabilitative potential for the proposed admission, with clear interventions to address non-adherence/poor response to past treatment episodes and reduction of future of relapse risk. <p style="text-align: center;">Initial Authorization Review Process</p> <p>Initial authorization will be for:</p> <ul style="list-style-type: none"> ○ Adult & Youth - 30 days ○ Parent with child*- 60 day <p>* If parent-child reunification is</p> | | |

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| | <p>expected within 60 days, the authorization will be considered a "parent with child" authorization</p> <p>The program must notify the appropriate RAE of intake within 2 business days. Notification must be accompanied by the following clinical information:</p> <ul style="list-style-type: none"> ○ Initial assessment, including diagnosis ○ Justification of level of care, including <ul style="list-style-type: none"> ▪ Presenting problem(s) ▪ History of previous treatment (successful or not) ▪ Drug of choice, longest period of abstinence, most recent use ▪ Referral source and contact information ▪ Pregnancy status (if appropriate) <p>If parent-child reunification is expected within 60 days, the authorization will be considered a "parent with child" authorization</p> <p><i>Any of the following criteria is sufficient for exclusion from this level of care.</i></p> <p>If the individual or dependent child:</p> <ul style="list-style-type: none"> • Exhibits severe suicidal, homicidal, acute mood disorder, and/or acute thought disorder | | |

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| | <p>symptoms, which requires a more intensive level of care.</p> <ul style="list-style-type: none"> • Can be safely maintained and effectively treated at a less intensive level of care. • Has mental health or medical conditions/impairments that would prevent beneficial utilization of services, or is not medically or psychiatrically stable. • Poses a documented/shown safety risk to the facility, other individuals, themselves or staff. | | |

ADULT A&D RESIDENTIAL DUAL DIAGNOSIS ENHANCEMENT LOC 3.5
MULTNOMAH MENTAL HEALTH
HEALTH SHARE OF OREGON

| SERVICE DESCRIPTION | CRITERIA FOR AUTHORIZATION | CONCURRENT REVIEW CRITERIA | DISCHARGE CRITERIA |
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| <p>Support System Requirements: Programs offer psychiatric services, medication evaluation and laboratory services. Such services are available by telephone within 8 hours and on-site or closely coordinated off-site within 24 hours, as appropriate to the severity and urgency of the patient's mental condition.</p> <p>Staffing Requirements: Programs are staffed by appropriately credentialed mental health professionals, including addiction psychiatrists who are able to assess and treat co-occurring mental disorders and who have specialized training in behavior management techniques.</p> <p>Some (if not all) of the addiction treatment professionals should have sufficient cross-training to understand the signs and symptoms of co-occurring mental disorders, and to understand and be able to explain to the patient the purposes of psychotropic medications and their interactions with substance use.</p> <p>The intensity of nursing care and observation is sufficient to meet the patient's needs.</p> <p>Therapy Requirements: Programs offer planned clinical</p> | <p>Must meet the following:</p> <ul style="list-style-type: none"> ● Covered mental health diagnosis on the prioritized list AND ● At least one psychiatric hospitalization within the last 6 months OR ● Extended or repeated crisis episode(s) requiring increased services AND ● DSM-5 criteria <ul style="list-style-type: none"> ○ Moderate or High Severity diagnosis ○ Low severity only if pregnant or high risk of medical/behavioral complication <p>AND at least two of the following must be met:</p> <ul style="list-style-type: none"> ● Risk of harm to self or others or risk of harm to self or others that is escalated from baseline ● Moderate functional impairment in at least two areas (such as housing, financial, social, occupational, health, activities of daily living.) ● Multiple system involvement requiring coordination and case management ● Risk of loss of current living situation, in an unsafe living situation, or currently homeless due to symptoms of mental | <p>Continues to meet admission criteria AND at least one of the following:</p> <ul style="list-style-type: none"> ● Capable of additional symptom or functional improvement at this level of care ● Significant cultural and language barriers impacting ability to fully integrate symptom management skills and there is no more clinically appropriate service ● Active Care Coordination is occurring with mental health, A&D and primary care outpatient providers | <p>At least ONE of the following must be met:</p> <ul style="list-style-type: none"> ● Documented treatment goals and objectives have been substantially met ● Continuing stabilization can occur with discharge from treatment with medication management by PCP and/or appropriate community supports ● Individual has achieved symptom or functional improvement in resolving issues resulting in admission to this level of care ● Meets criteria for a different level of care due to change in symptoms or function at this level of care or maximum therapeutic benefit has been met |

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| <p>activities designed to stabilize the patient's mental health problems and psychiatric symptoms, and to maintain such stabilization. The goals of therapy apply to both the substance use disorder and any co-occurring mental disorder. Specific attention is given to medication education and management and to motivational and engagement strategies, which are used in preference to non-evidence-based practices.</p> <p>Treatment Plan Requirements: Programs provide a review of the patient's recent psychiatric history and mental status examination. (If necessary, this review is conducted by a psychiatrist.) A comprehensive psychiatric history and examination and psychodiagnostic assessment are performed within a reasonable time, as determined by the patient's needs.</p> <p>Programs also provide active assessments of the patient's mental status, at a frequency determined by the urgency of the patient's psychiatric symptoms, and follow through with mental health treatment and psychotropic medications as indicated.</p> <p>Initial authorization: 30 days. All members are initially admitted to A&D Residential and the provider obtains the A&D residential authorization. Within two weeks, members are assessed for meeting criteria for the dual diagnosis program. Provider to submit Mental Health assessment and are provided with a Dual Diagnosis</p> | <p>illness</p> <ul style="list-style-type: none"> • Significant PTSD or depression symptoms as a result of torture, ongoing systemic oppression, trauma or multiple losses • Individual has a marginalized identity which creates barriers to receiving appropriate services, and/or individual's level of English language skill and/or cultural navigation barriers is not sufficient to achieve symptom or functional improvement without additional supports | | |

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| <p>program authorization.</p> <p>Concurrent authorization: 30 days. Submit updated Mental Health ISSP and treatment plans and progress toward stated goals in the ISSP.</p> | | | |

ADULT A&D HIGH INTENSITY MEDICALLY MONITORED RESIDENTIAL LOC 3.7
MULTNOMAH MENTAL HEALTH
HEALTH SHARE OF OREGON

| SERVICE DESCRIPTION | CRITERIA FOR AUTHORIZATION | CONCURRENT REVIEW CRITERIA | DISCHARGE CRITERIA |
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| <p>Support System Requirements:</p> <p>Physician (or NP, PA or PNP) assessment within 24 hrs of admission and as medically necessary .</p> <p>RN to conduct alcohol or other drug focused nursing assessment at admission, monitoring progress and medication administration.</p> <p>Lab and toxicology service available on site, along with consultation, and/ or referral.</p> <p>Coordination of services with other levels of care are provided.</p> <p>Psychiatric services available within 8 hrs by phone or 24 hrs in person.</p> <p>Medical director is an addiction specialized physician or psychiatrist OR a LPN w/CADC to meet biomedical enhanced service description .</p> <p>Behavioral health specialists dually trained CADC w/ specific behavioral health management techniques training and knowledge of evidence-based practices.</p> | <p>Must meet the following criteria in two of the Dimensions with at least one of the criteria in Dimensions 1, 2 or 3:</p> <p>Dimension 1:</p> <ul style="list-style-type: none"> ● Acute intoxication and/or withdrawal potential: High risk of withdrawal symptoms that can be managed in a Level 3.7 program. <p>Dimension 2:</p> <ul style="list-style-type: none"> ● Biomedical conditions and complications: Moderate to severe conditions which require 24-hour nursing and medical monitoring or active treatment but not the full resources of an acute care hospital. <p>Dimension 3:</p> <ul style="list-style-type: none"> ● Emotional, behavioral, or cognitive conditions and complications: Moderate to severe conditions and complications (such as diagnosable co-morbid mental disorders or symptoms). These symptoms may not be severe enough to meet diagnostic criteria but interfere or distract from recovery efforts (for example, anxiety/hypomanic or depression and/or cognitive symptoms) and may include compulsive behaviors, suicidal or homicidal ideation with a recent history of attempts but no specific plan, or hallucinations and delusions without acute risk to self or | <p>Continues to meet admission criteria AND at least one of the following:</p> <ul style="list-style-type: none"> ● Capable of additional symptom or functional improvement at this level of care ● Significant cultural and language barriers impacting ability to fully integrate symptom management skills and there is no more clinically appropriate service ● Active Care Coordination is occurring with mental health, A&D and primary care outpatient providers | <p>At least ONE of the following must be met:</p> <ul style="list-style-type: none"> ● Documented treatment goals and objectives have been substantially met ● Continuing stabilization can occur with discharge from treatment with medication management by PCP and/or appropriate community supports ● Individual has achieved symptom or functional improvement in resolving issues resulting in admission to this level of care ● Meets criteria for a different level of care due to change in symptoms or function at this level of care or maximum therapeutic benefit has been met |

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| <p>Staffing Requirements: Interdisciplinary team of appropriately credentialed treatment professionals including addiction credentialed physician.</p> <p>Medical professional, nurses, addiction counselors, behavioral health specialists with ASAM specific knowledge, behavior management techniques and EBP use providing a planned regimen of 24 hr. professionally directed evaluation, care and treatment services including administration of prescribed medications.</p> <p>Therapy Requirements: Co-occurring disorder treatment facility provides 30 hours of structured treatment activities per week including, but not limited to psychiatric and substance use assessments, diagnosis, treatment, and rehabilitation services.</p> <p>At least 10 of the 30 hours is to include individual, group, and/or family counseling.</p> <p>Target population for this LOC are participants with high risk of withdrawal symptoms, moderate co-occurring psychiatric and/or medical problems that are of sufficient severity to require a 24-hour treatment LOC.</p> <p>All facilities are licensed by OHA.</p> <p>Treatment goals are to stabilize a</p> | <p>others.</p> <ul style="list-style-type: none"> Psychiatric symptoms are interfering with abstinence, recovery and stability to such a degree that the individual needs a structured 24-hour, medically monitored (but not medically managed) environment to address recovery efforts. <p>Dimension 4:</p> <ul style="list-style-type: none"> Readiness to change: Participant unable to acknowledge the relationship between the addictive disorder and mental health and/or medical issues, or participant is in need of intensive motivating strategies, activities, and processes available only in a 24-hour structured medically monitored setting (but not medically managed). <p>Dimension 5:</p> <ul style="list-style-type: none"> Relapse, continued use, or continued problem potential: Participant is experiencing an escalation of relapse behaviors and/or acute psychiatric crisis and/or re-emergence of acute symptoms and is in need of 24-hour monitoring and structured support. <p>Dimension 6:</p> <ul style="list-style-type: none"> Recovery environment: Environment or current living arrangement is characterized by a high risk of initiation or repetition of physical, sexual, or emotional abuse or substance use so endemic that the patient is assessed as unable to achieve or maintain recovery at a less intensive level of care. | | |

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| <p>person who is in imminent danger if not in a 24-hour medically monitored treatment setting</p> <p>Full description is available by referring to The ASAM Criteria 3rd Edition</p> <p>Initial authorization: 7 days</p> <p>Concurrent authorization: Up to 7 additional days</p> | | | |

