

Original posting March 1, 2012

Version 2 posted March 6, 2012

Modification (corrections noted by **red** font)

1. **PSR criteria for Criteria I.B. Formatting change: numbers used instead of letters.**

Psychosocial Rehabilitation (PSR) Adult and Child/Adolescent

Criteria for Admission

The specific requirements for severity of need and intensity and quality of service must be met to satisfy the criteria for admission.

I. Admission – Severity of Need

Criteria A, B, C and D must be met:

A. Either:

- 1) Meets functional assessment criteria for target population under the 1915(i) for individuals older than 18 years of age *or*
- 2) Meets medical necessity criteria for rehabilitation services for children younger than 21 years of age.

B. Adequate level of functioning without this service due to a mental health disorder as evidenced by (must meet **1** and either **2** or **3**):

- 1) Severe symptoms and/or history of severe symptoms for a significant duration *and***
- 2) Inability to perform the activities of daily living *and/or***
- 3) Significant disability of functioning in at least one major life area including social, occupational, living and/or learning.**

Version 3 posted April 5, 2012

Modifications

1. **ACT Criteria. Added 1915i functional assessment criteria and corrected minor grammatical error. (see below)**
2. **Psychological Testing service definition modification needed. (see below)**

Modification 1. ACT Criteria

Assertive Community Treatment (ACT)

Criteria for Admission

The specific requirements for severity of need *and* intensity and quality of service must be met to satisfy the criteria for admission.

I. Admission – Severity of Need

Criteria **A**, **B**, **C**, **D** and **E** must be met:

- A. **Meets functional assessment criteria for target population under the 1915(i) for Medicaid individuals 18 years of age and older.**
- B. The individual must have one of the following primary diagnoses (secondary diagnosis of substance abuse disorder, *or* developmental disability are not an exclusion):
 - 1) Schizophrenia
 - 2) Bipolar disorder
 - 3) Major depressive disorder
 - 4) Other psychotic disorder *and*
- C. One or more of the following service needs present:
 - 1) Two or more acute psychiatric hospitalization and/or four or more emergency room visits in the last six months
 - 2) Persistent and severe symptoms of a psychiatric disability that interferes with the ability to function in daily life
 - 3) Two or more interactions with law enforcement in the past year for emergency services due to mental illness or substance abuse [this includes involuntary commitment, ACT/forensic assertive community treatment (FACT)]
 - 4) Currently residing in an inpatient bed, but clinically assessed to be able to live in a more independent situation if intensive services were provided
 - 5) One or more incarcerations in the past year related to mental illness and/or substance abuse (FACT)
 - 6) Psychiatric and judicial determination that (FACT) services are necessary to facilitate release from a forensic hospitalization or pre-trial to a lesser restrictive setting (FACT)

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7) Recommendations by probation and parole, or a judge with a (FACT) screening interview, indicating services are necessary to prevent probation/parole violation (FACT) *and*

D. Meets at least one ~~or more~~ of the following:

- 1) Inability to participate or remain engaged or respond to traditional community-based services
- 2) Inability to meet basic survival needs, or residing in substandard housing, homeless or at imminent risk of becoming homeless
- 3) Services are necessary for diversion from forensic hospitalization, pretrial release or as a condition of probation to a lesser restrictive setting (FACT) *and*

E. Meets at least three of the following:

- 1) Evidence of co-existing mental illness and substance abuse/dependence
- 2) Significant suicidal ideation, with a plan and ability to carry out within the last two years
- 3) Suicide attempt in the last two years
- 4) History of violence due to untreated mental illness/substance abuse within the last two years
- 5) Lack of support systems
- 6) History of inadequate follow-through with treatment plan, resulting in psychiatric or medical instability
- 7) Threats of harm to others in the past two years
- 8) History of significant psychotic symptomatology, such as command hallucinations to harm others
- 9) Global assessment of functioning of 50 or less.

Modification 2. Change in definition for Psych testing.

Psychological Testing

Consistent with LAC, Title 46, Part LXIII, Chapter 17, Title 46, § 1702, psychological tests are defined as intellectual, personality and emotional, and neurological instruments, which require the administration of a psychologist/neuropsychologist/medical psychologist or of a qualified technician supervised by a psychologist/neuropsychologist/medical psychologist (without limiting or restricting the practice of physicians duly licensed to practice medicine by the Board of Medical

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~~Examiners). Psychological testing is defined as the use of one or more standardized measurements, instruments or procedures to observe or record human behavior, and requires the application of appropriate normative data for interpretation or classification. Tests of language, educational and achievement tests, adaptive behavior tests or behavior rating scales, symptom screening checklists or instruments, semi-structured interview tools, and tests of abilities, interests, and aptitude that may be administered by other appropriately licensed or certified professionals are not deemed as psychological tests. Psychological testing may be used to guide differential diagnosis in the treatment of psychiatric disorders and disabilities. Testing also may be used to provide an assessment of cognitive and intellectual abilities, personality and emotional characteristics, and neuropsychological functioning. Testing may be completed at the onset of treatment to assist in the differential diagnosis and/or help resolve specific treatment planning questions. It also may occur later in treatment if the individual's condition has not progressed and there is no clear explanation for the lack of improvement.~~

