COMMUNITY BASED CARE PARTNERSHIP

2011 MEDICAL NECESSITY CRITERIA

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PREAMBLE

Principles of Medical Necessity Determinations

Magellan Behavioral Health of Florida has the belief that every enrollee is capable of recovery and resiliency. Magellan endeavors to promote care which is increasingly individualized, in which enrollees and their families are empowered to achieve their goals, and in which all enrollees maximize their opportunities to live full lives in their own communities.

Magellan's care managers are available to assist enrollees and their families 24 hours/day and 365 days per year. Providing oversight and support to our care managers are our Care Management Center medical directors and our physician advisors: all Board-certified psychiatrists. This rich resource of psychiatric support allows enrollees to have access to professionals who are knowledgeable about evidence-based practices and are effective in making medical necessity determinations.

Magellan is committed to the philosophy of providing treatment at the most appropriate and least restrictive level of care necessary for effective and efficient treatment to meet the enrollee's biopsychosocial needs. We see the continuum of care as a fluid treatment pathway, where enrollees may enter treatment at any level and be moved to more or less intensive levels of care as their changing clinical needs dictate. At any level of care, such treatment should be individualized and should take into consideration the enrollee's stage of readiness to change and participate in treatment.

The Magellan Medical Necessity Criteria guide both providers and reviewers to the most appropriate level of care for an enrollee. While these criteria will assign the most effective and least restrictive level of care in nearly all instances, an infrequent number of cases may fall beyond their definition and scope. Thorough and careful review of each case, including consultation with supervising clinicians, will identify these exceptions. As in the review of other cases, clinical judgment consistent with the standards of good medical practice will be used in making medical necessity determinations.

Medical necessity decisions about each enrollee are based on the clinical information provided by the treating practitioner or facility, the application of the medical necessity criteria and available treatment resources. We recognize that a full array of services is not available everywhere. When a medically necessary level of care does not exist or is not available, we will authorize a higher than otherwise necessary level of care so that services are available that will meet the enrollee's essential needs for effective treatment.

DEFINITION OF MEDICALLY NECESSARY

In accordance with 59G-1.010 (166) Florida Administrative Code, medically necessary means that:

1. The medical or allied care, goods, or services furnished or ordered must meet the following conditions:

    Be necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain;

    Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the enrollee's needs;

    Be consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational;

    Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide; and

    Be furnished in a manner not primarily intended for the convenience of the enrollee, the enrollee's caretaker, or the provider.

2. "Medically necessary" or "medical necessity" for hospital services requires that those services furnished on an inpatient basis could not, consistent with the provisions of appropriate medical care, be effectively furnished on an outpatient basis.

3. The fact that a provider has prescribed, recommended, or approved medical or allied goods, or services does not, in and of itself, make such care, goods or services medically necessary or a medical necessity or a covered service.

I. INPATIENT HOSPITAL SERVICES, PSYCHIATRIC
a. Child and Adolescent

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
Inpatient Services for children and adolescents are intensive, twenty-four hour services, occurring in an appropriately licensed mental health facility. Services are provided under the supervision of a licensed child and adolescent psychiatrist and are focused on reducing immediate risk due to dangerousness to self or others, grave disability, or complicating medical conditions (coexisting with a mental health condition) that leave the enrollee at significant risk. Treatment is highly intensive, and is provided in a secure environment by a multidisciplinary team of qualified mental health professionals. Common Settings: • Inpatient Unit Alternative Setting: • Crisis Stabilization Unit-- this can substitute for inpatient as a downward substitution on a 2 day for 1 ratio when medically appropriate.	Magellan - Setting and Admission Components This is the most intensive and restrictive level of care. It allows for interventions requiring a very high frequency of services, 24-hour professional monitoring, supervision and assistance. It serves as an appropriate treatment setting for children and adolescents. There is a very high degree of assurance of safety and security. There is high availability and intensity of programs, which include more than once daily interventions requiring on-site professional and technical support. Inpatient treatment also provides on-site medical and nursing services for enrollees at high risk of medical/surgical complications affecting or affected by psychiatric interventions or procedures. Admission Service Components (Must meet all of the following) 1. Professional staff consisting of a multidisciplinary treatment team to include: • A child and adolescent psychiatrist; Board certification is strongly recommended;; • Registered nurses; • Psychologists, social workers, educational specialists and other mental health professionals and ancillary staff available when clinically indicated.	Admission Criteria (Must meet all of the following) 1. Validated principal ICD-9-CM diagnosis on Axis I or II as part of a complete multi-axial diagnostic evaluation. This diagnosis must be one of the following ICD-9-CM codes: 293.0 -298.9, 300.00-301.9, 302.7, 306.51-312.4, 312.81-314.9 2. Treatment at a less intensive and restrictive level of care has been attempted or given serious consideration and is not clinically appropriate. 3. Level of stability - (Must meet one of the following). Dangerousness must be a direct product of the principal DSM- IV-TR Axis I or II diagnosis for the following levels of stability (e.g., dangerousness to self/others/property is due to the enrollee's mental health condition): a. Loss of ability to perform activities of daily living due to severely impaired judgment, lack of impulse control or cognitive/perceptual abilities arising from: a psychiatric condition or a serious emotional disturbance; or an exacerbation of a chronic psychiatric condition; or a significant decrease in functioning as measured against baseline functioning over the preceding year. OR b. Danger to self as evidenced by: • a significant life-threatening action and/or current risk; or a specific plan to harm self with clear intention, high lethality and availability of means; or a level of suicidality that cannot be safely managed at a less intensive and restrictive level of care; or dangerousness to self accompanied by a rejection of or lack of available social/therapeutic support. OR c. Danger to others as evidenced by: a significant life-threatening action and/or current risk; or a specific plan with clear intention, high lethality and availability of means; or

