**Health Share of Oregon**

**Clackamas, Multnomah and Washington County**

**Adult Level of Care Utilization Management Guidelines**

**Effective January 1, 2014**

**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.

**Health Share of Oregon Regional Mental Health**

**Adult Utilization Management Guidelines**

| **Service Description and Expectations** | **Admission Criteria** | **Continued Stay Criteria for Renewal of Same Level of Care** | **Transition Criteria** |
| --- | --- | --- | --- |
| **Brief Assessment and up to two sessions prior to assignment by clinician for an appropriate Level of Care** | | | |
| **LEVEL A ADULT OUTPATIENT** | | | |
| Services are designed to promote, restore, or maintain social/emotional functioning, focused and time limited w/ services discontinued when client’s functioning improves.  Outpatient services include evaluation and assessment; individual and family therapy; group therapy; medication management; and case management.  Outpatient services are more commonly provided in the office, while Rehabilitation services should be provided primarily in the community.  **Authorization Length:**  **1 year** | * Covered diagnosis on the prioritized list **AND** * Episodic depression, anxiety or other stable mental health conditions with no recent hospitalizations and limited crisis episodes (within the past year) **AND/OR** * Mild functional impairment and a presentation that is elevated from baseline | **At least one of the following must be met:**   * Ongoing medication management needed to   manage mental health condition (and there is  rationale for why this cannot be transferred to  a PCP)   * Recent psychosocial stressors have resulted   in an increase in symptoms   * Characterological traits present requiring   ongoing maintenance of distress tolerance  skills   * Complex presentation with co-morbid   condition impacting ability to fully integrate  symptom management skills and there is no  other more clinically appropriate service   * Significant cultural and language barriers   impacting ability to fully integrate symptom  management skills and there is no more  clinically appropriate service | **One of the following met:**   * Documented treatment goals and objectives have been substantially met, **OR** * It is reasonably predicted that continuing stabilization can occur with discharge from treatment with medication management by PCP and/or appropriate community supports **OR** * Meets criteria for a more intensive level of   care due to increase in symptoms,  decrease in functional level **OR**   * Individual has achieved maximum benefit in resolving issues resulting in admission to this level of care |
| **LEVEL A ADULT MRDD/MedsOnly** | | | |
| Specialized assessment and medication management by a MD or PMHNP is indicated. | * Covered diagnosis on the prioritized list * Need for care coordination with DD services and ongoing medication management | * Need for care coordination with DD services and ongoing medication management | * Documented treatment goals and objectives have been substantially met, **OR** * It is reasonably predicted that continuing stabilization can occur with discharge from treatment with medication management by PCP and/or appropriate community supports. |
| **LEVEL B ADULT Outpatient** | | | |
| Services are designed to promote, restore, or maintain social/emotional functioning, focused and time limited w/ services discontinued when client’s functioning improves.  Outpatient services include evaluation and assessment; individual and family therapy; group therapy; medication management; and case management.  Outpatient services are more commonly provided in the office and with more frequency.  **Authorization Length:**  **1 year** | * Covered diagnosis on the prioritized list **AND** * Moderate to serious risk of harm to self or others **OR** * Moderate functional impairment in at least one area. (such as housing, addictions, financial, social, occupational, health, instrumental activities of daily living) | **At least two of the following must be met**   * Ongoing medication management needed to   manage mental health condition (and there is  rationale for why this cannot be transferred to  a PCP)   * Continued moderate functional impairment in at least one area (such housing, addictions, financial, social, occupational, health, instrumental activities of daily living) * Change in diagnostic presentation * Recent psychosocial stressors have resulted   in an increase in symptoms OR there is clear  evidence that the individual’s symptoms that  led to the referral are responding to treatment **AND**   * Characterological traits present requiring   ongoing maintenance of distress tolerance  skills   * Complex presentation with co-morbid   condition impacting ability to fully integrate  symptom management skills and there is no  other more clinically appropriate service   * Significant cultural and language barriers   impacting ability to fully integrate symptom  management skills and there is no more  clinically appropriate service   * Transitioning from a higher level of service   intensity to maintain treatment gains   * Emphasis on skills training for crisis   management to provide stabilization in  community   * Risk of eviction from current living situation or currently homeless due to symptoms of mental illness | **One of the following met:**   * Documented treatment goals and objectives have been substantially met, **OR** * It is reasonably predicted that continuing stabilization can occur with discharge from treatment with medication management by PCP and/or appropriate community supports **OR** * Meets criteria for a more intensive level of care due to increase in symptoms, decrease in functional level **OR** * No longer meets criteria for this level of care due to stabilization **OR** * Individual has achieved maximum benefit in resolving issues resulting in admission to this level of care |
