



Iowa Plan Utilization Management Guidelines

Inpatient

I-A 24-Hour Inpatient (mental health)

Description

Inpatient is the most restrictive and intrusive level of care. It allows for interventions requiring high frequency and intensity of application, and 24-hour professional management, supervision and treatment. There is a high degree of assurance of safety and services of a high level of intensity are provided on-site.

Twenty-four hour inpatient hospitalization also provides on-site medical and nursing care for clients at risk because of medical/surgical disorders that may affect or be affected by procedures necessary to treat a mental health or substance use disorder.

Services are provided 24 hours per day and 7 days per week in an appropriately licensed facility. Treatment is focused on reducing immediate risk due to danger to self or others, severe disability, or medical factors that are associated with a mental health disorder and that place the client at significant risk. Consideration of historical factors including trials of maximal utilization of service intensity via lower levels of care and other delivery systems are to be reflected in the client's treatment. Treatment is intensive and is provided in a secure environment by a multi-disciplinary team of qualified professionals, including nursing personnel.

Example:

- Hospital locked inpatient unit

Service Components (must meet all of the following)

1. Multi-disciplinary professional staff including:
 - a. Board-eligible or certified psychiatrist
 - b. Registered nurses
 - c. Psychologists, social workers, and ancillary staff available when clinically indicated
2. Client must be seen and evaluated by a psychiatrist within 24 hours of admission and seen daily, including weekends, thereafter.
3. The attending psychiatrist will prepare an individualized, documented, service plan directed toward the alleviation of the impairment(s) that caused the admission within 48 hours of admission, including weekends.

4. Immediate involvement of family and all active pre-hospitalization caregivers, including mental health and addiction treatment professionals and primary care physicians, in evaluation, service planning activities, and in treatment as appropriate.
5. Thoroughly documented treatment record (see Appendix A for details).
6. Active discharge planning must be initiated at time of admission to program and culminates in a comprehensive discharge plan (see discharge criteria #2).
7. Availability of appropriate medical services.
8. Active treatment is focused upon stabilizing or reversing symptoms necessitating admission and developing services/supports to maintain functioning improvement.
9. Service plan is updated to reflect client's progress and/or new information that has become available (including, but not exclusive to, appropriate changes in somatic therapies where lack of progress persists).
10. Daily assessments and active interventions are completed by nurses, therapists, and physicians based upon the comprehensive service plan.
11. UM staff, if used, must convey accurate, up-to-date information about client's status and treatment as documented in the medical record.

Admission Criteria

Valid principal DSM-IV-TR Axis I or II diagnosis and at least one of the following:

1. Danger to self, as a product of the principal DSM-IV-TR diagnosis, as evidenced by any of the following:
 - a. Attempts to harm self which are life-threatening or could cause disabling permanent damage with continued imminent risk.
 - b. Specific plan to harm self with clear intention, high lethality and availability of means.
 - c. A level of suicidality that cannot be safely managed at a less restrictive level of care.
 - d. Suicidality accompanies by rejection or lack of available social/therapeutic support.

2. Danger to others, as a product of the principal DSM-IV-TR diagnosis, as evidenced by any of the following:
 - a. Life-threatening action with continued imminent risk.
 - b. Specific plan with clear intention, high lethality, and availability of means.
 - c. Dangerousness accompanied by a rejection or lack of available social/therapeutic support.
3. Behaviors/symptoms that historically have been a prodrome to harm to self/others and services/supports to avert the need for acute hospitalization are not available via coordination efforts.
4. Acute inability to care for self, secondary to a mental health disorder which is accompanied by gaps in psychosocial resources which would restore and/or maintain self care.
5. Required inpatient medical supervision for the treatment of a mental health disorder because of life-threatening, complicating medical factors.
6. For primary diagnosis of Anorexia Nervosa, Bulimia Nervosa or Eating Disorder Not Otherwise Specified, use the following admission factors (must meet one of the following):
 - a. Body weight <75% of Ideal Body Weight or Body Mass Index of 16 or below.
 - b. Weight loss of >15% in one month
 - c. Weight loss associated with physiologic instability unexplained by any other medical condition
 - d. The patient rapidly approaching a weight at which physiologic instability occurred in the past.
 - e. Child/adolescent having a body weight <85% of Ideal Body Weight during a period of rapid growth.

Continued Treatment Criteria (must meet 1, 2, and 3, and either 4 or 5)

1. Valid DSM-IV-TR Axis I or II diagnosis which remains the principal diagnosis.
2. The reasonable likelihood of substantial benefit as a result of medical intervention that necessitates the 24-hour inpatient care setting.
3. Client and family, if appropriate, making progress toward goals and actively participating in the intervention.