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	2. An Individualized, treatment plan which incorporates the enrollee's strengths and is directed toward the alleviation of the impairment that caused the admission. This must be completed by the third day of inpatient care and is planned within the context of a highly structured program of care that is based upon a comprehensive assessment, including the possibility of substance abuse. Treatment is performed on a unit dedicated to child or adolescent populations whenever possible. 3. Clinical interventions are consistent with enrollee's risk of harm to self, others or property. 4. Discharge planning must be initiated at time of admission 5. Availability of appropriate medical services. 6. Enrollee receiving psycho-educational assessment and services, if clinically indicated. 7. Family system including parents/guardians and other caretakers receiving evaluation and intervention to the extent possible. Continued Stay Service Components (Must meet all of the following) 1. The initial discharge plan has been formulated and is in the process of implementation. 2. Active and timely treatment is focused upon stabilizing or reversing symptoms necessitating admission. 3. Level of clinical intervention is consistent with current enrollee risk	dangerousness to others accompanied by a rejection of or lack of available social/therapeutic support. OR d. Danger to property where such danger includes: a recent and significant action and/or current risk; or a specific plan with clear intention, high lethality and availability of means; or dangerousness to property accompanied by a rejection of or lack of available social/therapeutic support. OR e. A co-existing medical/substance abuse condition that would complicate or interfere with the treatment of the psychiatric disorder at a less intensive and restrictive level of care. OR f. A high-risk psychiatric procedure that requires intensive monitoring by medical personnel. 4. Degree of Impairment - (Must meet a, and either b or c) a. Enrollee has insufficient or severely limited resources or skills necessary to maintain an adequate level of functioning outside of the inpatient setting and has impaired judgment, lack of impulse control and/or cognitive/perceptual abilities arising from a psychiatric disorder, a serious emotional disturbance, or an exacerbation of a chronic psychiatric condition which may indicate the need for the continuous monitoring and intervention of a inpatient treatment in order to stabilize or reverse the dysfunction. b. Social/Interpersonal/Familial – Enrollee has significantly impaired interpersonal, social or familial functioning arising from a psychiatric disorder, a serious emotional disturbance, or an exacerbation of a chronic psychiatric condition which may indicate the need for inpatient treatment to achieve or resume an adequate level of functioning. c. Educational/Occupational – Enrollee has significantly impaired educational or occupational functioning arising from a psychiatric disorder, a serious emotional disturbance, or an exacerbation of a chronic psychiatric condition which may indicate the need for inpatient treatment to achieve or resume an adequate level of functioning. Continued Stay Criteria (Must meet 1, 2, 3 and either 4 or 5) 1. An ICD-9-CM diagnosis which remains the principal diagnosis. This diagnosis must continue to be from the following list: 293.0 -298.9, 300.00-301.9, 302.7, 306.51-312.4, 312.81-314.9. 2. The reasonable likelihood of substantial benefit as a result of active and timely medical intervention which necessitates the inpatient treatment setting. Active medical intervention includes:

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	factors. 4. The treatment plan is frequently modified to reflect the enrollee's progress and/or new information that has become available during the inpatient stay. 5. Daily assessments and active interventions are completed by nurses or other mental health professionals and physician services are provided daily. . All interventions and assessments are based upon the enrollee's comprehensive treatment plan. 6. Enrollee and family/parents/ guardians/ other caretakers, to the extent possible, are involved in treatment and discharge planning. There is intensive family involvement occurring several times per week (unless there is an identified valid reason why such a plan is not clinically appropriate or feasible).	• a physical examination which is conducted within 24 hours of admission; • a psychiatrist conducts a psychiatric examination (including the Mental Status Exam) which occurs within 24 hours of admission; and • treatment planning and subsequent therapeutic orders reflect appropriate, adequate and timely implementation of all treatment approaches in response to the enrollee's changing needs. 3. Enrollee and family/parents/ guardians/ other caretakers, to the extent possible, are involved in treatment and discharge planning. There is intensive family involvement occurring several times per week (unless there is an identified valid reason why such a plan is not clinically appropriate or feasible). 4. Continuation of symptoms and/or behaviors that met medical necessity criteria for admission (and continue to meet medical necessity criteria for admission), or a less intensive level of care would be insufficient to stabilize the enrollee's condition or, 5. There is the onset of clinical symptoms meeting medical necessity criteria for admission. Exclusion Criteria: (Any of the following) 1. Enrollee does not have one of the following ICD-9-CM codes as a suspected diagnosis: 293.0 -298.9, 300.00-301.9, 302.7, 306.51-312.4, 312.81-314.9, 2. Enrollee does not require 24-hour professional monitoring, supervision and assistance. 3. Enrollee can be safely and feasibly treated at a less intensive and restrictive level of care. 4. Enrollee is seeking admission to inpatient treatment primarily for reasons other than medical necessity (e.g., to comply with a court-order, to obtain shelter, to deter runaway/truant behavior, to achieve family respite, etc.) 5. Enrollee is primarily suffering from a medical problem that requires inpatient treatment on a medical/surgical unit. Discharge Criteria (Must meet 1-3; or 4) 1. The symptoms/behaviors that precipitated admission have sufficiently improved so that the enrollee can be maintained at a less intensive and restrictive level of care and the enrollee will not be compromised with treatment being given at a less intensive and restrictive level of care. 2. A comprehensive discharge plan has been developed in consideration of the enrollee's; a. strengths b. compliance with past treatment c. social and/or familial support system d. resources and skills

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		e. identification of triggers for relapse; and other factors/obstacles to improvement, and f. living arrangements (when needed). 3. Arrangements for follow-up care have been made including a scheduled appointment within one week of discharge. Or 4. Inpatient psychiatric treatment is discontinued because: a. A diagnostic evaluation and/or a medical treatment has been completed when one of these constitutes the reason for admission; or b. The enrollee withdraws from treatment against medical advice and does not meet criteria for involuntary commitment; or c. The enrollee is transferred to another facility/unit for continued inpatient care.