**CRISIS STABILIZATION SERVICES – CHILD/ADOLESCENT
MULTNOMAH MENTAL HEALTH
HEALTH SHARE OF OREGON**

| SERVICE DESCRIPTION | CRITERIA FOR AUTHORIZATION | CONCURRENT REVIEW CRITERIA | DISCHARGE CRITERIA |
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| <p>Crisis stabilization services are a rapid response, community based alternative to inpatient hospitalization or sub acute admission for children age 4 through their 18th birthday. The intent of these services is to allow a child to remain in the community and to provide stabilization and service planning in a natural setting where children and youth remain connected with family and other community supports. The crisis stabilization team will work flexible hours to remain available 24 hours a day, including evenings and weekends, to meet a family’s needs and actively work toward transitioning them to a less intensive treatment option. These supports are intended to be short term (30-60 days in length), and will include assessment, individual and family therapy, psychiatric care, case management, care coordination, skills training and respite. Psychiatric care will be provided monthly, at minimum, and the psychiatrist will be available for at least weekly consultation with the clinical team as needed.</p> <p>Services will be flexible and tailored in frequency, intensity, type and duration</p> | <p>Must meet all of the following criteria:</p> <ul style="list-style-type: none"> ● Child is an OHP member enrolled with Health Share of Oregon at the time services are delivered ● Child has an OHP covered “above-the-line”, DSM 5, non-substance use, diagnosis which is the focus of the needed mental health treatment. Treatment is not directed primarily to resolve placement issues related to abuse, neglect or caregiver incapacity OR behavior, conduct or substance use problems. Treatment is likely to alleviate symptoms and/or improve functioning ● Child cannot be adequately served by other community resources (i.e. primary care clinics, substance abuse treatment programs, other community resources), ● Child must have been determined to have met medical necessity criteria for inpatient psychiatric hospitalization or psychiatric sub acute treatment, <u>or</u> the child is discharging from an inpatient hospitalization without an established mental | <p>Must meet both of the following:</p> <ul style="list-style-type: none"> ● Capable of additional symptom or functional improvement at this level of care ● Evidence of active discharge planning with the youth/family | <p>At least ONE of the following must be met:</p> <ul style="list-style-type: none"> ● Documented treatment goals and objectives have been substantially met, ● No longer meets criteria for this level of care or meets criteria for a higher level of care, ● Not making progress toward treatment and there is no reasonable expectation of progress at this level of care |

| SERVICE DESCRIPTION | CRITERIA FOR AUTHORIZATION | CONCURRENT REVIEW CRITERIA | DISCHARGE CRITERIA |
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| <p>to meet the individual child and family's needs. Services will be provided creatively, with attention to what is needed to safely maintain the child in the community setting, and may include flexible services such as overnight staff in a family home, skills training and support at the school, daily parent coaching, etc.</p> <p>Treatment will be authorized 30 days at a time, with a maximum of a 90 day service time. Within 30 days of initial treatment, the crisis stabilization team will determine whether referral to Wraparound and/or continued treatment at a level of care authorized by the RAEs (Level D, PRTS, PDTs) is necessary in order to sustain a high level of community based support for the child and family.</p> <p>The crisis stabilization team will actively work on transitioning the child to an outpatient provider if it is determined that the child does not meet criteria for Wraparound or a higher level of care.</p> <p>A 30 day authorization will be provided to allow the crisis stabilization team to transition a youth to a contracted mental health provider. Authorization will not exceed 90 days.</p> | <p>health provider who can support their needs.</p> <ul style="list-style-type: none"> ● Substance use/Intoxication or developmental disability must be ruled out as the primary cause of the signs and symptoms that lead to the request for treatment ● The client must be medically stable and medical causes have been ruled out as the source of the mental or behavioral symptom. ● Less restrictive levels of care must have been explored, including increasing the intensity of treatment, and demonstrated to be less likely to be effective, more intrusive, unavailable or too dangerous. <p><u>At least one of the following is present:</u></p> <ul style="list-style-type: none"> ● A clear and reasonable inference of danger to self or others ● Dangerous assaultive or other uncontrolled behavior, including extensive damage to property, not due to substance abuse ● Inability to provide for basic needs, safety and welfare ● Acute deterioration in mental health functioning causing exacerbation of other medical conditions | | |

**DIALECTICAL BEHAVIOR THERAPY
MULTNOMAH MENTAL HEALTH
HEALTH SHARE OF OREGON**

| SERVICE DESCRIPTION | CRITERIA FOR AUTHORIZATION | CONCURRENT REVIEW CRITERIA | DISCHARGE CRITERIA |
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| <p>Dialectical Behavioral Therapy (DBT) is a service requiring an exceptional needs pre-authorization. DBT is a specialized evidence-based treatment specifically for members whose needs exceed the offerings of other available services through Health Share. Additionally, the member's mental health condition and symptoms should be considered likely to benefit from more intensive services that will increase safety or reduce the need or use of more acute and crisis services.</p> <p>DBT is a specialized service that is an empirically supported, comprehensive treatment that is effective for treating complex mental health problems (The Linehan Institute, 2015). DBT can be applied with a variety of mental health problems and is especially effective for clients who have difficulty managing and regulating their emotions, suicidality, and are high utilizers of crisis services.</p> <p>Initial authorization: 6 months Continued Stay authorization: 6 months</p> | <p>The member must be referred by a mental health professional, preferably a current QMHP from a contracted agency; AND ALL OF THE FOLLOWING:</p> <ul style="list-style-type: none"> • Member's primary diagnosis is an OHP covered mental health diagnosis; <ul style="list-style-type: none"> ○ Primary medical condition and/or substance use diagnoses have been ruled out as primary cause of symptoms; ○ DBT has been shown to be an efficacious treatment modality for member's presenting problem and diagnoses; • Demonstration of recent (within the last six months) overutilization of acute and crisis services including but not limited to hospitalization, subacute, respite, and provider panel resources due to inability of outpatient network provider to meet the clinical needs of a member. • Recurrent suicidal behaviors, gestures or threats, or self-mutilating behaviors that are unresponsive to multiple treatment attempts and do not represent member's baseline level of functioning. • There is an adequate and well | <p>The member must meet ALL of the following:</p> <ul style="list-style-type: none"> • Member continues to meet criteria for OHP covered mental health diagnosis and demonstrates ongoing capacity and ability to engage in and benefit from DBT • Member is actively engaged in DBT program and treatment components according to treatment provider expectations • Member demonstrates progress as measured by member's baseline level of functioning prior to receipt of DBT services. This may include the following: <ul style="list-style-type: none"> ○ Decrease in self-destructive behaviors (suicidal ideation, self-harm, suicide attempts) ○ Decrease in acute psychiatric symptoms with increased functioning in activities of daily living ○ Reduction in number of crisis and acute care services (emergency department visits, inpatient, subacute, respite, crisis calls) ○ Objective signs of | <p>The member must meet ONE of the following:</p> <ul style="list-style-type: none"> • Continued stay criteria is no longer met • Continued progress toward treatment goals can be accomplished through less intensive services and member's mental health symptoms can be managed by routine outpatient services. • Member shows minimal to no use of crisis/acute care services • Per clinician report and treatment plan tracking process, member is applying skills learned in DBT to life situations the majority of the time (member is not expected to be applying skills 100% of time) • Despite efforts to address member's mental health diagnoses and symptoms, member is not presently likely to significantly benefit from further DBT services due to lack of participation or engagement in treatment, chronic substance use, or other treatment interfering behavior(s). |

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| | <p>documented trial of outpatient treatment that has been ineffective at addressing member's symptoms and behaviors (i.e., history of appropriate outpatient treatment not being able to decrease use of crisis services, suicidal ideation, and/or suicide attempts).</p> <ul style="list-style-type: none"> • Member needs to be in treatment with current outpatient provider, preferably Health Share contracted provider, unless there is an extenuating circumstance that prevents this. • Documented history of multiple unsuccessful outpatient treatment episodes. • Member demonstrates capacity to engage in the DBT treatment modality and no interfering factors are present that may limit member's ability to benefit from DBT treatment (i.e., limited cognitive capacity, psychosis, chronic methamphetamine use, medical condition). This will be determined by UR specialist's clinical judgment. • Member is not dependent on and is not actively abusing substances that are likely to interfere with benefitting from DBT services. • There must be a reasonable expectation that DBT will stabilize and/or improve the member's symptoms and behaviors. • | <p>increased engagement</p> <ul style="list-style-type: none"> ○ Demonstrated increase in application of skills learned in DBT to life situations per treatment plan progress and clinician report <ul style="list-style-type: none"> • Member continues to make progress toward goals but has not fully demonstrated an ability to self-manage and use learned skills effectively. • Active discharge planning begins at admission and continues throughout treatment. Provider and member are actively working toward discharge and being able to manage mental health symptoms by routine outpatient provider. • Provider should actively be working on transitioning member to less intensive outpatient provider when member seems to be nearing readiness for transition. | |

**EATING DISORDER TREATMENT
MULTNOMAH MENTAL HEALTH
HEALTH SHARE OF OREGON**

| SERVICE DESCRIPTION | CRITERIA FOR AUTHORIZATION | CONCURRENT REVIEW CRITERIA | DISCHARGE CRITERIA |
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| <p>Partial Hospitalization (IOP) Services</p> <p>Structured, short term treatment setting. Generally services are provided for a minimum of 6 hours per day, 5 days per week.</p> <p>Partial hospitalization may be used as a “step down” from inpatient services to assist the individual with transition to outpatient services.</p> <p>Partial hospitalization is also used when outpatient treatment has been or is expected to be unsuccessful or the individual’s symptoms cannot be managed in an outpatient setting.</p> <p>The individual must have the ability to control eating disorder behaviors and be safely treated at this level of care.</p> | <p>Partial Hospitalization Services</p> <p>Medical:</p> <ul style="list-style-type: none"> Medically stable <p>Suicidality:</p> <ul style="list-style-type: none"> None present. If present, consider if program is equipped to handle or another level of care should be considered <p>Weight as % of healthy body weight:</p> <ul style="list-style-type: none"> Generally >80% <p>Presence of Distorted Body Image as defined by:</p> <ul style="list-style-type: none"> A brain disorder that causes preoccupation with an imagined defect in appearance, or if a slight physical anomaly is present, the person’s concern is markedly excessive. The preoccupation causes clinically significant distress or impairments in daily functioning. Symptoms overlap with primary eating disorders and therefore can not be diagnosed as a separate condition during the active eating disorder. <p>Motivation:</p> <ul style="list-style-type: none"> Partial motivation Cooperative Preoccupied with intrusive | <p>Partial Hospitalization Services</p> <p>Continued stay is based on progress in treatment or treatment plan is reviewed and amended to eliminate barriers to achieving discharge goals.</p> <p>Progress as indicated by general trending upward of:</p> <ul style="list-style-type: none"> BMI if client if anorectic % of meals completed without supervision if anorectic. <p>Progress as indicated by general trending downward of:</p> <ul style="list-style-type: none"> Incidents of restricting without supervision Incidents of purging without supervision Incidents of over-exercising when unsupervised <p>The individual is motivated and is actively engaged in the treatment process.</p> <p>Active discharge planning to include natural supports (if available) in terms of developing plan to maintain treatment gains.</p> | <p>Criteria for discharge from all levels of care include:</p> <ul style="list-style-type: none"> Continued stay criteria no longer met Continued progress toward treatment goals can be accomplished at a less intensive level of care After an adequate trial that includes reformulation of treatment interventions, member does not show measurable progress in treatment Behavioral, psychological or medical problems necessitate transfer to a more intensive level of care Discharging the member to a less intensive level of care does not pose a threat to the individual, others, or property |

| SERVICE DESCRIPTION | CRITERIA FOR AUTHORIZATION | CONCURRENT REVIEW CRITERIA | DISCHARGE CRITERIA |
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| | <p>thoughts >3 hours/day</p> <p>Co-occurring:</p> <ul style="list-style-type: none"> • Presence of comorbid condition may influence choice of level of care including other medical conditions, substance use, etc. • Consider impact of mental health condition on eating disorder <p>Structure needed for eating/weight gain:</p> <ul style="list-style-type: none"> • Needs some structure to gain weight <p>Ability to control compulsive exercising:</p> <ul style="list-style-type: none"> • Some degree of external structure beyond self-control <p>Purging Behaviors:</p> <ul style="list-style-type: none"> • Can greatly reduce incidents of purging in an unstructured setting • No significant medical complications such as electrocardiographic or other abnormalities resulting in the need for potential hospitalization <p>Environmental Stress</p> <ul style="list-style-type: none"> • Others able to provide at least limited support and structure. | | |