Version 4 posted April 27, 2012

Modification

1. Formatting changes under Term Definitions - Significant Improvement.

~~3. — Significant Improvement:~~

- ~~a) Services provided at any level of care must reasonably be expected to improve the patient's condition in a meaningful and measurable manner. The expectation is that the patient can accomplish the following in the current treatment setting: continue to make measurable progress, as demonstrated by a further reduction in psychiatric symptoms, or~~
- ~~b) acquire requisite strengths in order to be discharged or move to a less restrictive level of care.~~

3. Significant Improvement:

Services provided at any level of care must reasonably be expected to improve the patient's condition in a meaningful and measurable manner. The expectation is that the patient can accomplish the following in the current treatment setting:

- a) continue to make measurable progress, as demonstrated by a further reduction in psychiatric symptoms, or
- b) acquire requisite strengths in order to be discharged or move to a less restrictive level of care.

Version 5 posted June 18, 2012

Modifications

- 1. Addition of Case Conference, Adult and Child/Adolescent service definition and criteria (see below)**
- 2. CPST criteria revised to correct age for adults (see below)**
- 3. PSR criteria revised to correct age for adults (see below)**
- 4. ICM service definition and criteria deleted (see below)**

Modification 1. Case Conference service definition and criteria added

Case Conference

A case conference is a scheduled face-to-face meeting between two or more individuals to discuss the member's treatment. The conference may include treatment staff, collateral contact or the member's other agency representatives, not including court appearances and/or testimony. Case conference includes communication between a LMHP, advanced practice registered nurse (APRN) or psychiatrist for a member consultation that is medically necessary for the medical management of psychiatric conditions.

Case Conference, Adult and Child/Adolescent

I. Severity of Need

Criteria A and B must be met to satisfy the criteria for severity of need.

- A. Children functionally eligible for CSoC and adults eligible for 1915(i)
- B. Services are necessary for the medical management of psychiatric conditions

II. Intensity and Quality of Service

For adults, Criteria A, B, and C must be met to satisfy the criteria for intensity and quality of service. For children/adolescents, Criteria A, B, C and D must be met.

- A. Services are face-to-face. Case conference includes communication between a LMHP, APRN, or psychiatrist for a member consultation for the medical management of psychiatric conditions.
- B. Case Conference does not duplicate any other Medicaid State Plan service or service otherwise available to member at no cost.
- C. Coordination with other medical professionals to support the provision of the case conference, as needed.

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D. For children/adolescents, there must be coordination and communication with the family and/or legal guardian, including any agency legally responsible for the care or custody of the member.

III. Exclusion Criteria

Case Conference will not be authorized under the following conditions:

- A. Time spent on telephonic coordination
- B. Court appearances and/or testimony

Modification 2. Change to Community Psychiatric Support and Treatment (CPST), Adult and Child/Adolescent

I. Admission – Severity of Need

Criteria A (**adults only**), B, C and D must be met:

A. Meets functional assessment criteria for target population under the 1915(i) for individuals 21 and older; or older than 18 years of age for 1915(i) only individuals.

~~B. Either:~~

~~1) Meets functional assessment criteria for target population under the 1915(i) for individuals older than 18 years of age or~~

~~2) Meets medical necessity criteria for rehabilitation services for children younger than 21 years of age.~~

Modification 3. Change to Psychosocial Rehabilitation (PSR) Adult and Child/Adolescent

Criteria for Admission

The specific requirements for severity of need and intensity and quality of service must be met to satisfy the criteria for admission.

I. Admission – Severity of Need

Criteria A (**adults only**), B, C and D must be met:

A. Meets functional assessment criteria for target population under the 1915(i) for individuals 21 and older; or older than 18 years of age for 1915(i) only individuals.

~~B. Meets functional assessment criteria for target population under the 1915(i) for individuals older than 18 years of age or~~

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- ~~C. Meets medical necessity criteria for rehabilitation services for children younger than 21 years of age.~~

Modification 4. Intensive Case Management (ICM) has been deleted

~~Intensive Case Management (ICM)~~

~~ICM provides intense community based supports to individuals with severe mental illness at high risk of institutionalization. The ICM model includes multiple contacts per week with each consumer to connect, coordinate, and access services appropriate to the consumer's needs and in accordance with treatment plans developed by the consumer in conjunction with the case manager. These contacts will vary based on where the consumer is in their recovery process and their availability for service.~~

~~Intensive Case Management (ICM)~~

~~Criteria for Admission~~

~~The specific requirements for severity of need and intensity and quality of service must be met to satisfy the criteria for admission. Use of research based and evidence based practices is preferred more than the use of ICM.~~