I. INPATIENT HOSPITAL SERVICES,

b. Eating Disorders—Child/Adolescent

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
Inpatient Hospitalization Services are intensive, twenty-four hour services, occurring in an appropriately licensed mental health facility. 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 (coexisting with a mental health condition) that leave the enrollee at significant risk. Treatment is highly intensive, and is provided in a secured environment by a multidisciplinary team of qualified mental health professionals. Common Settings: • Inpatient Unit Alternative Setting: • Crisis Stabilization Unit- this can substitute for inpatient as a downward substitution on a 2 day for 1 ratio when medically appropriate.	Magellan - Setting and Admission Components This is the most intensive and restrictive level of care. It allows for interventions requiring a very high frequency of services, 24-hour professional monitoring, supervision and assistance. There is a very high degree of assurance of safety and security. There is availability and intensity of programs, which include more than once daily interventions requiring on-site professional and technical support. Inpatient treatment also provides on-site medical and nursing services for enrollees at high risk of medical/surgical complications affecting or affected by psychiatric interventions or procedures. Admission Service Components (Must meet all of the following) 1. Professional staff consisting of a multidisciplinary treatment team to include: • An attending psychiatrist, preferably Board certified; for children and adolescent patients, a Board certified child and adolescent psychiatrist is strongly recommended • Registered nurses; • Psychologists, social workers, educational specialists, or other mental health professionals and ancillary staff available when clinically indicated. 2. An Individualized, treatment plan which incorporates the enrollee's strengths and is directed toward the alleviation of the impairment that caused the admission. This must be completed by the third day of	Admission Criteria (Must meet Criterion 1 and at least one of criteria 2, 3, 4 or 5) 1. The enrollee has a *primary* diagnosis of Anorexia Nervosa, Bulimia Nervosa, or Eating Disorder Not Otherwise Specified. The illness can be expected to improve significantly through medically necessary and appropriate therapy, by accepted medical standards. Enrollees hospitalized because of another primary psychiatric disorder who have a coexisting Eating Disorder should be reviewed according to the criteria below *only* if the primary psychiatric disorder no longer requires hospitalization. 2. The enrollee has a body weight less than 75% of Ideal Body Weight (IBW) or Body Mass Index (BMI) of 16 or below. If body weight is greater than 75% of IBW (or BMI > 16), this criterion can be met if there is evidence of any one of the following: a. weight loss of >15% in one month, or b. weight loss associated with physiologic instability unexplained by any other medical condition, or c. the enrollee rapidly approaching a weight at which physiologic instability occurred in the past, or d. a child or adolescent having a body weight <85% of IBW during a period of rapid growth. 3. In anorexia, the enrollee's malnourished condition requires 24-hour medical/nursing intervention to provide immediate interruption of the food restriction, excessive exercise, purging, and/or use of laxatives/diet pills/diuretics to avoid imminent, serious harm due to medical consequences *or* to avoid imminent, serious complications to a co-morbid medical condition or psychiatric condition (e.g., severe depression with suicidal ideation). Existing medical consequences are not of a severity to require a medical hospitalization. 4. In bulimic enrollees, the patient's condition requires 24-hour medical/nursing intervention to provide immediate interruption of the binge/purge cycle to avoid imminent, serious harm due to medical consequences *or* to avoid imminent, serious complications to a co-morbid medical condition (e.g., pregnancy, uncontrolled diabetes) or psychiatric condition (e.g., severe depression with suicidal ideation). Existing medical consequences are not of a severity to require a medical hospitalization. 5. The enrollee's eating disordered behavior is not responding to an adequate therapeutic trial of treatment in a less intensive setting (e.g., residential or partial hospital) or there is clinical evidence that the enrollee is not likely to respond in a less intensive setting. If in treatment, the enrollee must: a. be in treatment that, at a minimum, consists of treatment several times per week with twice

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	inpatient care and is planned within the context of a highly structured program of care that is based upon a comprehensive assessment, including the possibility of substance abuse. 3. Clinical interventions consistent with enrollee's risk of harm to self, others or property. 4. Discharge planning must be initiated at time of admission 5. Availability of appropriate medical services. 6. Enrollee receiving psycho-educational assessment and services, if clinically indicated. 7. Family system receiving evaluation and intervention to the extent possible. Continued Stay Service Components (Must meet all of the following) 1. The initial discharge plan has been formulated and is in the process of implementation. 2. Active and timely treatment is focused upon stabilizing or reversing symptoms necessitating admission. 3. Level of clinical intervention is consistent with current enrollee risk factors. 4. The treatment plan is frequently modified to reflect the enrollee's progress and/or new information that has become available during the inpatient stay. 5. Daily assessments and active interventions are completed by nurses or other mental health professionals, and physician services are provided daily. All interventions and assessments are based upon the enrollee's comprehensive treatment plan. 6. The enrollee and family, to the extent possible, are involved in treatment and	weekly individual and/or family therapy, either professional group therapy or self-help group involvement, nutritional counseling, and medication if indicated, and b. have significant weight loss (<85% IBW), and c. have significant impairment in social or occupational functioning, and d. be uncooperative with treatment (or cooperative only in a highly structured environment) despite having insight and motivation to recover, and e. require changes in the treatment plan that cannot be implemented in a less intensive setting. Continued Stay Criteria (Must meet Criteria 1 and 2, and either 3, 4, 5 or 6) 1. The reasonable likelihood of substantial benefit as a result of active and timely medical intervention which necessitates the inpatient treatment setting. Active medical intervention includes: • a physical examination which is conducted within 24 hours of admission; • a psychiatrist conducts a psychiatric examination (including the Mental Status Exam) which occurs within 24 hours of admission; and • treatment planning and subsequent therapeutic orders reflect appropriate, adequate and timely implementation of all treatment approaches in response to the enrollee's changing needs. 2. Enrollee and family, to the extent possible, are involved in the enrollee's treatment and discharge planning. 3. Continuation of symptoms and/or behaviors that met medical necessity criteria for admission (and continue to meet medical necessity criteria for admission), or a less intensive level of care would be insufficient to stabilize the enrollee's condition or, 4. The enrollee's weight remains <85% of IBW and he/she fails to achieve a reasonable and expected weight gain despite provision of adequate caloric intake. 5. There is a continued inability to adhere to a meal plan and maintain control over urges to binge/purge such that continued supervision during and after meals and/or in bathrooms is required. In order to satisfy this criterion, there must be evidence that the enrollee is unable to participate in ambulatory or residential treatment. 6. There is the onset of clinical symptoms meeting medical necessity criteria for admission: Exclusion Criteria (Any one of the following): 1. Enrollee does not require 24-hour professional monitoring, supervision and assistance. 2. Enrollee can be safely and feasibly treated at a less intensive and restrictive level of care.