| SERVICE DESCRIPTION | CRITERIA FOR AUTHORIZATION | CONCURRENT REVIEW CRITERIA | DISCHARGE CRITERIA |
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| <p>Residential Treatment</p> <p>Residential treatment provides intensive, 24 hour services in an appropriately licensed mental health facility. Services are provided by a multidisciplinary team under the supervision of a licensed psychiatrist and are focused on reducing immediate risk due to dangerousness to self, grave disability, or complicating medical conditions.</p> | <p>Residential Treatment</p> <p>Medical:</p> <ul style="list-style-type: none"> Medically stable to the extent that intravenous fluids, nasogastric tube feedings, or multiple daily laboratory tests are not needed <p>Suicidality:</p> <ul style="list-style-type: none"> None present. If present, consider if program is equipped to handle or another level of care should be considered <p>Weight as % of healthy body weight:</p> <ul style="list-style-type: none"> Generally <85% <p>Presence of Distorted Body Image as defined by:</p> <ul style="list-style-type: none"> A brain disorder that causes preoccupation with an imagined defect in appearance, or if a slight physical anomaly is present, the person's concern is markedly excessive. The preoccupation causes clinically significant distress or impairments in daily functioning. Symptoms overlap with primary eating disorders and therefore can not be diagnosed as a separate condition during the active eating disorder. <p>Motivation:</p> <ul style="list-style-type: none"> Poor to Fair motivation Cooperative with highly structured treatment Preoccupied with intrusive | <p>Residential Treatment</p> <p>Continued stay is based on progress in treatment or treatment plan is reviewed and amended to eliminate barriers to achieving discharge goals.</p> <p>Progress as indicated by general trending upward of:</p> <ul style="list-style-type: none"> BMI if client if anorectic % of meals completed without staff direction. <p>Progress as indicated by general trending downward of:</p> <ul style="list-style-type: none"> Incidents of restricting without staff direction Incidents of purging without staff direction Incidents of over-exercising without staff direction. <p>The individual is motivated and is actively engaged in the treatment process.</p> <p>Active discharge planning to include natural supports (if available) in terms of developing plan to maintain treatment gains.</p> | |

| SERVICE DESCRIPTION | CRITERIA FOR AUTHORIZATION | CONCURRENT REVIEW CRITERIA | DISCHARGE CRITERIA |
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| | <p>thoughts 4-6 hours/day</p> <p>Co-occurring:</p> <ul style="list-style-type: none"> • Presence of comorbid condition may influence choice of level of care including other medical conditions, substance use, etc. • Consider impact of mental health condition on eating disorder <p>Structure needed for eating/weight gain:</p> <ul style="list-style-type: none"> • Needs supervision at all meals or will restrict eating <p>Ability to control compulsive exercising:</p> <ul style="list-style-type: none"> • Some degree of external structure beyond self-control <p>Purging Behaviors:</p> <ul style="list-style-type: none"> • Can ask for and use support from others or use cognitive and behavioral skills to inhibit purging <p>Environmental Stress</p> <ul style="list-style-type: none"> • Severe family conflict or problems or absence of family so member is unable to receive structured treatment in home OR • Member lives alone without adequate support system | | |

**ELECTROCONVULSIVE THERAPY
MULTNOMAH MENTAL HEALTH
HEALTH SHARE OF OREGON**

| SERVICE DESCRIPTION | CRITERIA FOR AUTHORIZATION | CONCURRENT REVIEW CRITERIA | DISCHARGE CRITERIA |
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| <p>Electroconvulsive Therapy (ECT) is an exceptional needs treatment intervention considered only after various trials of different therapies and medications, of various classes, have been exhausted.</p> <p>ECT must be conducted in a fully equipped medical facility with the capability to manage any complications. An anesthesiologist assists in the procedure that can be provided either on an inpatient or outpatient basis.</p> <p>ECT is generally used as a secondary treatment when the individual has not responded to medication and/or psychotherapy.</p> <p>ECT can be used if previous ECT treatment brought about favorable results for the patient.</p> <p>ECT can also be used if the patient is pregnant and has severe mania or depression and the risks of providing no treatment outweigh the risks of providing ECT.</p> <p>ECT is not to be used in the presence of cognitive or neurological deficits</p> | <p>The decision to administer ECT must be based on an evaluation of the risks and benefits involving a combination of factors that include psychiatric diagnosis, type and severity of symptoms, prior treatment history and response, and identification of possible alternative treatment options.</p> <p>A request for an ECT assessment must be made in writing by the prescriber (either a licensed psychiatrist or psych nurse practitioner) to the assigned Risk Accepting Entity (RAE). Client must voluntarily agree to ECT assessment.</p> <p>RAE Medical Directors will determine whether or not criteria are met for an assessment to be covered by an ECT provider.</p> <p>To be considered for an ECT assessment, the individual must meet the following criteria:</p> <ul style="list-style-type: none"> ▪ A Diagnosis of either Major Depression, Bipolar Affective Disorder or Catatonia associated with another medical or mental disorder. <p>AND</p> <ul style="list-style-type: none"> ▪ History of severe suicidal ideation and/or vegetative | <p>ECT is generally authorized for 6 to 12 sessions.</p> <p>Additional sessions may be authorized in the following circumstances:</p> <ul style="list-style-type: none"> ▪ Persistence of symptoms with improvement but where maximum benefit has not been achieved <p>OR</p> <ul style="list-style-type: none"> ▪ New symptoms or problems that meet clinical criteria for ECT have emerged. | <p>Discharge may occur when:</p> <ul style="list-style-type: none"> ▪ Continued progress toward treatment goals can be accomplished at a less intensive level of care. <p>OR</p> <ul style="list-style-type: none"> ▪ After an adequate treatment trial has been completed that includes a reformulation of treatment interventions, <p>OR</p> <ul style="list-style-type: none"> ▪ Individual does not show measurable progress in treatment. <p>OR</p> <p>Authorized sessions have been completed.</p> |

| SERVICE DESCRIPTION | CRITERIA FOR AUTHORIZATION | CONCURRENT REVIEW CRITERIA | DISCHARGE CRITERIA |
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| | <p>state,</p> <p>AND/OR</p> <ul style="list-style-type: none"> ▪ High level of acuity at time of request must be demonstrated not only chronicity of symptoms. | | |

**TRANSCRANIAL MAGNETIC STIMULATION
MULTNOMAH MENTAL HEALTH
HEALTH SHARE OF OREGON**

| SERVICE DESCRIPTION | CRITERIA FOR AUTHORIZATION | CONCURRENT REVIEW CRITERIA | DISCHARGE CRITERIA |
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| <p>Transcranial Magnetic Stimulation (TMS) is an exceptional needs treatment intervention considered only after various trials of different therapies and medications, of various classes, have been exhausted.</p> <p>TMS is generally used as a secondary treatment when the individual has not responded to medication and/or psychotherapy.</p> <p>The TMS treatment is delivered by a device that is FDA-approved or FDA-cleared for the treatment of MDD in a safe and effective manner.</p> <p>The decision to administer TMS must be based on an evaluation of the risks and benefits involving a combination of factors that include psychiatric diagnosis, type and severity of symptoms, prior treatment history and response, and identification of possible alternative treatment options.</p> <p>A request for an assessment must be made in writing by the prescriber (either a licensed psychiatrist or psych nurse practitioner) to the assigned Risk Accepting Entity (RAE).</p> <p>RAE Medical Directors will determine whether or not criteria are met for an assessment to be covered by an TMS provider.</p> | <p>To be considered for a TMS assessment, the individual must meet <i>All</i> the following criteria:</p> <ul style="list-style-type: none"> • Must be 18 years or older • Major Depressive Disorder (MDD), severe degree without psychotic features • Must demonstrate resistance to treatment as evidenced by a lack of clinically significant response to 4 trials of psychopharmacological agents from at least two different agent classes, at or above the minimum effective dose and duration, and trials of at least two evidence-based augmentation therapies. • The member has had a trial of evidence-based psychotherapy known to be effective treatment of MDD of an adequate frequency and minimum of 12 weeks duration without significant improvement in depressive symptoms as documented by standard rating scales. • A history of clinical response to TMS in a previous depressive episode. • Client must voluntarily agree to TMS assessment | <p>TMS is generally authorized 5 treatments per week for 6 weeks.</p> <p>Up to 6 taper treatments over three weeks may be authorized.</p> <p>The maximum duration of treatment is 9 weeks regardless of missed or skipped treatments.</p> <p>Additional sessions may be authorized in the following circumstances:</p> <ul style="list-style-type: none"> ▪ Persistence of symptoms with improvement but where maximum benefit has not been achieved <p>OR</p> <ul style="list-style-type: none"> ▪ New symptoms or problems that meet clinical criteria for TMS have emerged. | <p>Discharge criteria: <i>Any</i> of the following are sufficient for discharge from this level of care:</p> <ul style="list-style-type: none"> • individual has achieved adequate stabilization of the depressive symptoms. • individual no longer meets admission criteria, or meets criteria for a less or more intensive services. • individual is not making progress toward treatment goals, as demonstrated by the absence of any documented meaningful measurement improvement. • worsening of depressive symptoms such as increased suicidal thoughts/behaviors or unusual behaviors. • member has completed the course of 5 treatments per week for 6 weeks and up to 6 taper treatments over three weeks (maximum duration of treatment is 9 weeks regardless of missed/skipped treatments). • provider has failed to monitor, document, and or report member response to treatment. |

| SERVICE DESCRIPTION | CRITERIA FOR AUTHORIZATION | CONCURRENT REVIEW CRITERIA | DISCHARGE CRITERIA |
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| <p>The order for treatment must be written by a physician who is board certified and who must have experience in administering TMS therapy and must certify that the treatment will be given under direct supervision of this physician.</p> <p>Any of the following criteria are sufficient for exclusion from this level of care:</p> <ul style="list-style-type: none"> • the individual has medical conditions or impairments that would prevent beneficial utilization of the services • the individual requires 24-hour medical/nursing monitoring or procedures provided in a hospital setting. • patients younger than 18 years of age or older than 70 years of age. • patients with recent history of active substance abuse, obsessive compulsive disorder, or posttraumatic stress disorder. • patients with a psychotic disorder, including schizoaffective disorder, bipolar disorder, or MDD with psychotic features. • patients with neurological conditions that include epilepsy, cerebrovascular disease, dementia, Parkinson's disease, multiple sclerosis, increased intracranial pressure, having a history of repetitive or severe head trauma, or with primary or secondary tumors in the | | | |

| SERVICE DESCRIPTION | CRITERIA FOR AUTHORIZATION | CONCURRENT REVIEW CRITERIA | DISCHARGE CRITERIA |
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| <p>CNS.</p> <ul style="list-style-type: none"> • the presence of metal or conductive device in the head or body that is contraindicated with TMS. • patients with MDD who have failed to receive clinical benefit from ECT or VNS. • presence of severe cardiovascular disease. • patients who are pregnant or nursing. • TMS is not indicated for maintenance treatment. | | | |

**OUTPATIENT SERVICES – LEVEL A-D
CHILD AND FAMILY
MULTNOMAH MENTAL HEALTH
HEALTH SHARE OF OREGON**

ASSESSMENT PLUS TWO

Assessment and up to two sessions prior to assignment by clinician for an appropriate Level of Care.

Initial assessment appointment does not require a covered diagnosis on the [prioritized list](#). Subsequent two sessions prior to ongoing Level of Care assignment must be driven by a covered diagnosis on the prioritized list and an assessment and service plan in compliance with applicable OARs.