4. Continuation of symptoms or behaviors and lack of psychosocial resources that required admission, and the judgment that a less intensive level of care would be insufficient to stabilize the client's condition.
5. Appearance of new impairments meeting admission guidelines.

I-B Subacute

Description

Subacute, although less restrictive than Inpatient, provides for interventions requiring high frequency and intensity of application, and 24-hour management, supervision and treatment. There is a high degree of assurance of safety, but a locked unit is not necessary or required for provision of on-site services.

Subacute inpatient also has the potential for on-site medical and nursing care for clients at risk because of medical/surgical disorders that may affect or be affected by procedures necessary to treat a mental health disorder.

Services are provided 24 hours per day and 7 days per week in an appropriately licensed facility. Treatment is focused on reducing immediate risk due to danger to self or others, severe disability, or medical factors that are associated with a mental health disorder and that place the client at significant risk. Consideration of historical factors including trials of maximal utilization of service in intensity via lower levels of care and other delivery systems are to be reflected in the client's treatment. Treatment is intensive and is provided in a secure environment by a multi-disciplinary team of qualified professionals, including nursing personnel.

Example:

- Hospital locked inpatient unit
- Hospital open inpatient unit
- Specified Licensed ICF/PMI

Service components (must meet all of the following)

1. Multi-disciplinary professional staff including:
 - a. Board-eligible or certified psychiatrist
 - b. Registered nurses.
 - c. Psychologists, social workers, and ancillary staff available when clinically indicated.
2. Client must be seen and evaluated by a psychiatrist within 24 hours of admission and seen every 72 hours thereafter.
3. The attending psychiatrist will prepare an individualized, documented, service plan directed toward the alleviation of the impairment(s) that caused the admission within 48 hours of admission, including weekends.

4. Immediate involvement of family and all active pre-hospitalization caregivers, including mental health and addiction treatment professionals and primary care physicians, in evaluation, service planning activities, and in treatment as appropriate.
5. Thoroughly documented treatment record (see Appendix A for details).
6. Active discharge planning must be initiated at time of admission to program and culminates in a comprehensive discharge plan (see discharge criteria #2).
7. Availability of appropriate medical services.
8. Active treatment is focused upon stabilizing or reversing symptoms necessitating admission and developing services/supports to maintain functioning improvement.
9. Service plan is updated to reflect client's progress and/or new information that has become available (including but not exclusive to appropriate changes in somatic therapies where lack of progress persists).
10. Daily assessments and active interventions are completed by nurses, therapists and physicians based upon the comprehensive service plan.
11. UM staff, if used, must convey accurate, up-to-date information about client's status and treatment as documented in the medical report.

Admission Criteria

Valid principal DSM-IV-TR Axis I or II diagnosis and at least one of the following:

1. Danger to self, as a product of the principal DSM-IV-TR diagnosis, as evidenced by any of the following:
 - a. Attempts to harm self which are life-threatening or could cause disabling permanent damage with continued risk without 24 hour supervision.
 - b. Specific plan to harm self with clear intention, high lethality and availability of means. Suicidal ideation continues with plan and availability of means without 24 hour supervision.
 - c. A level of suicidality that cannot be safely managed at a less restrictive level of care.
 - d. Suicidality accompanied by rejection or lack of available social/therapeutic support.
2. Danger to others, as a product of the principal DSM-IV-TR diagnosis, as evidenced by any of the following:
 - a. Life-threatening action with continued risk without 24 hour supervision.

- b. Harmful ideation towards others continues with plan and availability of means without 24 hour supervision.
 - c. Dangerousness accompanied by a rejection or lack of available social/therapeutic support.
3. Behaviors/symptoms that historically have been a prodrome to harm to self/others and services/supports to avert the need for subacute hospitalization are not available via coordination efforts.
 4. Acute inability to care for self, secondary to a mental health disorder, which is accompanied by gaps in psychosocial resources which would restore and/or maintain self care.
 5. Required inpatient medical supervision for the treatment of a mental health disorder because of complicating medical factors.

Continued Treatment Criteria (must meet 1, 2, and 3, and either 4 or 5)

1. Valid DSM-IV-TR Axis I or II diagnosis which remains the principal diagnosis.
2. The reasonable likelihood of substantial benefit as a result of medical interventions that necessitates the 24 hour secure inpatient care setting.
3. Client, and family if appropriate, making progress toward goals and actively participating in the intervention.
4. Continuation of symptoms or behaviors and lack of psychosocial resources that required admission, and the judgment that a less intensive level of care would be insufficient to stabilize the patient's condition.
5. Appearance of new impairments meeting admission guidelines.