| **LEVEL C ADULT Outpatient** | | | |
| 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.  Outpatient services include evaluation and assessment; individual and family therapy; group therapy; medication management; and case management.  Outpatient services are more commonly provided in the office.  **Authorization Length:**  **1 year** | * Covered diagnosis on the prioritized list **AND** * Serious risk of harm to self or others **AND/OR** * Moderate functional impairment in at least two areas (such as housing, addictions, financial, social, occupational, health, instrumental activities of daily living.)   **AND at least one of the following**:   * Recent acute or sub acute admission (within the last 6 months) * Multiple system involvement requiring coordination and case management * Risk of eviction from current living situation or currently homeless due to symptoms of mental illness * Significant current substance abuse for which integrated treatment is necessary * Extended crisis episode requiring increased services, * Transition from a higher level of service intensity to maintain treatment gains | **At least two of the following must be**   * Continued risk of harm to self or others **AND** * Change in diagnostic presentation * Ongoing medication management needed to   manage mental health condition (and there is  rationale for why this cannot be transferred to a  PCP)   * Moderate functioning impairment in at least two areas (such as housing, addictions, financial, social, occupational, health, instrumental activities of daily living.) * Recent psychosocial stressors have resulted in   an increase in symptoms OR there is clear  evidence that the individual’s symptoms that  led to the referral are responding to treatment **AND**   * Characterological traits present requiring   ongoing maintenance of distress tolerance  skills   * Complex presentation with co-morbid condition   impacting ability to fully integrate symptom  management skills and there is no other more  clinically appropriate service   * Significant cultural and language barriers   impacting ability to fully integrate symptom  management skills and there is no more  clinically appropriate service   * Continued or episodic crisis episodes * Continued significant current substance abuse for which integrated treatment is necessary * Emphasis on skills training for crisis   management to provide stabilization in  community   * Risk of eviction from current living situation or currently homeless due to symptoms of mental illness | **One of the following met:**   * Documented treatment goals and objectives have been substantially met, **OR** * It is reasonably predicted that continuing stabilization can occur with discharge from treatment with medication management by PCP and/or appropriate community supports **OR** * Meets criteria for a more intensive level of care due to increase in symptoms, decrease in functional level **OR** * No longer meets criteria for this level of care due to stabilization **OR** * Individual has achieved maximum benefit in resolving issues resulting in admission to this level of care |
| **LEVEL B ADULT SPMI** | | | |
| 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 regain skills that have been impaired by these symptoms.  Outpatient services use a variety of therapeutic interventions such as  counseling, group, medication, skills  training and supported employment; the  individual can develop skills and access  resources needed to increase their capacity to be successful and satisfied in the living, working, learning, and social environments of their choice.  These services are more commonly provided in the office..  Diagnoses generally covered under this authorization type: Schizophrenia; Schizoaffective Disorder; Psychosis, Mood and Anxiety Disorders that are severe and persistent in nature.  **Authorization Length: One Year** | * Covered diagnosis on the prioritized list **AND** * Extended period with no hospitalizations or major crisis episodes (within the past year) **AND** * Moderate to mild dysfunction but largely able to self-manage disability and medications **OR** * Low to moderate psychosocial stress (housing and benefits are generally stable) **OR** * 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. **OR** * Individual is generally functioning at baseline **OR** * Individual has extended periods of abstinence when a co-occurring disorder exists **and** risk factors are minimal | **At least two of the following must be met:**   * Change in diagnostic presentation * Extended period with no hospitalizations or   major crisis episodes (within the past year)   * Moderate to mild dysfunction but largely able   to self-manage disability and medications   * Low to moderate psychosocial stress (housing   and benefits are generally stable)   * Individual able to navigate system with minimal   to moderate support   * Individual is generally functioning at baseline * Individual has extended periods of abstinence   when a co-occurring disorder exists and/or use  of substances does not seem to have a severe  impact on overall functioning   * Significant cultural and language barriers   impacting ability to fully integrate symptom  management skills and there is no more  clinically appropriate service | **One of the following met:**   * Documented treatment goals and objectives have been substantially met, **OR** * It is reasonably predicted that continuing stabilization can occur with discharge from treatment with medication management by PCP and/or appropriate community supports **OR** * Meets criteria for a more intensive level of care due to increase in symptoms, decrease in functional level **OR** * No longer meets criteria for this level of care due to stabilization **OR** * Individual has achieved maximum benefit in resolving issues resulting in admission to this level of care |
| **LEVEL C ADULT SPMI** | | | |