LEVEL A CHILD AND FAMILY

| SERVICE DESCRIPTION | CRITERIA FOR AUTHORIZATION | CONCURRENT REVIEW CRITERIA | DISCHARGE CRITERIA |
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| <p>Generally office based, these outpatient mental health services are designed to quickly promote, or restore, previous level of high function/stability, or maintain social/emotional functioning and are intended to be focused and time limited with services discontinued as an individual is able to function more effectively.</p> <p>Outpatient services include evaluation and assessment; individual and family therapy; group therapy; medication management; and case management.</p> <p><i>Examples Include:</i></p> <ul style="list-style-type: none"> • “Maintenance Phase” of treatment to maintain baseline (has achieved maximum benefit) • Primarily psychiatric services for on-going medication | <ul style="list-style-type: none"> • Covered diagnosis on the prioritized list AND • The need for maintenance of a medication regimen (at least quarterly) that cannot be safely transitioned to a PCP, OR • A mild or episodic parent-child or family system interactional problem that is triggered by a recent transition or outside event and is potentially resolvable in a short period of time OR • Transitioning from a higher level of service (step down) in order to maintain treatment gains and has been stable at his level of functioning for 3-4 visits AND • Low acuity of presenting symptoms and minimal functional impairment AND • Home, school, community impact is minimal | <p>Continues to meet admission criteria AND is capable of additional symptom or functional improvement at this level of care.</p> | <p>At least ONE of the following must be met:</p> <ul style="list-style-type: none"> • Documented treatment goals and objectives have been substantially met, • No longer meets criteria for this level of care or meets criteria for a higher level of care, • Not making progress toward treatment and there is no reasonable expectation of progress at this level of care, • It is reasonably predictable that continuing stabilization can occur with discharge from treatment and transition to PCP for with medication management and/or appropriate community supports. |

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| <p><i>management</i></p> <ul style="list-style-type: none"> • <i>Clients who are relatively high functioning and well-regulated overall</i> • <i>Treatment will be limited and target a specific behavior, interaction, or symptom</i> <p>Authorization Length: One year</p> | | | |
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LEVEL B CHILD AND FAMILY

| SERVICE DESCRIPTION | CRITERIA FOR AUTHORIZATION | CONCURRENT REVIEW CRITERIA | DISCHARGE CRITERIA |
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| <p>Generally office based, these outpatient mental health services are designed to promote, restore, or maintain social/emotional functioning and are intended to be focused and time limited with services discontinued as an individual is able to function more effectively.</p> <p>Outpatient services may include some combination of 2-3 of the following services; evaluation and assessment; individual and family therapy; group therapy; medication management; <i>and infrequent case management, skills training, and peer/family support.</i></p> <p><i>Examples include</i></p> <ul style="list-style-type: none"> • <i>Low frequency sessions, but client/family requires consistency and regular practice over time in order to develop new skills, habits and routines to compensate for lagging skills</i> • <i>Parent-child interactional problem</i> | <ul style="list-style-type: none"> • Covered diagnosis on the prioritized list AND • Mild to Moderate functional impairment in at least one area (for example, sleep, eating, self care, relationships, school behavior or achievement) OR • Mild to Moderate impairment of parent/child relationship to meet the developmental and safety needs OR • Transition from a higher level of service intensity (step-down) to maintain treatment gains | <p>Continues to meet admission criteria AND at least one of the following:</p> <ul style="list-style-type: none"> • Capable of additional symptom or functional improvement at this level of care • Significant cultural and language barriers impacting ability to fully integrate symptom management skills and there is no more clinically appropriate service | <p>At least ONE of the following must be met:</p> <ul style="list-style-type: none"> • Documented treatment goals and objectives have been substantially met, • No longer meets criteria for this level of care or meets criteria for a higher level of care, • Not making progress toward treatment and there is no reasonable expectation of progress at this level of care, • It is reasonably predictable that continuing stabilization can occur with discharge from treatment and transition to PCP for with medication management and/or appropriate community supports. |

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| <p><i>may be causing some on-going impairment, therefore parent training may be a primary focus of treatment</i></p> <ul style="list-style-type: none"> • <i>Client may have more barrier to natural/informal supports and requires case management</i> • <i>Family utilizes services well and benefits from treatment, but struggles to internalize or generalize skill development</i> • <i>Home based services may be appropriate when there are cultural or developmental considerations</i> <p>Authorization Length: Six months</p> | | | |
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LEVEL C CHILD AND FAMILY

| SERVICE DESCRIPTION | CRITERIA FOR AUTHORIZATION | CONCURRENT REVIEW CRITERIA | DISCHARGE CRITERIA |
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| <p>These services can be provided in any of the following: clinic, home, school and community. These services are designed to prevent the need for a higher level of care, or to sustain the gains made in a higher level of care, and which cannot be accomplished in either routine outpatient care or other community support services.</p> <p>Outpatient services may include some combination of evaluation and assessment; individual and family therapy; medications management, casement management, skills training, peer/family support, respite and some phone crisis support</p> | <p>Criteria for Early Childhood and School-Age and Adolescents:</p> <ul style="list-style-type: none"> • Covered diagnosis on the prioritized list <p>At least one of the following:</p> <ul style="list-style-type: none"> • Significant risk of harm to self or others • Moderate to severe impairment of parent/child relationship to meet the developmental and safety needs • Moderate to severe functional or developmental impairment in at least one area, <p>AND For School-Age and Adolescents at least one of the following:</p> | <p>Continues to meet admission criteria AND at least one of the following:</p> <ul style="list-style-type: none"> • Capable of additional symptom or functional improvement at this level of care • Significant cultural and language barriers impacting ability to fully integrate symptom management skills and there is no more clinically appropriate service | <p>At least ONE of the following must be met:</p> <ul style="list-style-type: none"> • Documented treatment goals and objectives have been substantially met, • No longer meets criteria for this level of care or meets criteria for a higher level of care, • Not making progress toward treatment and there is no reasonable expectation of progress at this level of care, • It is reasonably predictable that continuing stabilization can occur with discharge from treatment and transition to PCP for with medication management and/or |

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| <p><i>Examples include:</i></p> <ul style="list-style-type: none"> • Client needs higher frequency of sessions and a combination of multiple service types • In vivo coaching and mild to moderate phone crisis support required to interrupt dysfunctional patterns of interaction and integrate new skills • Unstable placement due to caregiver stress • Complex symptoms for which targeted caregiver /parent education is required to improve child function <p>Authorization Length: Six months</p> | <ul style="list-style-type: none"> • Risk of out of home placement or has had multiple transition in placement in the last 6 months due to symptoms of mental illness • Risk of school or daycare placement loss due to mental illness or development needs. • Multiple system involvement requiring coordination and case management • Moderate to severe behavioral issues that cause chronic family disruption • Extended crisis episode requiring increased services; • Recent acute or subacute admission (within the last 6 months) • Significant current substance abuse for which integrated treatment is necessary • Transition from a higher level of service intensity (step-down) to maintain treatment gains • Child and/or family's level of English language skill and/or acculturation is not sufficient to achieve symptom or functional improvement without case management. | | <p>appropriate community supports.</p> |
| LEVEL D CHILD AND FAMILY (HOME BASED STABILIZATION) | | | |
| SERVICE DESCRIPTION | CRITERIA FOR AUTHORIZATION | CONCURRENT REVIEW CRITERIA | DISCHARGE CRITERIA |
| <p>Home based stabilization services are provided, at an intensive level, in the home, school and community with</p> | <p>Both must be met:</p> <ul style="list-style-type: none"> • Covered diagnosis on the prioritized list | <p>Continues to meet admission criteria AND at least one of the following:</p> <ul style="list-style-type: none"> • Capable of additional symptom | <p>At least ONE of the following must be met:</p> |

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| <p>the goal of stabilizing behaviors and symptoms that led to referral. May include some combination of evaluation and assessment; individual and family therapy; medications management; case management; skills training; peer/family support, and respite at an increased frequency. Treatment is not directed primarily to resolve placement OR behavior, conduct or substance abuse problems</p> <p>Crisis intervention is available 24/7 both by phone and in person. <i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Client is discharging from residential stay or has had multiple acute/sub-acute placements in the last 6 months.</i> <p>Children and Youth are no longer required to meet criteria for Wraparound Care Coordination to be considered for this level of care.</p> <p>Authorization Length: Initial 90 days, one month thereafter</p> <p>For the initial 90 day authorization request, the provider will submit the following:</p> <ul style="list-style-type: none"> • Mental Health Assessment updated within the last 60 days OR progress notes for the last 30 days AND • Updated Treatment Plan | <ul style="list-style-type: none"> • Current serious to severe functional impairment in multiple areas <p>And one of the following:</p> <ul style="list-style-type: none"> • Treatment intensity at a lower level of care insufficient to maintain functioning • Hospital or subacute admission in the last 30 days <p>And two of the following:</p> <ul style="list-style-type: none"> • Serious risk of harm to self or others due to symptoms of mental illness • Serious impairment of parent/child relationship to meet the developmental and safety needs • Significant risk of disruption from current living situation due to symptoms related to a mental health diagnosis. • Transition from a higher level of service intensity (step-down) to maintain treatment gains • Significant cultural and language barriers impacting ability to fully integrate symptom management skills and there is not more clinically appropriate service | <p>or functional improvement at this level of care</p> <ul style="list-style-type: none"> • Significant cultural and language barriers impacting ability to fully integrate symptom management skills and there is not more clinically appropriate service | <ul style="list-style-type: none"> • Documented treatment goals and objectives have been substantially met, • No longer meets criteria for this level of care or meets criteria for a higher level of care, • Not making progress toward treatment and there is no reasonable expectation of progress at this level of care, • It is reasonably predictable that continuing stabilization can occur with discharge from treatment and transition to PCP with medication management and/or appropriate community supports. |
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| <p>For all subsequent 30 day authorization requests, the provider will either have a verbal conversation with ENCC to justify continued stay OR submit the last 30 days of progress notes. In the event of a potential denial via the verbal authorization, backup clinical would be requested prior to the NOA.</p> <p>The Health Plan will be responsible for the completion of the Level of Care Treatment Registration Form</p> | | | |
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OUTPATIENT SERVICES – LEVEL A-D
ADULT
MULTNOMAH MENTAL HEALTH
HEALTH SHARE OF OREGON

ASSESSMENT PLUS TWO

Assessment and up to two sessions prior to assignment by clinician for an appropriate Level of Care.

Initial assessment appointment does not require a covered diagnosis on the [prioritized list](#). Subsequent two sessions prior to ongoing Level of Care assignment must be driven by a covered diagnosis on the prioritized list and an assessment and service plan in compliance with applicable OARs.

LEVEL A: ADULT MRDD or ADULT MEDICATION ONLY

| SERVICE DESCRIPTION | CRITERIA FOR AUTHORIZATION | CONCURRENT REVIEW CRITERIA | DISCHARGE CRITERIA |
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| <p>Specialized assessment and medication management by a MD or PMHNP and minimal adjunct case management</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • <i>Individual with a developmental disability that will not benefit from talk therapy.</i> • <i>Individuals that have progressed to the point in care where they only require complex medication management (e.g. injectable medications)</i> • <i>For adults only medication, this can be clients in a general outpatient setting or who fit the criteria for Severe and Persistently Mentally Ill (SPMI)</i> <p>Authorization Length: 1 year</p> | <ul style="list-style-type: none"> • Covered diagnosis on the prioritized list <p>AND one of the following:</p> <ul style="list-style-type: none"> • Need for care coordination with DD services and ongoing medication management • Need for medication management for a medication regime that is more complicated than generally provided in primary care. | <p>Continues to meet admission criteria AND is capable of additional symptom or functional improvement at this level of care.</p> | <p>At least ONE of the following must be met:</p> <ul style="list-style-type: none"> • Documented treatment goals and objectives have been substantially met • Continuing stabilization can occur with discharge from treatment with medication management by PCP and/or appropriate community supports • Individual has achieved symptom or functional improvement in resolving issues resulting in admission to this level of care • Meets criteria for a different level of care due to change in symptoms or function at this level of care |

**(Note: There is no "Level A SPMI")
LEVEL A ADULT OUTPATIENT**

| SERVICE DESCRIPTION | CRITERIA FOR AUTHORIZATION | CONCURRENT REVIEW CRITERIA | DISCHARGE CRITERIA |
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| <p>Services are designed to promote, restore, or maintain social/emotional functioning and are focused and time limited with services discontinued when client's functioning improves.</p> <p>Outpatient services include evaluation and assessment; individual and family therapy; group therapy; medication management.</p> <p>Outpatient services are office based.</p> <p><i>Example:</i></p> <ul style="list-style-type: none"> <i>Mild depression or anxiety that cannot be addressed only by primary care intervention.</i> <p>Authorization Length: 1 year</p> | <p>Both of the following:</p> <ul style="list-style-type: none"> Covered diagnosis on the prioritized list Episodic depression, anxiety or other mental health conditions with no recent hospitalizations and limited crisis episodes within the past year <p>AND at least one of the following:</p> <ul style="list-style-type: none"> Mild functional impairment A presentation that is elevated from baseline | <p>Continues to meet admission criteria AND at least one of the following:</p> <ul style="list-style-type: none"> Capable of additional symptom or functional improvement at this level of care Significant cultural and language barriers impacting ability to fully integrate symptom management skills and there is no more clinically appropriate service | <p>At least ONE of the following must be met:</p> <ul style="list-style-type: none"> Documented treatment goals and objectives have been substantially met Continuing stabilization can occur with discharge from treatment with medication management by PCP and/or appropriate community supports Individual has achieved symptom or functional improvement in resolving issues resulting in admission to this level of care Meets criteria for a different level of care due to change in symptoms or function at this level of care |