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	discharge planning.	3. Enrollee is seeking admission to inpatient treatment primarily for reasons other than medical necessity (e.g., to comply with a court-order, to obtain shelter, to deter runaway/truant behavior, to achieve family respite, etc.) 4. Enrollee is primarily suffering from a medical problem that requires inpatient treatment on a medical/surgical unit. Discharge Criteria (Must meet 1-3; or 4) 1. The symptoms/behaviors that precipitated admission have sufficiently improved so that the enrollee can be maintained at a less intensive and restrictive level of care and the enrollee will not be compromised with treatment being given at a less intensive and restrictive level of care. 2. A comprehensive discharge plan has been developed in consideration of the enrollee's; a. strengths b. compliance with past treatment c. social and/or familial support system d. resources and skills e. identification of triggers for relapse; and other factors/obstacles to improvement, and f. living arrangements (when needed). 3. Arrangements for follow-up care have been made including a scheduled appointment within one week of discharge. Or 4. Inpatient psychiatric treatment is discontinued because: a. A diagnostic evaluation and/or a medical treatment has been completed when one of these constitutes the reason for admission; or b. The enrollee withdraws from treatment against medical advice and does not meet criteria for involuntary commitment; or c. The enrollee is transferred to another facility/unit for continued inpatient care.

I. INPATIENT HOSPITAL SERVICES

c. Crisis Stabilization Unit- Child/Adolescent

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
Crisis Stabilization Unit- this can substitute for inpatient as a downward substitution on a 2 CSU day for 1 inpatient day ratio when determined medically appropriate.	Crisis services must be available to address broad categories of difficulties. A mental health crisis is defined as any mental health issue that is perceived to be a crisis by an enrollee, family member, teacher, group home, hospital staff, law enforcement personnel, medical or behavioral health provider, other agency, facility, or person. An urgent condition is defined as the onset of a psychiatric condition, not constituting an immediate and substantial likelihood of harm to self or others, but if left untreated, one which may deteriorate into a psychiatric emergency. Admission Service Components (Must meet all of the following) Professional staff consisting of a multidisciplinary treatment team to include: • A psychiatrist, preferably Board certified; for children and adolescents, a Board certified child and adolescent psychiatrist is strongly recommended. The psychiatrist is available on-call 24 hours per day, and conducts daily rounds. • At least one Registered Nurse who is available 24 hours per day/7 days per week; and • Psychologists, social workers, educational specialists, other mental health professionals and ancillary staff available when clinically indicated.	Admission Criteria (Must meet all four criteria for Inpatient Hospital Services, Psychiatric, plus the following 5th criterion): 1. A clinical face-to-face evaluation, at the time of admission or soon before, reveals a psychiatric emergency/crisis that is likely to respond to short-term crisis intervention type of services sufficiently to allow enrollee to be transitioned to a less intensive level of care in a brief time. Additionally: a. An individualized treatment plan must be developed for each enrollee utilizing the services. b. The treatment plan must include a projected short-term discharge date and address the enrollee's anticipated post-discharge needs. c. The treatment plan must include, if indicated, medication management by a psychiatrist with medication dispensing by a registered nurse. Continued Stay Criteria: Same as Inpatient Hospital, Psychiatric Exclusion Criteria (Any one of the following): 1. Enrollee does not have one of the following ICD-9-CM codes as a suspected diagnosis: 290.0-290.43, 293.0 -298.9, 300.00-301.9, 302.7, 306.51-312.4, 312.81-314.9, 315.3, 315.31, 315.5, 315.8, and 315.9. 2. Enrollee can be safely and feasibly treated at a less intensive and restrictive level of care. 3. Enrollee is seeking admission to inpatient primarily for reasons other than medical necessity, (e.g., to comply with a court-order, to obtain shelter, to deter runaway/truant behavior, to achieve family respite, etc.). 4. Enrollee is primarily suffering from a medical problem that requires inpatient intervention on a medical/surgical unit. 5. Enrollee has a Mental Disorder Due to a Medical Condition or has a primary substance abuse diagnosis. Discharge Criteria: Same as Inpatient Hospital, Psychiatric

II. OUTPATIENT HOSPITAL CARE--
Emergency Room, Psychiatric Clinic, Psychiatric Visit/Individual Therapy, ECT, Psychological Testing—Child/Adolescent