Residential

II-A Residential Treatment Center (child/adolescent mental health)

Description:

A residential treatment center is a 24 hour, mental health non-acute treatment setting for active treatment interventions directed at the amelioration of the specific impairments or social support encumbrances that led to the admission and thus to degree of stabilization that permits safe return to the home environment. Services are provided by a professional, multi-disciplinary staff, based on a comprehensive service plan. Family therapy and coordination with other delivery systems are an important component of the treatment in almost all cases. Medical and psychiatric services are readily available.

Example:

- Residential mental health treatment center

Service Components (must meet all of the following)

1. Provider is licensed by the appropriate regulatory agency.
2. Professional staff
 - a. Psychiatric and medical consultation readily available.
 - b. All services supervised by a licensed psychiatrist, psychologist, or licensed independent mental health professional.
 - c. Services provided by non-licensed clinicians are authorized and reviewed by licensed clinicians and the appropriate documentation is co-signed.
3. Minimum of 15 hours of active mental health disorder treatment per week within a structured therapeutic milieu (exclusive of formal education and support groups administered by non-licensed/certified personnel).
4. Client must be seen and evaluated by independently licensed mental health provider within 24 hours of admission.
5. The attending masters level mental health professional under the supervision of a licensed mental health provider will prepare an individualized, documented, service plan directed toward the alleviation of the impairment(s) and psychosocial resource inadequacies that caused the admission within 48 hours of admission, including weekends.

6. Immediate involvement of family and all active pre-hospitalization caregivers, including mental health and addiction treatment professionals and primary care physicians, in evaluation, service planning activities, and in treatment as appropriate.
7. Thoroughly documented treatment record (see Appendix A for details).
8. Active treatment is focused upon stabilizing or reversing symptoms necessitating admission and developing services/supports to maintain functioning improvement.
9. Service plan is updated to reflect client's progress and/or new information that has become available.
10. Evidence of the therapies outlined in the service plan supervised by qualified, licensed/certified professionals.
11. Active discharge planning must be initiated at time of admission to program and culminates in a comprehensive discharge plan (see discharge criteria #2).
12. Physician (board certified or board-eligible psychiatrist) on call 24 hours a day, 7 days a week.
13. Licensed mental health professional on call 24 hours a day, 7 days a week for emergencies.
14. UM staff, if used, must convey accurate, up-to-date information about client's status and treatment as documented in the medical record.

Admission Criteria

1. The client is unable to maintain an adequate level of functioning outside the treatment program due to a mental health disorder as evidenced by:
 - a. Severe symptoms.
 - b. Inability to perform the activities of daily living.
 - c. Failure of social/occupational function or failure and/or absence of social support resources.
2. The treatment necessary to reverse or stabilize the client's condition requires the frequency, intensity and duration of contact provided by a residential treatment center as evidenced by:
 - a. Failure to reverse/stabilize with less intensive treatment that was accompanied by services of alternative delivery systems.
 - b. Need for a specialized service plan for a specific impairment.
 - c. Passive or active opposition to treatment or a low probability to pursue treatment

in the absence of 24 hour per day monitoring, and the risk of severe adverse consequences if treatment is not pursued.

3. The client's medical and mental health needs can be adequately monitored and managed by the staff of the facility.

Continued Treatment Criteria (must meet all of the following)

1. Continues to meet admission criteria.
2. Receiving required services.
3. The reasonable likelihood of substantial benefit as a result of active continuation in the therapeutic program, as demonstrated by objective behavioral measurements of improvement.
4. Client and family, if appropriate, are making progress toward goals and actively participating in the interventions.

II-B Therapeutic Group Home (child/adolescent mental health)

Description

Therapeutic group home services are 24 hour mental health disorder treatment services provided in a non-acute treatment setting under the supervision of a licensed mental health and/or addictions treatment professional. Mental health disorder services or behavior management/modification programs are provided daily as active interventions designed to ameliorate the specific, targeted symptoms and psychosocial support deficiencies that led to the admission and thus foster stabilization and allow for return to the home environment.