LEVEL B ADULT OUTPATIENT

| SERVICE DESCRIPTION | CRITERIA FOR AUTHORIZATION | CONCURRENT REVIEW CRITERIA | DISCHARGE CRITERIA |
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| <p>ervices are designed to promote, restore, or maintain social/emotional functioning and are focused and time limited with services discontinued when client's functioning improves.</p> <p>Services may include evaluation and assessment; individual and family therapy; group therapy; medication management. Case management is not generally required by individual.</p> <p>Outpatient services are more commonly provided in the office and with more frequency than Level A.</p> <p><i>Examples include:</i></p> <ul style="list-style-type: none"> • <i>Moderate risk of harm to self or others requiring more frequent sessions</i> • <i>Individual is stepping down from higher level of care and increased frequency addresses symptoms</i> <p>Authorization Length: 1 year</p> | <ul style="list-style-type: none"> • Covered diagnosis on the prioritized list <p>AND at least one of the following:</p> <ul style="list-style-type: none"> • Moderate risk of harm to self or others • Moderate functional impairment in at least one area such as housing, financial, social, occupational, health, and activities of daily living • Individual has a marginalized identity which creates barriers to receiving appropriate services, and/or individual's level of English language skill and/or cultural navigation barriers is not sufficient to achieve symptom or functional improvement without additional supports | <p>Continues to meet admission criteria AND at least one of the following:</p> <ul style="list-style-type: none"> • Capable of additional symptom or functional improvement at this level of care • Significant cultural and language barriers impacting ability to fully integrate symptom management skills and there is no more clinically appropriate service | <p>At least ONE of the following must be met:</p> <ul style="list-style-type: none"> • Documented treatment goals and objectives have been substantially met • Continuing stabilization can occur with discharge from treatment with medication management by PCP and/or appropriate community supports • Individual has achieved symptom or functional improvement in resolving issues resulting in admission to this level of care Meets criteria for a different level of care due to change in symptoms or function at this level of care |

LEVEL B ADULT SPMI

| SERVICE DESCRIPTION | CRITERIA FOR AUTHORIZATION | CONCURRENT REVIEW CRITERIA | DISCHARGE CRITERIA |
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| <p>Services are designed to promote recovery and rehabilitation for adults with SPMI. These services instruct, assist, and support an individual to build or improve skills that have been impaired by these symptoms. Comprehensive assessment and treatment planning focus on outcomes and goals with specific interventions described to achieve them. Emphasis is placed on linkages with other services and coordination of care.</p> <p>Services are primarily office based and may include evaluation and assessment; consultation; case management; individual and family therapy; group therapy; medication management; skills training; supported employment; family education and support; relapse prevention; occasional crisis support.</p> <p>Diagnoses generally covered under this authorization type: Schizophrenia; Schizoaffective Disorder; and Psychosis. Diagnoses can also include Mood and Anxiety Disorders that are severe and persistent in nature and have serious impact on activities of daily living.</p> <p><i>Example:</i></p> | <p>ALL of the following:</p> <ul style="list-style-type: none"> • Covered diagnosis on the prioritized list • No hospitalizations or major crisis episodes within the past year • No risk of harm to self or others or risk of harm to self or others that is consistent with baseline presentation. <p>AND at least two of the following:</p> <ul style="list-style-type: none"> • Symptoms related to the mental illness result in a moderate functional impairment and are fairly well controlled • Individual able to navigate system with minimal to moderate support OR has supports (such as family or AFH) in place to meet client's needs • Low to moderate psychosocial stress (housing and benefits are generally stable) • Individual is generally functioning at baseline • Individual has extended periods of abstinence when a co-occurring disorder exists and risk factors are minimal • Individual has a marginalized identity which creates barriers to receiving appropriate services, and/or individual's level of English language skill and/or cultural navigation barriers is not sufficient to achieve symptom or functional improvement without additional | <p>Continues to meet admission criteria AND at least one of the following:</p> <ul style="list-style-type: none"> • Capable of additional symptom or functional improvement at this level of care • Significant cultural and language barriers impacting ability to fully integrate symptom management skills and there is no more clinically appropriate service | <p>At least ONE of the following must be met:</p> <ul style="list-style-type: none"> • Documented treatment goals and objectives have been substantially met • Continuing stabilization can occur with discharge from treatment with medication management by PCP and/or appropriate community supports • Individual has achieved symptom or functional improvement in resolving issues resulting in admission to this level of care • Meets criteria for a different level of care due to change in symptoms or function at this level of care |

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| <ul style="list-style-type: none"> • <i>Individual functioning at baseline would benefit from additional life skill development and social support in order to maintain independence</i> <p>Authorization Length: One Year</p> | <p>supports</p> | | |
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LEVEL C ADULT OUTPATIENT

| SERVICE DESCRIPTION | CRITERIA FOR AUTHORIZATION | CONCURRENT REVIEW CRITERIA | DISCHARGE CRITERIA |
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| <p>Services are designed to promote, restore, or maintain social/emotional functioning and are intended to be focused and time limited with services discontinued when client's functioning improves.</p> <p>Services may include more community-based services and can include evaluation and assessment; individual and family therapy; group therapy; medication management; consultation; case management; skills training; crisis support; relapse prevention, hospital diversion; integrated substance abuse treatment</p> <p><i>Examples Include:</i></p> <ul style="list-style-type: none"> • <i>Mental health issues are compounded by risk of loss of housing due to extended periods of crisis</i> • <i>Individual may benefit from care coordination and case management</i> | <ul style="list-style-type: none"> • Covered diagnosis on the prioritized list <p>AND at least two of the following must be met:</p> <ul style="list-style-type: none"> • Risk of harm to self or others or risk of harm to self or others that is escalated from baseline • Moderate functional impairment in at least two areas (such as housing, financial, social, occupational, health, activities of daily living.) • At least one hospitalization within the last 6 months • Multiple system involvement requiring coordination and case management • Risk of loss of current living situation, in an unsafe living situation, or currently homeless due to symptoms of mental illness • Significant current substance abuse for which integrated treatment is necessary • Significant PTSD or depression symptoms as a result of torture, ongoing systemic oppression, | <p>Continues to meet admission criteria AND at least one of the following:</p> <ul style="list-style-type: none"> • Capable of additional symptom or functional improvement at this level of care • Significant cultural and language barriers impacting ability to fully integrate symptom management skills and there is no more clinically appropriate service | <p>At least ONE of the following must be met:</p> <ul style="list-style-type: none"> • Documented treatment goals and objectives have been substantially met • Continuing stabilization can occur with discharge from treatment with medication management by PCP and/or appropriate community supports • Individual has achieved symptom or functional improvement in resolving issues resulting in admission to this level of care • Meets criteria for a different level of care due to change in symptoms or function at this level of care |

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| <p>Authorization Length: 1 year</p> | <p>trauma or multiple losses</p> <ul style="list-style-type: none"> • Extended or repeated crisis episode(s) requiring increased services • Individual has a marginalized identity which creates barriers to receiving appropriate services, and/or individual's level of English language skill and/or cultural navigation barriers is not sufficient to achieve symptom or functional improvement without additional supports • Diagnosis and/or age-related functional deficits and/or complex medical issues requiring substantial coordination | | |
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LEVEL C ADULT SPMI

| SERVICE DESCRIPTION | CRITERIA FOR AUTHORIZATION | CONCURRENT REVIEW CRITERIA | DISCHARGE CRITERIA |
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| <p>Services are designed to promote recovery and rehabilitation for adults with severe and persistent symptoms of mental illness. These services instruct, assist, and support an individual to build or improve skills that have been impaired by these symptoms. Comprehensive assessment and treatment planning focus on outcomes and goals with specific interventions described to achieve them. Emphasis is placed on linkages with other services and coordination of care.</p> <p>Services may include: evaluation and assessment, outreach, consultation, case management, counseling,</p> | <p>Two of the following:</p> <ul style="list-style-type: none"> • Covered diagnosis on the prioritized list • Significant assistance required to meet basic needs such as housing and food • Significant PTSD or depression symptoms as a result of torture, ongoing systemic oppression, trauma or multiple losses <p>AND at least two of the following:</p> <ul style="list-style-type: none"> • At least one hospitalization within the past year • Symptoms related to the mental | <p>Continues to meet admission criteria AND at least one of the following:</p> <ul style="list-style-type: none"> • Capable of additional symptom or functional improvement at this level of care • Significant cultural and language barriers impacting ability to fully integrate symptom management skills and there is no more clinically appropriate service | <p>At least ONE of the following must be met:</p> <ul style="list-style-type: none"> • Documented treatment goals and objectives have been substantially met • Continuing stabilization can occur with discharge from treatment with medication management by PCP and/or appropriate community supports • Individual has achieved symptom or functional improvement in resolving issues resulting in admission to this level of care • Meets criteria for a different level of care due to change in symptoms or function at this level |

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| <p>medication evaluation and management, daily structure and support, skills training, family education and support, integrated substance abuse treatment, supported employment, relapse prevention, hospital diversion, crisis intervention and supported housing.</p> <p>Diagnoses generally covered under this authorization type: Schizophrenia; Schizoaffective Disorder; Psychosis, Mood and Anxiety Disorders that are severe and persistent in nature and have serious impact on activities of daily living</p> <p><i>Examples Include:</i></p> <ul style="list-style-type: none"> • <i>Individual requires increased coordination in order to meet basic needs such as safety, housing and food.</i> • <i>Individual's symptoms are partially controlled. Additional care coordination linking client to resources will prevent hospitalization.</i> <p>Authorization Length: 1 year</p> | <p>illness result in a moderate to significant functional impairment and are only partially controlled</p> <ul style="list-style-type: none"> • Risk of harm to self or others or risk of harm to self or others that is escalated from baseline • Multiple system involvement requiring substantial coordination • Extended or repeated crisis episode(s) requiring increased services • Significant current substance abuse for which treatment is necessary • Risk of loss of current living situation, in an unsafe living situation, or currently homeless due to symptoms of mental illness • Individual has a marginalized identity which creates barriers to receiving appropriate services, and/or individual's level of English language skill and/or cultural navigation barriers is not sufficient to achieve symptom or functional improvement without additional supports • Diagnosis and/or age-related functional deficits and/or complex medical issues requiring substantial coordination | | <p>of care</p> |
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LEVEL D: ADULT Intensive Case Management (ICM) or Transition Age Youth (TAY)

| SERVICE DESCRIPTION | CRITERIA FOR AUTHORIZATION | CONCURRENT REVIEW CRITERIA | DISCHARGE CRITERIA |
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| <p>Services are provided at an intensive level in the home and community with the goal of stabilizing behaviors and symptoms that led to admission.</p> <p>Programs include an array of coordinated and integrated multidisciplinary services designed to address presenting symptoms in a developmentally appropriate context. These services could include group, individual, family, psycho educational services, crisis management and adjunctive services such as medical monitoring. Services include multiple or extended treatment visits.</p> <p>Diagnoses generally covered under this authorization type: Schizophrenia; Schizoaffective Disorder; Psychosis, Mood and Anxiety Disorders are severe and persistent in nature and have serious impact on activities of daily living.</p> <p>24/7 telephonic crisis support is provided by the ICM or TAY team</p> <p>Services differ from Assertive Community Treatment (ACT) in frequency and in 24/7 face-to-face crisis availability</p> <p><i>Examples Include:</i></p> | <p>Criteria for ICM:</p> <ul style="list-style-type: none"> ● Covered diagnosis on the prioritized list <p>AND at least two of the following:</p> <ul style="list-style-type: none"> ● 2 or more inpatient admissions in the past year ● Recent discharge from the State Hospital (within the past year) ● Civil Commitment or Discharge from the state hospital within the past year) ● Residing in an inpatient bed or supervised community residence and clinically assessed to be able to live in a more independent living situation if intensive services are provided ● Severe deficits in skills needed for community living as well as a high degree of impairment due to symptoms of mental illness ● Significant PTSD or depression symptoms as a result of torture, ongoing systemic oppression, trauma or multiple losses depression symptoms as a result of torture, ongoing systemic oppression, trauma or multiple losses <p>OR at least three of the following:</p> <ul style="list-style-type: none"> ● Intractable, severe major symptoms | <p>Criteria for ICM and TAY:</p> <p>Continues to meet admission criteria AND at least one of the following:</p> <ul style="list-style-type: none"> ● Capable of additional symptom or functional improvement at this level of care ● Significant cultural and language barriers impacting ability to fully integrate symptom management skills and there is no more clinically appropriate service ● Eviction or homelessness is likely if level of care is reduced | <p>At least ONE of the following must be met:</p> <ul style="list-style-type: none"> ● Documented treatment goals and objectives have been substantially met ● Continuing stabilization can occur with discharge from treatment with medication management by PCP and/or appropriate community supports ● Individual has achieved symptom or functional improvement in resolving issues resulting in admission to this level of care ● Meets criteria for a different level of care due to change in symptoms or function at this level of care |