~~I. Admission—Severity of Need~~

~~Criteria A, B, C and D must be met:~~

~~A. Meets functional assessment criteria for target population under the 1915(i) for individuals older than 18 years of age.~~

~~B. Persistent and severe symptoms of a psychiatric disability that interferes with the ability to function in daily life, and one or more of the following:~~

~~1) Currently residing in an inpatient bed but clinically assessed to be able to live in a more independent situation if intensive services were provided~~

~~2) One or more acute psychiatric hospitalizations or an emergency room visit in the last six months, or interaction with law enforcement/ Crisis Intervention Team (CIT) in the past year for emergency services due to mental illness or substance abuse (this includes involuntary commitment)~~

~~3) At imminent risk of losing supportive housing placement and/or becoming homeless.~~

~~C. Must have three (3) or more of the following:~~

~~1) Evidence of a co-existing mental illness and substance abuse disorder or mental illness and a developmental disability~~

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- 2) — Lack of support systems
 - 3) — Documented history of difficulty following through with treatment plan, resulting in psychiatric or medical instability, loss of job or inability to manage finances
 - 4) — Threats of harm to self or others in the past two years
 - 5) — History of significant positive and negative psychiatric symptoms
 - 6) — Admission to state mental health hospitals totaling 60 days within the past two years
 - 7) — Two admissions to community inpatient psychiatric units totaling 20 or more days within the past two years
 - 8) — Five or more face-to-face encounters with emergency services personnel within the past two years
 - 9) — Three or more years in the mental health system with continuous non-compliance to treatment
 - 10) — History of sporadic course of treatment as evidenced by at least three missed appointments within the past six months, inability to or unwillingness to maintain medication regimen or involuntary commitment to outpatient treatment
 - 11) — History of repeated homelessness with clear symptoms of an Axis I disorder
 - 12) — Incarceration history in the past six months with clear symptoms of an Axis I disorder.
- D. — Members have, or have had (within the past two years), a documentation of one of the following:
- 1) — Global Assessment of Functioning Scale rating of 50 or below
 - 2) — LOCUS Level of Care score of a three or higher.

~~H. Admission — Intensity and Quality of Service~~

~~Criteria A, B, C and D must be met.~~

~~A. — A strengths-based intensive case management model will be utilized, based upon the belief that individuals possess the abilities and inner resources needed to cope effectively with the challenges of living, and that when given the correct supports and services, they can use these resources and abilities to become functioning members of their community.~~

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~~B. — The following components will be a primary focus of the intensive case management service:~~

- ~~1) — Symptom relief/management~~
- ~~2) — Skill development to support life goals~~
- ~~3) — Assurance of personal safety~~
- ~~4) — Options and access to services~~
- ~~5) — Self-development~~
- ~~6) — Meeting basic survival needs~~
- ~~7) — Wellness and prevention related to physical and behavioral health care~~
- ~~8) — Coordination of care with community stakeholders~~
- ~~9) — Housing resources/liaison outreach~~
- ~~10) — Medication education and self management~~
- ~~11) — Support system networking; along with family services~~
- ~~12) — Community integration: transportation, food banks, community centers~~
- ~~13) — Employment support~~
- ~~14) — Navigating the systems: Social Security Income (SSI), Social Security Disability Income (SSDI), mental health services, including eligibility verification (Medicaid, private insurance, uninsured) and assist with Medicaid and Medicare applications~~
- ~~15) — Coordinate with Patient Assistant Program (PAP) enrollment, screening and continued usage.~~

~~C. — Services are to assist the individual with effectively responding to or avoiding identified precursors or triggers that result in functional impairments.~~

~~D. — The case manager will participate in multiple contacts per week with the member to connect, coordinate and access services appropriate to the member's needs and in accordance with treatment plans developed by the member in conjunction with the case manager. These contacts will vary based on where the member is in their recovery process and their availability for service. Service is ongoing and fluid based on the needs~~

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of the person. The member will not be seen less than weekly. All services should be provided in the member's home/community environment.

Criteria for Continued Stay

III. Continued Stay

Criteria A, B, C and D must be met:

A.——The member continues to meet Admission Criteria

B.——There is a reasonable expectation that the member will benefit from continuing ICM services.

——This is an observable positive or beneficial response to services which may include, but are not limited to:

- 1)——Consistently attending scheduled therapy sessions/ICM meetings
- 2)——Independence of living for an adult member
- 3)——Vocational/educational participation
- 4)——Reduced hospital lengths of stay
- 5)——Reduced use of crisis only services.

C.——Member is making progress to the extent possible toward goals and is benefiting from the service plan as evidenced by lessening of symptoms and stabilization of psychosocial functioning through ICM services, or removal of ICM services would result in member's destabilization.

D.——Techniques employed in ICM are time limited in nature and subordinate to a goal of enhanced member autonomy.