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
Emergency Room Services are mental health treatment services provided by qualified mental health professionals that are available 24 hours/ 7 days per week and directed toward assessing and treating crisis situations of a clinical nature. These services are commonly provided in a hospital setting supervised by a licensed physician.	A psychiatric emergency is defined as an onset of a psychiatric condition that involves an immediate, substantial risk of serious harm to self, others or property, or an inability to maintain functioning in the community due to the DSM-IV-TR Axis I diagnosis. For each mental health crisis, the goal is to intervene as early as possible to prevent the development of more serious problems. Emergency services must be under the supervision of a licensed physician and provide access to mental health specialists. The Emergency Department must have full medical services capable of assessing complicating medical conditions contributing to the behavioral crisis or serving as an etiological factor. Clinicians must be able to complete a biopsychosocial assessment including, but not limited to, the enrollee's relevant history, previous treatment, current medical conditions (including medications), substance abuse history, lethality assessment and complete Mental Status Exam -- all in the service of identifying the cause(s) of the mental health crisis. Clinicians must be able to involve the enrollee's family in crisis resolution and be able to refer for inpatient admission if indicated.	There is no need for pre-authorization for emergency department services when the enrollee, family, support person, provider, etc. believe the situation to be a true behavioral emergency. Excluded are situations which are determined by the enrollee and/or enrollee's family to be routine visits for convenience rather than true behavioral health emergencies.
Psychiatric Clinic and Psychiatric Visit/Individual Therapy include routine outpatient mental health services such as evaluation and assessment, individualized treatment planning, medication management, and individual counseling/therapy.	Specifications for these services may be found under *IV. Community Mental Health Services*	Utilization Management Guidelines for these services may be found under *IV. Community Mental Health Services.*
Psychiatric Electroconvulsive Therapy (ECT). ECT (or Electroshock Therapy) is an established form of treatment for a variety of mental conditions particularly Major Depression, Bipolar Depression, and Catatonic Schizophrenia. Although mainly used with adults, ECT may be considered for adolescents with severe suicidal and depressive symptoms whose illness has not responded to medication or other forms of treatment.	ECT needs to be conducted in a fully-equipped medical facility with full emergency medical capability to manage any complications of the ECT. The procedure needs to be directed by a Board-certified psychiatrist who is qualified to conduct ECT through appropriate training and experience. Assisting the procedure should be an anesthesiologist or anesthetist.	In order to qualify for authorization for ECT, the provider needs to develop a treatment plan consistent with the guidance provided by Magellan's adopted clinical practice guidelines: *APA Practice Guideline for the Treatment of Patients With Major Depressive Disorder, Second Edition* *APA Practice Guideline for the Treatment of Patients With Schizophrenia, Second Edition*
Psychological Testing	Specifications for this service may be found in *XI. Psychological Testing.*	Utilization Management Guidelines for these services may be found Under *XI. Psychological Testing.*

III. PHYSICIAN SERVICES- Child/Adolescent

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
Physician services are rendered by a licensed physician with the appropriate Medicaid specialty requirements, when applicable. There are two types of physician services:	The psychiatrist providing physician services must be certified by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry or have completed a psychiatry residency accredited by the Accreditation Council for Graduate Medical Education or the Royal College of Physicians and Surgeons of Canada.	
Psychiatric consultations (medical/surgical service, nursing home, etc.)	A physician consultation must include a psychiatric examination (including the Mental Status Exam) and evaluation of the enrollee with information from family members or significant others as appropriate. Written documentation of an exchange of information with the attending physician and/or primary care physician must be included.	No preauthorization of service is required. Admission Criteria: Magellan uses its Mixed Services protocols to determine the process for claims payment of such consults. If the service is provided by a psychiatrist to treat a behavioral health disorder, then the protocols indicate that it is a Magellan managed service.
Inpatient psychiatric visit	An inpatient psychiatric visit must be documented with a mental health procedure code and mental health diagnosis code. All procedures with a minimum time requirement must be documented in the medical record to show the time spent providing the service to the enrollee. Daily physician visits with documentation of such are required.	This service is allowed for one visit per day when inpatient services have been authorized. Admission, Continued Stay, Exclusion, and Discharge criteria are the same as for Inpatient Services.

IV. COMMUNITY MENTAL HEALTH SERVICES

a. Individual Treatment Plan Development and Modification, Evaluation and Assessment Services, Medical & Psychiatric – Child/Adolescent

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
Individual Treatment Plan Development and Modification - Includes: • Treatment Plan Development – An individualized treatment plan is developed by using an assessment tool to create a structured, goal-oriented, schedule of services. This plan is developed by the enrollee and treatment team and contains attainable goals and measurable objectives. • Treatment Plan Review – This process is used to make sure that treatment goals, objectives and services continue to be appropriate based on the enrollee's progress. A formal review is conducted at least every six months or as needed, based on significant changes.	Treatment Plan Development 1. The individualized treatment plan is a structured, goal-oriented schedule of services developed by the enrollee and the treatment team. The plan must contain written treatment-related goals and measurable objectives. 2. A Brief Behavioral Health Status Examination, Psychiatric Evaluation (including the Mental Status Exam) or other assessment conducted by a licensed practitioner of the healing arts must be completed prior to the development of the treatment plan. An assessment by a licensed practitioner of the healing arts completed within the past six months may be used to satisfy this requirement. The treatment plan must contain all of the following components: • The enrollee's ICD-9-CM diagnosis code(s) consistent with assessment(s); • Goals that are appropriate to the enrollee's diagnosis, age, culture, strengths, abilities, preferences and needs expressed by enrollee(s); • Measurable objectives and target dates; • A list of the services to be provided (Treatment Plan Development, Treatment Plan Review, and Comprehensive Behavioral Health Assessment need not be listed); • The amount, frequency and duration of each service for the six month duration of the treatment plan (e.g., 4 units of therapeutic behavioral on-site services 2 days per week for 6 months); • It is not permissible to use the terms "as needed," "p.r.n.," or to state that the enrollee will receive a service "x to y times per week." • Signature of the enrollee; • Signature of the enrollee's parent, guardian, or legal custodian; • Signatures of the treatment team members who participated in development of the plan; • A signed statement by the treating practitioner that services are medically necessary and appropriate to the enrollee's diagnosis and needs; and • Transition or discontinuation of services. Treatment Plan Review 1. The treatment plan review is a process conducted to make sure that treatment goals, objectives and services continue to be appropriate to the enrollee's	No preauthorization is required for these services. Admission Criteria, Continued Stay Criteria, Discharge Criteria, and Exclusion Criteria shall be consistent with the Florida Medicaid Community Behavioral Health Services Coverage and Limitations Handbook.