| Services are designed to promote recovery and rehabilitation for adults with severe and persistent symptoms of mental illness. 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.  Services include: assessment, outreach, consultation, case management, counseling, interpreter services, medication evaluation and management, daily structure and support, skills training, family education and support, coexisting disorder treatment, consumer advocacy, supported employment, relapse prevention, hospital diversion, crisis intervention and supported housing.  Diagnoses generally covered under this authorization type: Schizophrenia; Schizoaffective Disorder; Psychosis, Mood and Anxiety Disorders that are severe and persistent in nature.  **Authorization Length: 1 year** | * Covered diagnosis on the prioritized list **AND**   **At**  **least three of the following**:   * Psychiatric inpatient admission within last 2 years * Symptoms related to the mental illness result in a moderate to significant functional impairment and are only partially controlled * Risk of harm to self or others * Multiple system involvement requiring substantial coordination * Assistance required to meet basic needs of housing, food, benefits or to overcome cultural or linguistic barriers * Extended crisis episode requiring increased services * Significant current substance abuse for which treatment is necessary * Risk of eviction from current living situation or currently homeless due to symptoms of mental illness **AND** risk factors are minimal to moderate | **At**  **least three of the following**:   * Recent psychiatric inpatient admission (within   last 2 years)   * Change in diagnostic presentation * Symptoms related to the mental illness   significantly impact daily functioning and are  only partially controlled   * Continued risk of harm to self or others * Multiple system involvement requiring   substantial coordination   * Assistance required to meet basic needs of   housing, food, benefits or to overcome cultural  or linguistic barriers   * Extended crisis episode requiring increased   services   * Significant current substance abuse for which   treatment is necessary   * Homeless or at imminent risk of becoming   homeless   * Significant cultural and language barriers   impacting ability to fully integrate symptom  management skills and there is no more  clinically appropriate service   * Risk of eviction from current living situation or currently homeless due to symptoms of mental illness | **One of the following met**   * Documented treatment goals and objectives have been substantially met OR * Symptoms no longer meeting criteria for this level of care **OR** * Individual has achieved maximum benefit in resolving issues resulting in admission to this level of care and treatment at another level of care is indicated **OR** * Support systems, which allow the individual to be maintained in a less restrictive treatment environment have been explored and/or secured; **OR** * Meets criteria for a more intensive level of care due to: * Increased, intractable symptoms or * Client has reached maximum benefit and needs more supports than available through this level of care in order to stabilize. |
| **LEVEL D ADULT ICM AND TAY** | | | |
| Services are provided at an  intensive level in the home  and community with the goal of stabilizing behaviors and symptoms that led to admission.  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.  24/7 telephonic crisis support is provided by the ICM or TAY team  Services differ from Assertive Community Treatment (ACT) in frequency and in 24/7 face-to-face crisis availability  Diagnoses generally covered under this authorization type: Schizophrenia; Schizoaffective Disorder; Psychosis, Mood and Anxiety Disorders that are that severe and persistent in nature.  **Authorization length: 1 year** | * Covered diagnosis on the prioritized list **AND**   **Two of the following must be met ( One required for TAY):**   * 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**,**   **OR at least three of the following:**   * 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 * Co-occurring addiction diagnosis * Risk of eviction from current living situation or currently homeless due to symptoms of mental illness | **Two of the following must be met ( One required for TAY):**   * 2 or more inpatient admissions in the past year * Change in diagnostic presentation * Recent discharge from the State Hospital   (within the past year)   * Recent civil commitment (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**,**  **OR at least three of the following:**   * Intractable, severe major symptoms * Significant cultural and language barriers   impacting ability to fully integrate symptom  management skills and there is no more  clinically appropriate service   * Significant criminal justice involvement * Unable to meet basic survival needs * Requires residential or institutional placement   if intensive services are not available   * Not engaged in services but deemed at high   risk of harm related to their mental illness   * Risk of eviction from current living situation or currently homeless due to symptoms of mental illness | **One of the following met:**   * Documented treatment goals and objectives have been substantially met **OR** * Symptoms no longer meeting criteria for this level of care **OR** * Individual has achieved maximum benefit in resolving issues resulting in admission to this level of care and treatment at another level of care is indicated **OR** * Support systems, which allow the individual to be maintained in a less restrictive treatment environment have been explored and/or secured **OR** * Meets criteria for a more intensive level of care due to: * Increased, intractable symptoms or * Client has reached maximum benefit and needs more supports than available through this level of care in order to stabilize. |