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| <ul style="list-style-type: none"> • <i>ICM: Adult with severe life skill deficits, secondary to mental health symptoms, with a recent transition from State or Inpatient Hospitalization requires coordination of multidisciplinary services in the home.</i> • <i>TAY: Teen or young adult with persistent psychotic symptoms requires intensive, in home, care coordination in order to meet treatment, housing, and employment needs.</i> <p>Authorization length: 1 year</p> | <ul style="list-style-type: none"> • Significant cultural or linguistic barriers exist • Significant criminal justice involvement • Requires residential placement if intensive services are not available • Not engaged in services but deemed at high risk of harm related to their mental illness • Severe deficits in skills needed for community living as well as a high degree of impairment due to symptoms of mental illness • Co-occurring addiction diagnosis • Risk of loss of current living situation, in an unsafe living situation, or currently homeless due to symptoms of mental illness <p>Criteria for TAY:</p> <ul style="list-style-type: none"> • Covered diagnosis on the prioritized list <p>AND at least one of the following:</p> <ul style="list-style-type: none"> • 2 or more inpatient admissions in the past year • Recent discharge from the Children's Secure Inpatient Adolescent Program or long term Psychiatric Residential Treatment Services • Residing in an inpatient bed or supervised community residence and clinically assessed to be able to live in a more independent living situation if intensive services are provided • Severe deficits in skills needed for community living as well as a high degree of impairment due to | | |
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| | <p>symptoms of mental illness, OR at least three of the following:</p> <ul style="list-style-type: none">• Intractable, severe major symptoms• Significant cultural or linguistic barriers exist• Significant criminal justice involvement• Requires residential placement if intensive services are not available• Not engaged in services but deemed at high risk of harm related to their mental illness• Severe deficits in skills needed for community living as well as a high degree of impairment due to symptoms of mental illness• Co-occurring addiction diagnosis• Risk of loss of current living situation, in an unsafe living situation, or currently homeless due to symptoms of mental illness• Significant PTSD or depression symptoms as a result of torture, ongoing systemic oppression, trauma or multiple losses | | |
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**ASSERTIVE COMMUNITY TREATMENT (ACT) SERVICES
MULTNOMAH MENTAL HEALTH
HEALTH SHARE OF OREGON**

| SERVICE DESCRIPTION | CRITERIA FOR AUTHORIZATION | CONCURRENT REVIEW CRITERIA | DISCHARGE CRITERIA |
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| <p>Assertive Community Treatment (ACT) services meet ACT fidelity standards.</p> <p>The ACT team shall have the capacity to provide multiple contacts a week with clients experiencing severe symptoms, trying a new medication, experiencing a health problem or serious life event, trying to go back to school or starting a new job, making changes in living situation or employment, or having significant ongoing problems in daily living. These multiple contacts may be as frequent as two to three times per day, seven days per week and depend on client need and a mutually agreed upon plan between clients and program staff. Many, if not all, staff shall share responsibility for addressing the needs of all clients requiring frequent contact.</p> <p>The ACT team shall have the capacity to rapidly increase service intensity to a client when his or her status requires it or a client requests it.</p> <p>The ACT team shall provide a mean (i.e., average) of four (4) face to face contacts per week for all clients.</p> | <p>Indications for ACT services:</p> <ul style="list-style-type: none"> • Individual is age 18 or older and is affected by a serious mental illness requiring assertive outreach and support in order to remain connected with necessary mental health and support services and to achieve stable community living. <ul style="list-style-type: none"> ○ Individuals who are dually diagnosed are not excluded on that basis alone. • Traditional services and modes of delivery have not been effective. • The individual's severity or complexity of symptoms and level of functional impairment require continuous high level of services (i.e., greater than eight hours per month) by multiple members of a multi-disciplinary team. The following problems are indicators of a need for this service. One or more of the following criteria must be met: <ul style="list-style-type: none"> ○ Two or more psychiatric inpatient readmissions over a 12 month period or one long- term hospitalization of 180 days or more; ○ Excessive use (2 or more visits in a 30 day period) of crisis/emergency | <p>Criteria for continued ACT treatment is evidenced by ALL of the following:</p> <ul style="list-style-type: none"> ▪ A treatment plan with goals and treatment objectives appropriate for this level of care has been established and treatment objectives are related to readiness for discharge. ▪ Type, frequency and intensity of services are consistent with the treatment plan. ▪ Participation in treatment is consistent with treatment plan, or active efforts to engage the patient in the process. ▪ Progress toward objectives is being monitored and the individual is making measurable progress but identified objectives have not yet been met. <p>If the individual does not meet the criteria listed above, additional ACT services may be appropriate if either of the following are true:</p> <ul style="list-style-type: none"> ▪ There is evidence that the individual will not be able to maintain functioning if treatment is discontinued; or ▪ There is an anticipated stressor | <p>Discharge Criteria consist of the following:</p> <ul style="list-style-type: none"> ▪ The individual's documented treatment plan goals and objectives have been substantially met or the individual no longer meets admission criteria for ACT team level of care; and ▪ Treatment at another level of care is indicated as evidenced by one of the following: <ul style="list-style-type: none"> ○ The individual has demonstrated a lack of capacity to resolve his or her problem. Treatment at another level of care or type of service is therefore indicated; or ○ Support systems, which allow the individual to be maintained in a less restrictive treatment environment have been explored and/or secured. ▪ LOCUS Level 2 or below |

| SERVICE DESCRIPTION | CRITERIA FOR AUTHORIZATION | CONCURRENT REVIEW CRITERIA | DISCHARGE CRITERIA |
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| | <p>services with failed linkages.</p> <ul style="list-style-type: none"> ○ Chronic homelessness ○ Repeat (2 or more in a 90 day period) arrests and incarceration for offenses related to mental illness such as trespassing, vagrancy or other minor offenses. ○ Individuals transitioning from institutional settings. | <p>within the individual's immediate social or family environment that, based on clinical history, could reliably predict behavioral or emotional regression.</p> | |

**PARTIAL HOSPITALIZATION
MULTNOMAH MENTAL HEALTH
HEALTH SHARE OF OREGON**

| SERVICE DESCRIPTION | CRITERIA FOR AUTHORIZATION | CONCURRENT REVIEW CRITERIA | DISCHARGE CRITERIA |
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| <p>Partial Hospitalization provides stabilization of acute and severe mental illness in a structured, short term treatment setting with the intention of returning or connecting the member to their treating community provider.</p> <p>Services are provided for a minimum of six hours per day, up to five days per week.</p> <p>Treatment is provided by a multidisciplinary treatment team, including psychiatric and nursing care as part of an active treatment program. Treatment also includes coordination and discharge planning with the community provider who will be treating the client after discharge from Partial Hospital.</p> <p>Partial hospitalization is intended to be alternative to hospitalization. Individuals may be referred to partial hospitalization from the community to stabilize a crisis, from the emergency room as a diversion from inpatient, or from inpatient to transition back into the community with supports.</p> <p>Partial hospitalization services are generally authorized for 7 – 10 days.</p> <p>Provider to follow local RAE pre-authorization process.</p> | <p>All the following must be met:</p> <ul style="list-style-type: none"> • Mental health diagnosis covered by the Oregon Health Plan Prioritized List of Health Services • Mental health condition that requires a structured program with frequent nursing and medical supervision, intervention • Is not responsive to treatment provided in a less intensive outpatient setting • Would be at risk to self or others if not in a partial hospital program • acute stage symptoms and does not meet the criteria for 24 hour inpatient treatment, but could require up to 6 hours of care up to six times a week • Substance use or intoxication has been ruled out as a primary cause of presenting mental or behavioral symptoms | <p>At least one of the following:</p> <ul style="list-style-type: none"> • clinical evidence that attempts at therapeutic re-entry to a less intensive level of care would result in exacerbation of the psychiatric illness to the degree that continued partial hospitalization is needed • persistence of problems that caused the admission to an extent that continues to meet the admission criteria • emergence of additional problems that meet the admission criteria • Member is currently involved and cooperating with the treatment process • Member is not actively participating in treatment and meets one of the following: <ul style="list-style-type: none"> ➢ Treatment plan and/or discharge goals are reformulated to address the lack of expected progress ➢ There are measurable indicators that the member is progressing toward active engagement in treatment. | <p>At least one of the following:</p> <ul style="list-style-type: none"> • Concurrent review criteria is no longer met • the individual is not making progress toward treatment goals and there is no expectation of progress at this level of care despite treatment planning changes • stepping up to inpatient level of care, or stepping down to a lesser intensive level of outpatient care is indicated • the documented treatment plan, goals , and objectives have been substantially met; • there is a discharge plan with follow-up appointments in place prior to discharge. |

**INTENSIVE OUTPATIENT
MULTNOMAH MENTAL HEALTH
HEALTH SHARE OF OREGON**

| SERVICE DESCRIPTION | CRITERIA FOR AUTHORIZATION | CONCURRENT REVIEW CRITERIA | DISCHARGE CRITERIA |
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| <p>Intensive Outpatient provides stabilization of acute and severe mental illness in a structured, short term treatment setting with the intention of returning or connecting the member to their treating community provider.</p> <p>Services are provided for a minimum of 4 hours per day, up to three days per week.</p> <p>Treatment is provided by a multidisciplinary treatment team, including psychiatric and nursing care as part of an active treatment program. Treatment also includes coordination and discharge planning with the community provider who will be treating the client after discharge from Intensive Outpatient.</p> <p>Intensive Outpatient is intended to be alternative to hospitalization. Individuals may be referred to intensive outpatient from the community to stabilize a crisis, from the emergency room as a diversion from inpatient, or from inpatient to transition back into the community with supports.</p> <p>Intensive outpatient services are generally authorized for 6 – 10 days.</p> <p>Provider to follow local RAE pre-</p> | <p>All the following must be met:</p> <ul style="list-style-type: none"> ● Mental health diagnosis covered by the Oregon Health Plan Prioritized List of Health Services ● Mental health condition that requires a structured program with frequent nursing and medical supervision, intervention ● Is not responsive to treatment provided in a less intensive outpatient setting ● Would be at risk to self or others, and/or would experience a significant deterioration of functioning if not in an intensive outpatient program ● There is a reasonable expectation that the level of care will stabilize and/or improve the member's symptoms and behaviors or prevent further regression, and the member must be able to participate and benefit from the level of care requested ● Acute stage symptoms and does not meet the criteria for 24 hour inpatient treatment, but could require up to 4 hours of care up to three times a week which cannot | <p>At least one of the following:</p> <ul style="list-style-type: none"> ● Clinical evidence that attempts at therapeutic re-entry to a less intensive level of care would result in exacerbation of the psychiatric illness to the degree that continued Intensive Outpatient is needed ● Clinical criteria for facility-based intensive outpatient treatment services are met due to either continuation of presenting DSM 5 behaviors and/or symptoms or the emergence of new and/or previously unidentified DSM 5 behaviors and/or symptoms ● Persistence of problems that caused the admission to an extent that continues to meet the admission criteria ● The member requires frequent nursing and medical supervision ● Emergence of additional problems that meet the admission criteria ● Active discharge planning begins at admission, and continues throughout treatment ● Member is currently involved | <p>At least one of the following:</p> <ul style="list-style-type: none"> ● Concurrent review criteria is no longer met ● the individual is not making progress toward treatment goals and there is no expectation of progress at this level of care despite treatment planning changes ● stepping up to higher level of care, or stepping down to a lesser intensive level of outpatient care is indicated ● the documented treatment plan, goals, and objectives have been substantially met ● there is a discharge plan with follow-up appointments in place prior to discharge. |

| SERVICE DESCRIPTION | CRITERIA FOR AUTHORIZATION | CONCURRENT REVIEW CRITERIA | DISCHARGE CRITERIA |
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| authorization process. | <p>be provided in a less intensive setting</p> <ul style="list-style-type: none"> ● Substance use or intoxication has been ruled out as a primary cause of presenting mental or behavioral symptoms ● No less restrictive setting is available that will safely meet the member's treatment needs | <p>and cooperating with the treatment process</p> <ul style="list-style-type: none"> ● Member is not actively participating in treatment and meets one of the following: <ul style="list-style-type: none"> ➢ Treatment plan and/or discharge goals are reformulated to address the lack of expected progress ➢ There are measurable indicators that the member is progressing toward active engagement in treatment. | |