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	needs and to assess the enrollee's progress and continued need for services. The treatment plan review requires the participation of the enrollee and the treatment team identified in the enrollee's individualized treatment plan as responsible for addressing the treatment needs of the enrollee 2. A formal review of the treatment plan must be conducted at least every six months. The treatment plan may be reviewed more often than once every six months when significant changes occur in the enrollee's clinical status.	
Evaluation and Assessment Services—Include: • Psychiatric Evaluation – a comprehensive evaluation that investigates the enrollee's clinical status including past and present psychiatric history, physical and medication history; relevant personal and family medical history; personal strengths and a brief Mental Status Exam. This evaluation includes a summary, diagnostic formulation and treatment recommendations. • Brief Behavioral Health Status Examination – brief clinical, psychiatric, diagnostic interview to assess behavioral stability or treatment status. • Psychiatric Review of Records – review of records includes psychiatric reports, psychometric or projective tests, clinical and psychological evaluation data for diagnostic use in evaluating and planning for enrollee care. • In-Depth Assessment – diagnostic tool for collecting information to establish or support a diagnosis and development or modification to the treatment plan and discharge criteria. • Biopsychosocial Evaluation – provides information on biological, psychological and social factors that may have contributed to the enrollee's need for services. The evaluation includes a brief	Evaluation and Assessment Services 1. These services include psychological testing and evaluations that assess the enrollee's functioning in all areas. All evaluations must be appropriate to the age, developmental level and functioning of the enrollee. The evaluation identifies clinical needs, evaluate the effectiveness of any prior treatment, and include recommendations for interventions and services to be provided to the enrollee. 2. Prior to receiving any community mental health services, children ages 0-5 must have: a current assessment (within one year) of presenting symptoms and behaviors; developmental and medical history; family, psychosocial and medical history; assessment of family functioning; a clinical interview with the primary caretaker and an observation of the enrollee's interaction with the caretaker; and, an observation of the enrollee's language, cognitive, sensory, motor, self-care, and social functioning. The evaluation and assessment contains the following elements and must be provided (at a minimum) by the following clinicians: 1. Psychiatric evaluation—psychiatrist, other qualified physician, or psychiatric ARNP 2. Brief Behavioral Health Status Examination—licensed practitioner of the healing arts or master's level certified addictions professional. 3. Psychiatric Review of Records—psychiatrist or other qualified physician, or psychiatric ARNP. 4. In-Depth Assessment—master's level practitioner. 5. Biopsychosocial Evaluation—bachelor's level practitioner or certified addictions professional. 6. Psychological Testing-psychologist or other individual practitioner with the scope of professional licensure, training, and competence and in accordance with applicable statutes. 7. Limited Functioning Assessment—individual who has been authorized by DCF to administer the assessment.	No preauthorization is required for these services (excluding psychological testing). Admission Criteria, Continued Stay Criteria, Discharge Criteria, and Exclusion Criteria shall be consistent with the Florida Medicaid Community Behavioral Health Services Coverage and Limitations Handbook.

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
Mental Status Exam and preliminary service recommendations. • Psychosocial Testing – assessment, evaluation and diagnosis of the enrollee's mental status or psychological condition through use of standardized testing methodologies. • Limited Functional Assessment – This is limited to the administration of functional assessments required by the Department of Children and Family (DCF) including Multnomah Community Ability Scale (MCAS), Functional Assessment Rating Scale (FARS), and the Children's Functional Assessment Rating Scale (C-FARS).		See *XI. Psychological Testing.*
Medical and Psychiatric Services include the evaluation of the need for medication; evaluation of clinical effectiveness and side effects of medication; prescribing, dispensing, and administering of medications; medication education; planning related to service delivery and evaluating the status of the enrollee's community functioning. • Medication management includes the discussion of indications and contraindications for treatment, risks and management strategies based on the review of laboratory test results, prior pharmacy intervention and current medication usage with the enrollee or other responsible persons. • Brief Individual Medical Psychotherapy includes insight-oriented, cognitive-behavioral or supportive therapy treatment designed to reduce maladaptive behaviors related to the enrollee's behavioral health disorder. This treatment is designed to maximize behavioral self control or to	1. Medication Management Medication management must be provided, at a minimum, by a psychiatrist, other qualified physician, physician assistant, or psychiatric ARNP. 2. Brief Individual Medical Psychotherapy Brief individual medical psychotherapy must be provided, at a minimum, by a psychiatrist or other qualified physician, physician assistant, or psychiatric ARNP. 3. Group Medical Therapy Group medical therapy must be personally rendered by a psychiatrist or psychiatric ARNP. Total group size should not exceed 10 participants. 4. Behavioral Health Screening Service Behavioral health screening services must be provided, at a minimum, by a psychiatrist, other qualified physician, physician assistant, ARNP or registered nurse. 5. Behavioral Health Services Specimen collection, taking vital signs, administering injections must be provided by an individual qualified by his/her professional licensure, training, protocols and competence and within the purview of statutes applicable to his/her profession. Verbal interaction must be provided, at a minimum, by a physician's assistant, ARNP, or R.N.	No preauthorization is required for these services. Admission Criteria, Continued Stay Criteria, Discharge Criteria, and Exclusion Criteria shall be consistent with the Florida Medicaid Community Behavioral Health Services Coverage and Limitations Handbook. There are two parameters that guide Magellan's authorization process for integrated services: • The suggested service must be linked to the mental health needs of the enrollee, *and* • The service should complement and not conflict with the larger, mutually agreed-upon, person-centered recovery treatment plan that helps the enrollee live successfully in his or her home or community.

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
restore normal functioning and more appropriate interpersonal and social relationships. • Group Medical Therapy is designed to reduce maladaptive behaviors; maximize self control and restore normal functioning, enabling more appropriate interpersonal and social relationships. This service includes continuing medical diagnostic evaluation and medication management and may include insight-oriented, cognitive-behavioral and supportive therapy. • Behavioral Health Screening Service includes a face-to-face assessment of the enrollee's physical status and a brief history and decision-making of low complexity. The screening includes vital signs, medication management, a brief mental status assessment and a plan for follow-up, if necessary. • Behavioral Health Services are outpatient services provided to enrollees with a mental illness. The procedure code covers specimen collection, vital signs, administering injections; or verbal interaction between the practitioner and enrollee of at least 15 minutes.		