Examples:

- Licensed group care facilities
- Licensed group home facilities

Service Components (must meet all of the following)

1. Facility is licensed by the appropriate regulatory agency.
2. Professional staff
 - a. Psychiatric and medical consultation readily available.
 - b. All services supervised by a licensed, physician who is board certified or board eligible in psychiatry, psychologist, or licensed independent mental health professional.
 - c. Services provided by non-licensed clinicians are authorized and reviewed by licensed clinicians and the appropriate documentation is co-signed.
3. An individualized, documented, active service plan is developed within 48 hours by the multi-disciplinary treatment team, based on a comprehensive biopsychosocial evaluation. The service plan includes family participation and discharge planning and is directed toward alleviation of the impairment(s) leading to admission.
4. Thoroughly documented treatment record (see Appendix A for details).
5. Evidence of appropriate therapies and coordination of services from other delivery systems, as outlined in the service plan, administered by qualified, licensed/certified professionals.
6. Active discharge planning is initiated upon admission to the program and culminates in a comprehensive discharge plan (see discharge criteria #2).

7. Documented evidence of direct family involvement and involvement of all active outpatient caregivers and psychosocial resources in service planning and treatment as indicated.
8. The program must provide nursing, pharmacotherapeutic, and dietary services as necessary.
9. Physicians (board certified or board eligible psychiatrist) on call 24 hours a day, 7 days a week.
10. Licensed mental health professional on call 24 hours a day, 7 days a week for emergencies.
11. UM staff, if used, must convey accurate, up-to-date information about client's status and treatment as documented in the medical record.

Admission Criteria

Valid principal DSM-IV-TR Axis I or II diagnosis and all of the following:

1. The client is unable to maintain an adequate level of functioning outside the treatment program due to a mental health disorders evidenced by:
 - a. Severe symptoms
 - b. Inability to perform the activities of daily living
 - c. Failure of social/occupational functioning or failure and/or absence of social support services.
2. The treatment necessary to reverse or stabilize the client's condition requires the frequency, intensity and duration of contact provided by a therapeutic group home as evidenced by:
 - a. Failure to reverse/stabilize with less intensive treatment which was accompanied by services of alternative delivery systems.
 - b. Need for a specialized service plan for a specific impairment.
 - c. Passive or active opposition to treatment or a low probability to pursue treatment in the absence of 24 hour per day monitoring, and the risk of severe adverse consequences if treatment is not pursued.
3. The client's medical and mental health needs can be adequately monitored and managed by the staff of the facility.

Continued Treatment Criteria(must meet all of the following)

1. Continues to meet admission criteria.
2. Receiving required services.
3. The reasonable likelihood of substantial benefit as a result of active continuation in the therapeutic program, as demonstrated by objective behavioral measurements of improvement.
4. Client and family, if appropriate, are making progress toward goals and actively participating in the interventions.-

II-C Therapeutic Foster Care

Description

Therapeutic foster care is foster care that includes a mental health disorder component and involves “parenting” by trained foster parents with the goal of mitigating the specific mental health problems of its clients. The behavioral management intervention is based on a service plan with identifiable goals. Services are constructed with input from a multi-disciplinary team of mental health and/or addiction treatment professionals and coordination with any other appropriate delivery system. Twenty-four hour care is required because of a mental health or substance use disorder.

Examples:

- Licensed treatment foster care
- Licensed therapeutic foster care
- Therapeutic family foster care

Service components (must meet all of the following)

1. Facility is licensed by the appropriate regulatory agency.
2. Professional staff
 - a. Psychiatric and medical consultation are readily available.
 - b. All services are supervised by a licensed physician who is board certified or board eligible in psychiatry, psychologist, or licensed independent mental health professional.
 - c. Services provided by non-licensed clinicians and foster parents are under the direct clinical supervision of licensed clinicians who co-sign all clinical documentation.
3. An individualized, documented, active service plan is developed by the multi-disciplinary treatment team, consisting of a psychiatrist, therapeutic foster care specialist, treatment foster parent and other system resources as necessary. The service plan must be based upon a comprehensive diagnostic evaluation.
4. Thoroughly documented treatment record (see Appendix A for details).
5. Evidence of appropriate therapies and coordination of services from other delivery *systems*, as outlined in the service plan, administered by appropriately qualified,

licensed/certified professionals.

6. Active discharge planning is initiated upon admission to the program and culminates in a comprehensive discharge plan (see discharge criteria #2).
7. Documented evidence of direct family involvement and involvement of all active outpatient caregivers and psychosocial resources in service planning and treatment as indicated.
8. Physician (board certified or board eligible psychiatrist) on call 24 hours a day, 7 days a week.
9. Licensed mental health professional on call 24 hours a day, 7 days a week for emergencies.
10. UM staff, if used, must convey accurate, up-to-date information about client's status and treatment as documented in the medical record.