**PSYCHIATRIC DAY TREATMENT SERVICES – CHILD/ADOLESCENT
MULTNOMAH MENTAL HEALTH
HEALTH SHARE OF OREGON**

| SERVICE DESCRIPTION | CRITERIA FOR AUTHORIZATION | CONCURRENT REVIEW CRITERIA | DISCHARGE CRITERIA |
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| <p>Psychiatric Day Treatment Services (PDTs) is a comprehensive, inter-disciplinary, non-residential, community-based program consisting of psychiatric treatment, family treatment and therapeutic activities integrated with an accredited education program</p> <p>Services include 24 hour, seven days a week treatment responsibility for admitted children and on-call capability at all times to respond directly or by referral to the treatment needs of admitted children.</p> <p>Admission not solely for the purpose of placement or at the convenience of the family, the provider or other child serving agencies</p> <p>Initial Authorization: 90 days</p> <p>Continued Stay: 30 days</p> | <p>Criteria for Early Childhood (ages 0-6) and School-Age and Adolescents: All must be met:</p> <ul style="list-style-type: none"> • Mental health diagnosis covered by the Oregon Health Plan Prioritized List of Health Services and be paired with PDTs that would be the focus of treatment • Level of Service Intensity Determination outcome of Level 4 or higher • Mental health symptoms requiring active mental health treatment in order to improve functioning • Resources available in the school and community have been tried and are not meeting the youth’s treatment needs. <p>Additional Criteria for Early Childhood. Both of the following:</p> <ul style="list-style-type: none"> • Identified mental health symptoms acuity and intensity impacting the child or youth’s ability to function in a day care or preschool setting • Complex developmental trauma impacting one or more of the following areas: <ul style="list-style-type: none"> ▪ Social ▪ Emotional ▪ Neurobiological | <p>Must meet the following:</p> <ul style="list-style-type: none"> • Capable of additional symptom or functional improvement at this level of care • Active engagement of home school district in identification of education placement at discharge <p>And three of the following</p> <ul style="list-style-type: none"> • Acuity, severity and frequency of psychiatric symptoms at admission have not decreased or stabilized; • Emergence of new psychiatric symptoms requiring day treatment level of care; • Attempts at re-entry into a less restrictive day care, preschool or school setting have resulted in exacerbated or re-emergence of symptoms of the mental health illness that can’t be mitigated with school and community supports | <p>At least one of the following:</p> <ul style="list-style-type: none"> • Concurrent review criteria no longer met or youth meets criteria for higher level of care • Child/adolescent has met treatment goals and is able to function successfully in school or appropriate educational placement • Child has practiced and integrated new skills sufficiently to utilize them in lower level of care • For high school students, timing of transition to minimize the negative impact of academic progress related to achieving credits should be taken into consideration • A school placement has been identified by the home district prior to transition • Child’s mental health needs can be met a lower level of service • Child requires 24-hour, seven day a week active mental health treatment under the directions of a psychiatrist (Psychiatric Residential Treatment Services) |

| SERVICE DESCRIPTION | CRITERIA FOR AUTHORIZATION | CONCURRENT REVIEW CRITERIA | DISCHARGE CRITERIA |
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| | <ul style="list-style-type: none"> ▪ Physical and/or ▪ Sensory Development <p>School-Age and Adolescents. Both of the following:</p> <ul style="list-style-type: none"> • Identified mental health symptoms acuity and intensity impacting the child or youth's ability to function in a school setting • A milieu environment along with psychiatric support are not available through intensive community-based services or is a diversion for psychiatric residential treatment | <ul style="list-style-type: none"> • Individualized plan of care with specific interventions, and child/adolescent's response to the interventions and progress toward treatment goals or reflects that treatment goals can't be achieved in a less restrictive setting • A transition plan has been developed and has a timeline for implementation including active Child and Family team meetings (if involved in Wraparound) and engagement with school, community resources, and natural supports • Ongoing active engagement of home school district in identification of educational placement at discharge • CASII/ECSII will be completed by the Care Coordinator every 90 days to support continued stay | <ul style="list-style-type: none"> • Family withdraws the child from services or chooses not to engage in services • Child and/or family is not fully able to engage in services or has achieved maximum benefit. |

**PSYCHIATRIC RESIDENTIAL TREATMENT SERVICES – CHILD/ADOLESCENT
MULTNOMAH MENTAL HEALTH
HEALTH SHARE OF OREGON**

| SERVICE DESCRIPTION | CRITERIA FOR AUTHORIZATION | CONCURRENT REVIEW CRITERIA | DISCHARGE CRITERIA |
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| <p>Behavioral health care program certified under OAR 309-032-1540 to provide 24-hour, 7 day a week active mental health treatment under the direction of a psychiatrist.</p> <p><i>Primary diagnoses not “paired” with PRTS on the Oregon Health Plan Prioritized List of Health Services and generally not considered for authorization:</i></p> <ul style="list-style-type: none"> ▪ <i>Attention Deficit Hyperactivity Disorder</i> ▪ <i>Adjustment Disorder</i> ▪ <i>Substance Use Disorder</i> ▪ <i>Intellectual Developmental Disorder</i> | <p>To be considered for admission, the individual must meet the following criteria:</p> <ul style="list-style-type: none"> ▪ Serious emotional disturbance or mental health condition that requires active psychiatric treatment 24 hours/7 days a week; ▪ Resources available in the community do not meet the child's treatment needs ▪ Behaviors responsive to PRTS include active psychosis and risk of harm to self or others ▪ Mental health condition at a level of acuity or severity that it is impacting all areas of life and functioning ▪ Requires intensive psychiatric oversight and active mental health treatment in order to improve functioning <p>Contraindications for PRTS:</p> <ul style="list-style-type: none"> ▪ Diagnoses not found responsive to or best practice to treat in PRTS: <ul style="list-style-type: none"> ○ Reactive Attachment Disorder ○ Oppositional Defiant Disorder ○ Conduct Disorder ▪ Behaviors, independent of a covered mental health diagnosis, not found | <p>Concurrent review conducted every 14 days. To meet criteria for continued stay, the child must be capable of additional symptom or functional improvement at this level of care and the interdisciplinary record must document:</p> <ul style="list-style-type: none"> ▪ The PRTS provider has measurable indicators of whether the client's mental health symptoms that led to the admission, or as identified post-admission, are responding to the treatment plan. This may be reflected in a change in CASII or ECSII score (within a domain or overall) ▪ Documentation is obtained from the PRTS provider of ongoing discharge planning related to the discharge criteria in the Plan of Care. ▪ The client's record documents any attempts at re-entry into the community (e.g. overnight or day passes) that have resulted in exacerbation or re-emergence of symptoms of the mental illness and cannot be mitigated with community supports. ▪ The treatment plan documents that treatment goals cannot be achieved in a | <p>Discharge occurs when:</p> <ul style="list-style-type: none"> ▪ Child/adolescent has met treatment goals and is able to function successfully in the home, school and community; and ▪ child's mental health needs can be met a lower level of service; or ▪ the family withdraws the child from services; or ▪ the family chooses not to engage in services; or ▪ child has achieved maximum benefit; or ▪ the Child and Family Team (if involved in Wraparound) or treatment team determines that the child and/or family is not fully able to engage in services and recommends discharge. |

| SERVICE DESCRIPTION | CRITERIA FOR AUTHORIZATION | CONCURRENT REVIEW CRITERIA | DISCHARGE CRITERIA |
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| | <p>to be responsive to PRTS:</p> <ul style="list-style-type: none"> ○ Bullying ○ Physical aggression ○ Sexual offending ○ Property destruction ○ Fire setting ○ Truancy ○ Running away ○ Pattern of defiant behavior <p>To be considered for admission to PRTS, the child/adolescent must meet all of the following criteria:</p> <ul style="list-style-type: none"> ▪ have a mental health diagnosis covered by the Oregon Health Plan Prioritized List of Health Services and paired with PRTS that would be the focus of treatment; and ▪ admission not solely for purposes of placement or at the convenience of the family, the provider or other child serving agencies; and ▪ Level of Service Intensity Determination outcome of Level 5 or higher; and ▪ written recommendation from the treating psychiatrist indicating: 1) the need and/or reason for a residential level of care; 2) why a less acute level of care would not be sufficient to address the psychiatric need; 3) the benefit to the child and family from this recommended treatment episode; and ▪ Certificate of Need (CONS) completed prior to admission which certifies the need for this level of care | <p>less restrictive setting.</p> <ul style="list-style-type: none"> ▪ Continued stay is not due to the convenience of family or other entities and is not solely for placement ▪ The Child and Family Team and/or treatment team determines that the child requires a secure inpatient program such as Secure Children’s Inpatient Program (SCIP) or Secure Adolescent Inpatient Program (SAIP) and the client has been accepted and is on the wait list. | |