IV.COMMUNITY MENTAL HEALTH SERVICES

b. Mental Health Counseling/Therapy –Child/Adolescent

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
Mental Health Counseling/Therapy are treatment services provided by qualified mental health professionals that are directed toward ameliorating symptoms of a mental health disorder and/or maintaining stability and functional autonomy for enrollees with severe and persistent mental illness. Outpatient services are specific in targeting the symptoms or problem being treated. Common Service Types: • Individual and family therapy may involve the enrollee and his/her family with or without the enrollee present. Services include the provision of insight-oriented, cognitive-behavioral or supportive therapy. • Group therapy includes sharing clinical information, education, counseling or advising family or other responsible persons on how to assist the enrollee. The group size is limited to 10 recipients who have a mental health diagnosis or up to 15 participants who have a substance abuse diagnosis.	Admission Service Components (Must meet all of the following) 1. Professional staff. a. Either licensed or certified at the independent practice level with experience in the treatment of children and adolescents; or b. Unlicensed and supervised at least weekly by an appropriately licensed professional. c. Services provided must be within the therapist's scope of training. 2. Complete biopsychosocial assessment including, but not limited to the enrollee's relevant history, previous treatment, current medical conditions (including medications), substance abuse history, personal strengths, lethality assessment and mental status. 3. Development of an individualized, strengths-based, targeted, focused treatment plan directed toward the reduction or alleviation of the impairment that resulted in the enrollee seeking treatment. The plan must reflect the least restrictive, most efficacious treatment available. 4. Development of specific, achievable, behaviorally based and objective treatment goals which directly address the problems that resulted in the enrollee seeking treatment. Continued Stay Service Components - (Must meet all of the following) 1. Initial treatment plan has been formulated and is in the process of implementation. 2. Active and timely treatment is focused upon	Admission Criteria (Must meet all of the following) 1. Validated principal DSM-IV Axis I or II diagnosis as part of a complete multi-axial diagnostic evaluation. 2. Level of Stability - (Must meet all of the following) a. Risk to self, others or property is not imminent (although without treatment the enrollee's potential risk in these areas may be increased). b. The enrollee is medically stable and does not require a level of care that includes more intensive medical monitoring. c. When an Axis II diagnosis is involved, treatment is directed to the acute symptoms which place enrollee at risk and/or impair functioning. 3. Degree of Impairment – (Must meet at least one of the following): a. Enrollee exhibits impairments in cognitive, affective, or behavioral abilities. b. Social/Interpersonal/Familial-- Enrollee exhibits impairment in social, interpersonal or familial functioning arising from a psychiatric disorder or a serious emotional disturbance which may indicate a need for outpatient psychotherapy to stabilize of reverse the condition. c. Vocational/Educational-Enrollee exhibits impairment in occupation or educational functioning arising from a psychiatric disorder or a serious emotional disturbance which may indicate a need for outpatient psychotherapy to stabilize or reverse the condition. Continued Stay Criteria (Must meet 1 through 4, and either 5, 6, 7, or 8) 1. Validated DSM-IV Axis I or II diagnosis with exacerbation, or definable and discrete active symptoms. Axis II principal diagnosis must be accompanied by acute symptoms which are the focus of treatment. 2. There is a reasonable expectation that the enrollee will benefit from ongoing outpatient treatment. Benefit is defined as: demonstrated improvement in previous treatment as validated by objective tracking of progress toward treatment goals; and the enrollee's pre-morbid functioning suggests that he/she has not maximized his/her likely level of functioning.

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	stabilizing or reversing symptoms which necessitated outpatient treatment. 3. Level of intervention is consistent with current enrollee risk factors for harm to self, others or property. 4. Treatment plan has been modified to reflect enrollee's progress and/or new information that has become available during the outpatient treatment. 5. Routine assessments and treatment progress updates are completed. 6. Enrollee and family, to the extent possible, are involved in treatment and discharge planning. 7. Natural community supports are identified.	3. Enrollee is making progress to the extent possible, toward goals and is benefiting from the treatment plan, as evidenced by the attainment of therapeutic rapport, lessening of symptoms and stabilization of psycho-social functioning through treatment planning, homework and session attendance. 4. There is significant opportunity for family (including the enrollee) cooperation and involvement in the treatment process, except where the involvement of family members other than the enrollee would be clinically counter-productive or legally prohibited. 5. As appropriate for the individual and circumstances, treatment promotes the enrollee's self-efficacy and independent functioning. 6. Current symptoms significantly impair the enrollee's ability to perform activities of daily living or significantly impair the enrollee's social, occupational or interpersonal functioning. 7. There is reasonable expectation, based on the enrollee's clinical history that withdrawal of treatment will result in the enrollee's decompensation or the recurrence of signs or symptoms. 8. Appearance of new problems which meet medical necessity for this level of care. Exclusion Criteria (Any one of the following): 1. Enrollee's identified problem is primarily social, financial, and/or medical (non-psychiatric) in the absence of a primary psychiatric diagnosis for one of the following ICD-9-CM codes: 290.0-298.9, 300.00-301.9, 302.7, 303-312.4, 312.81-314.9, 315.3, 315.31, 315.5, 315.8, and 315.9. 2. Substance abuse is the primary source of the enrollee's impairment in the absence of active symptoms. 3. Enrollee's condition has active components of significant risk to self or others or property such that a higher level of care is medically necessary. Discharge Criteria (Any one of the following): 1. Enrollee no longer meets continued stay medical necessity criteria. 2. Enrollee withdraws from treatment against medical advice.