Admission Criteria

Valid principal DSM-IV-TR Axis I or II diagnosis and all of the following:

1. The client is unable to maintain an adequate level of functioning outside the treatment program due to a mental health disorder as evidenced by:
 - a. Severe symptoms
 - b. Inability to perform the activities of daily living
 - c. Failure of social/occupational function or failure and/or absence of social support resources.
2. The treatment necessary to reverse or stabilize the client's condition requires the frequency, intensity and duration of contact provided by Therapeutic Foster Care as evidenced by:
 - a. Failure to reverse/stabilize with less intensive treatment that was accompanied by services of alternative delivery systems.
 - b. Need for a specialized service plan for a specific impairment.
 - c. Passive or active opposition to treatment or a low probability to pursue treatment in the absence of 24 hour per day monitoring, and the risk of severe adverse consequences if treatment is not pursued.

3. The client's medical and mental health needs can be adequately monitored and managed by the staff of the facility.

Continued Treatment Criteria (must meet all of the following)

1. Continues to meet admission criteria.
2. Receiving required services
3. The reasonable likelihood of substantial benefit as a result of active continuation in the therapeutic program, as demonstrated by objective behavioral measurements of improvement.
4. Client, and family if appropriate, are making progress toward goals and actively participating in the interventions.

Intensive Outpatient

III-A Partial Hospitalization (mental health)

Description

Partial hospitalization programs are a form of intensive outpatient treatment for mental health disorders that require *psychosocial* services of a moderate to high level of intensity.

Examples:

- Partial hospitalization
- Partial day

Service Components (must meet all of the following:

1. Professional staff
 - a. Psychiatric and medical consultation readily available.
 - b. All services supervised by a licensed physician who is board certified or board eligible in psychiatry, psychologist, or licensed independent mental health professional. Client is seen by the psychiatrist at the minimum of every 5 treatment days.
 - c. Services provided by non-licensed clinicians are authorized and reviewed by licensed clinicians and the appropriate documentation is co-signed.
2. Minimum of 5 hours of active mental health disorder treatment per day within a structured therapeutic milieu (exclusive of formal education and support groups administered by non-licensed/certified personnel).
3. By the second session, a documented, thorough diagnostic assessment of the client's mental health and substance use treatment needs as well as psychosocial assessment of resources and needs.
4. By the second session, a documented, individualized, comprehensive service plan based on the diagnostic assessment and culminates in a comprehensive discharge plan (see discharge criteria #2).
5. By the second session, a documented plan or the client's discharge to a less restrictive level of care.
6. Thoroughly documented treatment record (see Appendix A for details).

7. Evidence of appropriate therapies and coordination of service from other delivery systems, as outlined in the service plan, administered by appropriately qualified, licensed/certified professionals.
8. Documented evidence of direct family involvement and involvement of all active outpatient caregivers and psychosocial resources in service planning and treatment as indicated.
9. Physician (board certified or board eligible psychiatrist) on call 24 hours a day, 7 days a week.
10. Licensed mental health professional on call 24 hours a day, 7 days a week for emergencies.
11. UM staff, if used, must convey accurate, up-to-date information about client's status and treatment as documented in the medical record.

Admission Criteria

Valid principal DSM-IV-TR Axis I or II diagnosis and all of the following:

1. The client is unable to maintain an adequate level of functioning outside the treatment program due to a mental health disorder as evidenced by:
 - a. Severe symptoms.
 - b. Inability to perform the activities of daily living.
 - c. Failure of social/occupational functioning or failure and/or absence of social support resources.
2. The treatment necessary to reverse or stabilize the client's condition requires the frequency, intensity and duration of contact provided by a day treatment program as evidenced by:
 - a. Failure to reverse/stabilize with less intensive treatment that was accompanied by services of alternative delivery systems.
 - b. Need for a specialized service plan for a specific impairment.
 - c. Passive or active opposition to treatment and the risk of severe adverse consequences if treatment is not pursued.
3. The client's medical and mental health needs can be adequately monitored and managed by the staff of the facility.

Continued Treatment Criteria (must meet all of the following)

1. Continues to meet admission criteria.
2. Receiving required services.
3. The reasonable likelihood of substantial benefit as a result of active continuation in the therapeutic program, as demonstrated by objective behavioral measurements of improvement.
4. Client and family (if appropriate) are making progress toward goals and actively participating in the interventions.

III-B Intensive Outpatient/Day Treatment Program (mental health)

Description

Intensive outpatient programs are mental health disorder treatment programs that typically meet three or more times per week for a minimum of 9 hours weekly. Typically, modalities in such programs include individual skills training, group and family therapy, medication management, relapse prevention training, psychoeducation and coordination of psychosocial resources.