**PSYCHOLOGICAL TESTING
MULTNOMAH MENTAL HEALTH
HEALTH SHARE OF OREGON**

| SERVICE DESCRIPTION | CRITERIA FOR AUTHORIZATION | CONCURRENT REVIEW CRITERIA | DISCHARGE CRITERIA |
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| <p>Psychological testing is defined as “a measurement procedure for assessing psychological characteristics in which a sample of an examinee’s behavior is obtained and subsequently evaluated and scored using a standardized process” (American Psychological Association, 2000). Psychological testing requires the application of appropriate normative data for interpretation or classification and may be used to guide differential diagnosis in the treatment of psychiatric disorders.</p> <p>Psychological Testing includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., WAIS, Rorschach, MMPI.</p> <p>Psychological Testing must consist of face-to-face psychological assessment of member and include the following: clinical interview with member and collateral sources; integration of collateral information, including previous psychological or neuropsychological testing, as well as history and background information; tests administered must directly address referral question; and must primarily include tests beyond self-report measures and most often should include psychodiagnostic assessment of</p> | <p>Must meet all of the following:</p> <ul style="list-style-type: none"> • Primary purpose of testing is to obtain diagnostic clarification of a covered mental health diagnosis; specifically, to address a particular diagnostic and/or treatment question(s) which cannot be answered through usual means of clinical interview and collateral data review (including review of any previous psychological testing). • Test results are expected to significantly impact the patient’s treatment, thereby leading to improvement in the patient’s mental health condition and/or functioning. • Patient has had a full mental health assessment completed by an approved behavioral healthcare provider within the six months prior to the request. • Request for testing must be made by a behavioral healthcare provider. • Medical conditions have been ruled out as a primary cause of the mental health condition | <p>Concurrent review is required if the psychologist will exceed the number of hours pre-authorized. This will only be reviewed in exceptional needs cases where circumstances justify need for additional hours of testing and the following must be met:</p> <ul style="list-style-type: none"> • The psychologist must provide an explanation of why additional hours and testing are needed and why continued authorization is requested. (ie. the member is not tolerating testing so the testing needs to be done in shorter periods of time over a longer time span). • Pre-authorization of additional hours of testing is required. | <p>A written integrated psychological assessment report must be submitted and include the following:</p> <ul style="list-style-type: none"> • Clinical interview • Summary of collateral information, history and background information; referral question • Summary of all records reviewed, including any previous psychological testing results • Summary of any exceptional issues that arose during the testing process (i.e., why additional time was needed for testing) • Tests administered; results of each test administered • Clinical formulation • Diagnosis and diagnostic justification including rule out of diagnoses as they pertain to referral question • Specific answer(s) to referral question(s) • Clear and individualized clinical recommendations by the authorized psychologist <p>It is recommended that a debriefing of results and assessment is provided to client, guardian, and appropriate treatment providers.</p> |

| SERVICE DESCRIPTION | CRITERIA FOR AUTHORIZATION | CONCURRENT REVIEW CRITERIA | DISCHARGE CRITERIA |
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| <p>emotionality, intellectual abilities, personality and psychopathology.</p> <p>It is also recommended that the member be seen by a Licensed Medical Professional who also recommends testing and the reason(s) why.</p> <p>Provider requirements: The provider is a licensed doctoral level psychologist or psychiatrist who is adequately trained in the administration and interpretation of psychological instruments.</p> <p>Authorization: Prior authorization must be obtained prior to the start of services and must not exceed the allowable amount based on identified hours to complete testing</p> | <p>and/or are not the primary focus of testing (or, in cases where a medical condition is a primary contributing factor, the physical health plan will be engaged in discussion concerning payment for psychological or neuropsychological testing)</p> <p>Exclusion Criteria (one or more):</p> <ul style="list-style-type: none"> • Testing is for educational (IEP/ Learning Disorders), vocational, or legal purposes (including court-ordered testing) • Testing is to assist in determining eligibility for any kind of services (i.e., vocational rehab, disability, IEP, etc.) • Testing is conducted as a screening tool or part of an initial evaluation. • Testing is requested by patient for personal interest. • Medical condition(s) have been determined to be a primary cause of the mental health condition and/or are not the primary focus of testing (in which case the physical health plan would be responsible for providing requested psychological and/or neuropsychological testing) | | |

**RESPIRE SERVICES – ADULT
MULTNOMAH MENTAL HEALTH
HEALTH SHARE OF OREGON**

| SERVICE DESCRIPTION | CRITERIA FOR AUTHORIZATION | CONCURRENT REVIEW CRITERIA | DISCHARGE CRITERIA |
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| <p>Respite services are short-term environmental and symptom stabilization related to mental health symptoms.</p> <p>Respite services are provided in a 24-hour licensed facility. Services must be reasonably expected to improve or maintain the condition and functional level of the individual and prevent relapse or hospitalization.</p> <p>Services include assessment, supervision, structure and support, and limited care coordination secondary to external mental health case management, medication administration, and room and board.</p> <p>Homelessness is not an exclusion criteria as long as the primary reason for respite is due to a psychiatric or mental health condition. Respite should not be used solely for the purpose of housing or placement.</p> <p>Projected length of stay is generally 3-7 days</p> <p>Contact local RAE for initial and continued stay authorization length of stay</p> | <p>To be considered for admission, the individual must meet the following criteria:</p> <ul style="list-style-type: none"> ▪ is unable to care for basic needs at current living situation due to the impact of the psychiatric illness on behavior and functioning; and ▪ does not meet the criteria for 24-hour acute care but needs a temporary, structured, supportive environment while mental health needs are actively addressed; and ▪ symptoms and/or behaviors are not due to substance abuse/intoxication, a medical condition, or other circumstance not covered by the mental health benefit; and. ▪ does not have an unstable medical condition requiring medical supervision; and ▪ is not experiencing acute withdrawal symptoms. <p>Additionally, the individual may meet one or more of the following criteria:</p> <ul style="list-style-type: none"> ▪ requires stabilization due to a recent medication adjustment or a supportive environment during a medication change | <p>Continued stay criteria includes:</p> <ul style="list-style-type: none"> ▪ persistence of problems that caused the admission to a degree that continues to meet the admission criteria; or ▪ the emergence of additional problems that meet the admission criteria; or ▪ discharge planning and/or attempts at re-entry into the community have resulted in or would result in an exacerbation of the mental health symptoms to the degree it would result in the need for hospitalization | <p>Discharge criteria include:</p> <ul style="list-style-type: none"> ▪ evidence that the mental health symptoms have stabilized, diminished or resolved; and ▪ there is no longer evidence of a risk of hospitalization; and ▪ the improved mental health status allows the individual to provide for their own safety and basic needs; and ▪ resources and a support system exist in the community that are adequate to provide the level of support and supervision needed for safety, self-care and effective treatment. |

| SERVICE DESCRIPTION | CRITERIA FOR AUTHORIZATION | CONCURRENT REVIEW CRITERIA | DISCHARGE CRITERIA |
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| | <ul style="list-style-type: none"> ▪ is unstable in current living situation due to medication non-compliance and is willing to take medications as prescribed while in respite ▪ feels unsafe towards self due to current psychiatric condition and/or current stressors and is willing to contract for safety while in respite ▪ requires stabilization following a hospital discharge while community-based services are being arranged <p>Individuals may be excluded from authorization based on recent history of physical assault, homicidal behavior, arson, sexual offenses, weapon possession, anti-social personality or other factors that would make the individual a high-risk in this environment.</p> | | |

**RESPITE SERVICES – CHILD/ADOLESCENT
MULTNOMAH MENTAL HEALTH
HEALTH SHARE OF OREGON**

| SERVICE DESCRIPTION | CRITERIA FOR AUTHORIZATION | CONCURRENT REVIEW CRITERIA | DISCHARGE CRITERIA |
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| <p>Respite services are provided to children and their families for temporary relief from care giving in order to maintain a stable and safe living environment. Respite services are often utilized to avoid the need for an out of home placement or a higher of level of care.</p> <p>Crisis or planned respite services is provided in either a licensed 24 hour facility or foster home certified and licensed by a contracted mental health provider. Services and supports during the respite stay include supervision, structure, stabilization and support.</p> <p>Respite is not authorized solely for the convenience of the family or the service providers.</p> <p>Crisis Respite is authorized for up to 12 days in a 3 month period.</p> <p>Contact the local RAE for Planned Respite initial and continued stay authorization</p> | <p>To be considered for admission, the individual must meet the following criteria:</p> <ul style="list-style-type: none"> ▪ engaged with an identified treatment provider that is requesting authorization of respite as an intervention; and ▪ does not meet the criteria for 24-hour acute care but needs temporary, structured, supportive, non-medical, safe environment due to an exacerbation or increase of difficult, unsafe, destructive behaviors due to family stress or conflict or caregiver stress; and ▪ natural and informal supports (such as extended family, friends, neighbors, church members, etc) have been explored and are not available or adequate; and ▪ symptoms and/or behaviors are not due to substance abuse/intoxication, a medical condition, or other circumstance not covered by the mental health benefit. | <p>Crisis Respite is initially authorized for up to 12 days in a 3 month period.</p> <p>On-going authorization for crisis respite is provided for an additional 1-7 days as indicated by a lack of stabilization either of the child/adolescent, caregiver or home environment.</p> <p>Planned respite, when part of an on-going treatment plan or Plan of Care is authorized for a total of 12 days in a 3 month period.</p> <p>Adjustments to the authorization are requested through the Child and Family Team.</p> | <p>Discharge occurs when:</p> <ul style="list-style-type: none"> ▪ the child/adolescent and family have benefited from respite services and the youth is no longer at risk of losing their current community setting; or ▪ the child/adolescent is in need of a higher level of care. ▪ Exceeding the standard authorization for this intervention and there is not documentation supporting ongoing medical necessity. <p>Respite can be an ongoing and/or episodic service based on the clinical needs of the child/adolescent and family.</p> |

**SUBACUTE – CHILD/ADOLESCENT
MULTNOMAH MENTAL HEALTH
HEALTH SHARE OF OREGON**

| SERVICE DESCRIPTION | CRITERIA FOR AUTHORIZATION | CONCURRENT REVIEW CRITERIA | DISCHARGE CRITERIA |
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| <p>Subacute services, for children ages 5-17 require 24-hour secure and protected, medically staffed and psychiatrically supervised treatment environment with 16-hour skills nursing, structured treatment milieu and 3:1 child to staff ratio.</p> <p>Initial Authorization: Until next business day</p> <p>Continued Stay authorization: 2 business days.</p> | <p>All the following must be met:</p> <ul style="list-style-type: none"> • Been evaluated by a qualified mental health professional, other licensed clinician, or medical professional and demonstrates symptomatology consistent with current DSM 5 diagnosis, requiring and can reasonably be expected to respond to therapeutic intervention • Consent has been obtained by child's legal guardian. If no legal guardian is available, DHS has been contacted, has emergency custody and has provided consent for admission • Child cannot be safely maintained and effectively treated at a less intensive level of care • Has a place to live and/or the community team is actively addressing placement needs which will be resolved within the two weeks of the subacute stay • Child is expected to benefit or respond to therapeutic interventions and treatment within two weeks <p>At least two of the following must be met:</p> <ul style="list-style-type: none"> • Is acutely ill due to a primary psychiatric illness and requires psychiatric care for evaluation and treatment • Co-occurring presentation of substance use and psychiatric | <p>At least one of the following:</p> <ul style="list-style-type: none"> • acuity, severity and frequency of psychiatric symptoms at admission have not decreased or stabilized • emergence of new psychiatric symptoms requiring continued evaluation and treatment • a severe reaction to medication or the need for further monitoring and adjustment of dosage that requires 24 hour medical supervision • Treatment team concurs that continued stabilization is needed and there is an active transition plan from this level of care | <p>At least one of the following:</p> <ul style="list-style-type: none"> • Documented treatment goals and objectives have been substantially met • Individual has achieved symptom or functional improvement in resolving issues resulting in admission to this level of care • Meets criteria for a different level of care due to change in symptoms or function at this level of care • OP treatment services have been initiated that will allow for the current treatment needs to safely be supported in the community. |

| SERVICE DESCRIPTION | CRITERIA FOR AUTHORIZATION | CONCURRENT REVIEW CRITERIA | DISCHARGE CRITERIA |
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| | <p>symptoms and has been medically cleared or completed Detox protocol and the psychiatric symptoms are the reason for the admission</p> <ul style="list-style-type: none"> • Deemed to be at high risk of harm to self or others as evidenced by the following: <ul style="list-style-type: none"> ○ Presents with thoughts of suicide with a possible plan or ○ Has recently attempted suicide or engaged in significant self-harm ○ Thoughts <i>and</i> possible plans of homicide or harming others ○ Been assaultive towards others and is judged to be at continued risk of violence to others ○ Has severe impulsivity resulting in harm to self or others including significant risk-taking behaviors • Need for a mental health assessment or evaluation that cannot be safely provided in a less restrictive setting <p>Contraindications to Subacute:</p> <ul style="list-style-type: none"> • Requires 1:1 staffing • Requires daily face-to-face psychiatric evaluation and management • Requires chemical or mechanical restraint • Primary presentation related to criminal behavior • Substance use disorder without co-occurring psychiatric diagnosis • Medically unstable or requiring medical management including | | |

| SERVICE DESCRIPTION | CRITERIA FOR AUTHORIZATION | CONCURRENT REVIEW CRITERIA | DISCHARGE CRITERIA |
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| | <p>eating disorders that are not stable or require oversight by a registered dietician or unstable or labile diabetes</p> <ul style="list-style-type: none"> • Major medical or surgical illness that prevents active participation in a treatment program such as: Ongoing IV Therapy; Cardiac telemetry monitoring; Continuous oxygen or support equipment or ongoing suctioning | | |