Examples:

- Hospital based Intensive Outpatient or Day Program
- CMHC based Intensive Outpatient or Day Program

Service Components (must meet all of the following)

1. Professional staff
 - a. Psychiatric and medical consultation readily available.
 - b. All services supervised by a licensed physician who is board certified or board eligible in psychiatry, psychologist, or licensed independent mental health professional
 - c. Services provided by non-licensed clinicians are authorized and reviewed by licensed clinicians and the appropriate documentation is co-signed.
2. Minimum of 9 hours of active mental health/substance use disorder treatment per week within a structured therapeutic milieu (exclusive of formal education and support groups administered by non-licensed/certified personnel).
3. By the second session, a documented, thorough diagnostic assessment of the client's mental health, substance use disorder and psychosocial treatment needs.
4. By the second session, a documented, individualized, comprehensive service plan based on the diagnostic assessment and culminates in a comprehensive discharge plan (see discharge criteria #2).
5. By the second session, a documented plan for the client's discharge to a less restrictive level of care.
6. Thoroughly documented treatment record (see Appendix A for details).
7. Evidence of appropriate therapies and coordination of services from other delivery systems, as outlined in the service plan, administered by appropriately qualified,

licensed/certified professionals.

8. Documented evidence of direct family involvement and involvement of all active outpatient caregivers and psychosocial resources in service planning and treatment as indicated.
9. Physician (board certified or board eligible psychiatrist) on call 24 hours a day, 7 days a week.
10. Licensed mental health professional on call 24 hours a day, 7 days a week for emergencies.
11. UM staff, if used, must convey accurate, up-to-date information about client's status and treatment as documented in the medical record.

Admission Criteria

Valid principal DSM-IV-TR Axis I or II diagnosis and all of the following:

1. The client is unable to maintain an adequate level of functioning outside the treatment program due to mental health or substance use disorder as evidenced by:
 - a. Severe symptoms.
 - b. Inability to perform the activities of daily living.
 - c. Failure of social/occupational functioning or failure and/or absence of social support resources.
2. The treatment necessary to reverse or stabilize the client's condition requires the frequency, intensity and duration of contact provided by an intensive outpatient program as evidenced by:
 - a. Failure to reverse/stabilize with less intensive treatment that was accompanied by services of alternative delivery systems.
 - b. Need for a specialized service plan for a specific impairment.
 - c. Passive or active opposition to treatment and the risk of severe adverse consequences if treatment is not pursued.
3. The client's medical and mental health needs can be adequately monitored and managed by the staff of the facility.

Continued Treatment Criteria (must meet all of the following)

1. Continues to meet admission criteria.

2. Receiving required services.
3. The reasonable likelihood of substantial benefit as a result of active continuation in the therapeutic program, as demonstrated by objective behavioral measurements of improvement.
4. Patient and family, if appropriate, are making progress toward goals and actively participating in the interventions.

III-C Individualized Intensive Treatment (mental health)

Description

Individualized intensive outpatient services are a form of intensive outpatient treatment for mental health disorders that require psychosocial services of a moderate to high level of intensity in order to prevent the need for or to sustain the gains achieved at an alternative level/site of care. These objectives cannot be accomplished in less intense outpatient care but do not require the service components of an intensive outpatient program.

Examples:

- Office-based: frequent medication checks after discharge from a hospital for 1-2 weeks to adjust newly started medications.
- Home-based: wraparound services in-home for children with severe emotional problems that do not benefit from office-based family and individual therapy, and without which services the child would require out-of-home placement.
- Community-based: crisis intervention/stabilization services that extend over multiple hours or days.
- Ambulatory ECT.
- In/Out Home Respite
- Mobile Counseling.

Service Components (must meet all of the following)

1. Professional staff
 - a. Psychiatric consultation must be immediately available to the mental health professional.
 - b. Services must be provided by licensed or certified qualified mental health professionals; or as approved, services must be provided by an appropriately qualified mental health professional under the direct supervision of a licensed or certified mental health professional.
 - c. Services provided must be within the therapist's scope of training and licensure.
2. Minimum of 3 hours or contacts for active mental health or substance use disorder treatment per week within a variety of settings (see examples above). If contacts exceed 8 hours of treatment per week, consider higher level of care.

3. Documented diagnostic assessment of the client's mental health and substance use-related impairments with written rationale for the intensity of services needed.
4. By the second session, individually documented service plan based on above assessment and culminates in a comprehensive discharge plan (see discharge criteria #2).
5. Thoroughly documented treatment record (see Appendix A for details).
6. Evidence of appropriate therapies and coordination of services from other delivery systems, as outlined in service plan, administered by appropriately qualified licensed/certified professionals.
7. By the second session, documented plan for the client's discharge to a less restrictive level of care.
8. Documented evidence of direct family involvement and involvement of all active outpatient caregivers and psychosocial resources in service planning and treatment as indicated.
9. Physician (board certified or board eligible psychiatrist, and/or licensed mental health professional, as appropriate, on call 24 hours a day, 7 days a week).
10. UM staff, if used, must convey accurate, up-to-date information about client's status and treatment as documented in the medical record.

Admission Criteria

Valid principal DSM-IV-TR Axis I or II diagnosis and all of the following:

1. The client is unable to maintain an adequate level of functioning without this service due to a mental health disorder as evidenced by:
 - a. Severe Symptoms.
 - b. Inability to perform the activities of daily living.
 - c. Failure of social/occupational function or failure and/or absence of social support resources.
2. The treatment necessary to reverse or stabilize the patient's condition requires the frequency, intensity and duration of contact provided by individualized intensive treatment as evidenced by:

- a. Failure to reverse/stabilize with less intensive treatment.
 - b. Need for a specialized service plan for a specific impairment.
3. The client's medical and mental health needs can be adequately monitored and managed by the clinician (s) involved.

Continued Treatment Criteria (must meet all of the following)

1. Continues to meet admission criteria.
2. Receiving required services.
3. The reasonable likelihood of substantial benefit as a result of active continuation in the therapeutic program, as demonstrated by objective behavioral measurements of improvement.
4. Client, and family if appropriate, are making progress toward goals and actively participating in the intervention.

Outpatient

IV-A Counseling/Psychotherapy (mental health)

Description

Outpatient services are treatment services provided by qualified mental health professionals that are directed toward reversing symptoms of acute mental health disorders, or maintaining stability and functional autonomy for persons with severe and persistent forms of mental health disorders. Outpatient services are specific in targeting the symptoms or problem being treated.

Examples:

- Individual psychotherapy
- Behavioral therapy
- Mobile counseling
- Medication management
- Shared medical appointments
- Psychiatric, Psychological, and Psychosocial Assessment
- Group psychotherapy
- Conjoint/marital therapy
- Family therapy
- Ambulatory ECT

Common settings or sites:

- Provider office

Service Components (must meet all of the following)

1. Professional staff
 - a. Psychiatric consultation must be immediately available to the mental health professional.

- b. Services must be provided by licensed or certified qualified mental health professionals; or as approved, services must be provided by an appropriately qualified mental health professional under the direct supervision of a licensed or certified mental health professional.
 - c. Services provided must be within the therapist's scope of training and licensure.
2. Thoroughly documented treatment record (see Appendix A for details).
3. Less than 3 hours or contacts for active mental health disorder treatment per week within a variety of settings (see examples above).
4. The plan must reflect the least restrictive, most efficacious treatment available. For clients suffering from chronic mental health disorders, the service plan must include development of specific achievable, behaviorally-based treatment goals that directly address the problems that resulted in the client seeking treatment. For clients suffering from chronic or recurrent mental health disorders, outpatient treatment may involve the use of maintenance strategies to promote rehabilitation, maximize function in the community, prevent relapse and minimize disability.
5. Active planning for discharge or transition to a maintenance status.
6. UM staff, if used, must convey accurate, up-to-date information about client's status and treatment as documented in the medical record.

Admission Criteria (must meet all of the following)

1. Valid principal DSM-IV-TR Axis I or II diagnosis.

When an Axis II diagnosis is involved, treatment is directed toward the acute symptoms that place the client at risk and/or impair current functioning.
2. Level of Stability (must meet both of the following)
 - a. risk to self or others, if present, is not imminent (although without treatment the client's potential risk in these areas may be increased).
 - b. The client is medically stable and does not require a level of care that includes more intensive medical monitoring.
3. Degree of Impairment (must meet a, and b or c)
 - a. Client exhibits impairments in affect, behavior or cognitive functioning, arising from a mental health disorder, that indicates a need for outpatient treatment to reverse or stabilize the condition.

- b. Client exhibits impairments in social, interpersonal or familial functioning arising from a mental health disorder that indicates a need for outpatient treatment to reverse or stabilize the condition.
- c. Client exhibits impairments in occupational or educational functioning arising from a mental health disorder that indicates a need for outpatient treatment to reverse or stabilize the condition.

Continued Treatment Criteria (must meet 1 through 5 and either 6 and 7)

1. Continues to meet admission criteria.
2. Receiving required services.
3. There is a reasonable expectation that the client will benefit from ongoing outpatient treatment, and motivation for treatment is establishing through satisfactory performance of treatment recommendations.
 - a. Benefit is defined as demonstrated improvement through treatment as validated by objective tracking of progress toward treatment goals. Comparison with client's premorbid or baseline level of functioning suggests that the achievable level of functioning has not yet been reached.
 - b. Motivation is defined as client follow-through with treatment recommendations including, but not limited to, achievement of sobriety, use of medications as prescribed, working on homework assignments and regular attendance at scheduled therapy sessions.
4. Client is making progress toward goals and is benefiting from the plan of care, as evidenced by attainment of therapeutic rapport, lessening of symptoms over time, and improvement in or stabilization of psychosocial functioning.
5. Treatment promotes client self-efficacy and independent functioning. Whenever regressive or dependency-fostering techniques are employed in treatment, they are time limited in nature and subordinated to a goal of enhanced client autonomy.
6. Current systems significantly impair the client's ability to perform activities of daily living or significantly impair the client's social, occupational, or interpersonal functioning.
7. Client is stable but requires maintenance intervention in order to sustain remission and/or support recovery/rehabilitation. This intervention may include, but is not limited to, pharmacological management.

Outpatient

IV-B Rehabilitation and Support

Description

Rehabilitation and Support Services are comprehensive outpatient services based in the client's home or residence and/or community setting. These services are directed toward the rehabilitation of behavioral/social/emotional deficits and/or amelioration of symptoms of mental disorder. Such services are directed primarily to clients with severe and persisting mental disorders, and/or complex symptomatology who require multiple mental health and psychosocial support services. Such services are active and rehabilitative in focus, and are initiated and continued when there is a reasonable likelihood that such services will lead to specific observable improvements in the client's functioning.

Examples:

- Community Support Services for Adults
- Intensive Psychiatric Rehabilitation (IPR) Services
- Individualized Services

Service Components (must meet all of the following)

1. Services are supervised by a qualified mental health professional*
 - a. The supervisor or manager must be licensed or certified at the independent practice level, or for programs accredited by the Department Human Services meet the program and service accreditation standards in IAC 441-24.
 - b. Unlicensed program workers must be supervised closely and all documentation counter-signed by the licensed supervisor, qualified as defined in 1a above.
 - c. Service provided must be within the workers scope of training and experience.
2. Services include a biopsychosocial assessment either completed by a practitioner or obtained from another provider that contains information relevant to the service provided. The biopsychosocial assessment may include but is not limited to relevant history, previous interventions and their impact, current medical conditions including medications, substance abuse history, lethality assessment and complete mental status.
3. Development of an individualized, focused service plan directed toward the reduction or alleviation of the impairment and/or rehabilitation of the disability that resulted in the client seeking intervention. The plan must reflect the least restrictive, most

efficacious intervention available.

4. Development of specific, achievable, behavioral-based and objective service goals which directly address the problems and/or disability that resulted in the client seeking treatment and/or rehabilitation.
5. When appropriate for a given client, direct mental health treatment services are provided as part of the program by a qualified mental health professional or an appropriate referral is made to a direct mental health treatment provider.
6. When appropriate for a given client, provision and/or coordination of social, vocational rehabilitation, and/or other community services are included as part of the program.

Admission Guidelines

Valid principal DSM-IV-TR Axis I or II diagnosis and all of the following:

1. The client is unable to maintain an adequate level of functioning without this service due to a mental health disorder as evidenced by (must meet a and either b or c):
 - a. severe symptoms and/or history of severe symptoms for a significant duration and;
 - b. inability to perform the activities of daily living and/or;
 - c. significant disability of functioning in at least one major life area including social, occupational, living, and/or learning.
2. The client seeks and actively participates in a joint provider/client assessment and the provider/client jointly agree that the client desires, is committed to, will likely benefit from the supportive/rehabilitation process.
3. The interventions necessary to reverse, stabilize, or enhance the client's condition requires the frequency, intensity, and duration of contact provided by the rehabilitative and/or support service professional as evidenced by:
 - a. Failure to reverse/stabilize/progress with a less intensive intervention and/or;
 - b. Need for specialized intervention for a specific impairment or disability.

Continued Treatment Criteria

1. Continues to meet admission criteria.

2. Recovery requires a continuation of these services.
3. The reasonable likelihood of substantial benefit as a result of active continuation of the services, as demonstrated by objective behavioral/functional measurements of improvement.
4. Client, and family is appropriate, are making progress toward goals and actively participating in the interventions.