IV. COMMUNITY MENTAL HEALTH SERVICES

c. Behavioral Health Day Services –Child/Adolescent

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
Common Service Types: Behavioral health day services are designed to enable enrollees to function successfully in the community in the least restrictive environment and to restore or enhance their ability for personal and social life management skills. This service is larger than group counseling, serving more recipients at one time with greater variety and clinical objectives. The primary function is to stabilize symptoms related to a behavioral health disorder in order to reduce or eliminate the need for more intensive and restrictive levels of care. This service is designed to provide transitional treatment after an acute episode or to provide a level of therapeutic intensity not possible in a traditional outpatient setting. Medicaid will not reimburse for behavioral health day services where total group size for group therapy exceeds 10 participants who are receiving treatment for a mental health disorder. For group therapy where recipients are receiving treatment for a substance abuse disorder, the total group membership may not exceed 15 participants. For reimbursement, the service must be provided for a minimum of two hours per day, per recipient. At least one hour per day must consist of individual, group therapy, or family services (may be a combination of these services). Medicaid will not reimburse for behavioral health day services the same day as psychosocial rehabilitation services.	Admission Service Components (Must meet all of the following) 1. Professional staff must be: a. Either licensed or certified at the independent practice level with experience in the treatment of children and adolescents; or b. Unlicensed and supervised at least weekly by an appropriately licensed professional, and c. Services provided must be within the therapist's scope of training. 2. Complete Biopsychosocial assessment including, but not limited to the enrollee's relevant history, previous treatment, current medical conditions (including medications), substance abuse history, personal strengths, lethality assessment and mental status. 3. Development of an individualized, strengths-based, targeted, focused treatment plan directed toward the reduction or alleviation of the impairment that resulted in the enrollee seeking treatment. The plan must reflect the least restrictive, most efficacious treatment available. 4. Development of specific, achievable, behaviorally based and objective treatment goals which directly address the problems that resulted in the enrollee seeking treatment. Continued Stay Service Components - (Must meet all of the following) 1. Initial treatment plan has been formulated and is in the process of implementation. 2. Active and timely treatment is focused upon stabilizing or reversing symptoms which necessitated outpatient treatment. 3. Level of intervention is consistent with current	Admission Criteria (Must meet all of the following): 1. Validated principal DSM-IV Axis I or II diagnosis as part of a complete multi-axial diagnostic evaluation. Claims for services rendered by community behavioral health services providers will be paid only for the following diagnosis codes:: 293.0 -298.9, 300.00-301.9, 302.7, 306.51-312.4, 312.81-314.9 2. Level of Stability - (Must meet all of the following): a. Risk to self, others or property is not imminent (although without treatment the enrollee's potential risk in these areas may be increased). b. The enrollee is medically stable and does not require a level of care that includes more intensive medical monitoring. c. When an Axis II diagnosis is involved, treatment is directed to the acute symptoms which place enrollee at risk and/or impair functioning. 3. Degree of Impairment – (Must meet at least one of the following): a. Enrollee exhibits impairments in cognitive, affective, or behavioral abilities. b. Social/Interpersonal/Familial-- Enrollee exhibits impairment in social, interpersonal or familial functioning arising from a psychiatric disorder or a serious emotional disturbance which may indicate a need for outpatient psychotherapy to stabilize or reverse the condition. c. Vocational/Educational-Enrollee exhibits impairment in occupation or educational functioning arising from a psychiatric disorder or a serious emotional disturbance which may indicate a need for outpatient psychotherapy to stabilize or reverse the condition. Continued Stay Criteria (Must meet 1 through 4, and either 5, 6, 7, or 8) 1. Validated DSM-IV Axis I or II diagnosis with exacerbation, or definable and discrete active symptoms. Axis II principal diagnosis must be accompanied by acute symptoms which are the focus of treatment. 2. There is a reasonable expectation that the enrollee will benefit from ongoing outpatient treatment. Benefit is defined as: demonstrated improvement in previous treatment as validated by objective tracking of

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	enrollee risk factors for harm to self, others or property. 4. Treatment plan has been modified to reflect enrollee's progress and/or new information has become available during the outpatient treatment. 5. Routine assessments and treatment progress updates are completed. 6. Enrollee and family, to the extent possible, are involved in treatment and discharge planning. 7. Natural community supports are identified.	progress toward treatment goals; and the enrollee's pre-morbid functioning suggests that he/she has not maximized his/her likely level of functioning. 3. Enrollee is making progress to the extent possible, toward goals and is benefiting from the treatment plan, as evidenced by the attainment of therapeutic rapport, lessening of symptoms and stabilization of psycho-social functioning through treatment planning, homework and session attendance. 4. There is significant opportunity for family (including the enrollee) cooperation and involvement in the treatment process, except where the involvement of family members other than the enrollee would be clinically counter-productive or legally prohibited. 5. As appropriate for the individual and circumstances, treatment promotes the enrollee's self-efficacy and independent functioning. 6. Current symptoms significantly impair the enrollee's ability to perform activities of daily living or significantly impair the enrollee's social, occupational or interpersonal functioning. 7. There is reasonable expectation, based on the enrollee's clinical history that withdrawal of treatment will result in the enrollee's decompensation or the recurrence of signs or symptoms. 8. Appearance of new problems which meet medical necessity for this level of care. Exclusion Criteria (Any one of the following): 1. Enrollee's identified problem is primarily social, financial, and/or medical (non-psychiatric) in the absence of a primary psychiatric diagnosis for one of the following ICD-9-CM codes: 290.0-298.9, 300.00-301.9, 302.7, 303-312.4, 312.81-314.9, 315.3, 315.31, 315.5, 315.8, and 315.9. 2. Substance abuse is the primary source of the enrollee's impairment in the absence of active symptoms. 3. Enrollee's condition has active components of significant risk to self or others or property such that a higher level of care is medically necessary. Discharge Criteria (Any one of the following): 1. Enrollee no longer meets continued stay medical necessity criteria. 2. Enrollee withdraws from treatment against medical advice.

IV. COMMUNITY MENTAL HEALTH SERVICES

d. Psychosocial Rehabilitative Services –Child/Adolescent

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
Psychosocial rehabilitative services assist enrollees with functional disabilities resulting from mental illness in order to develop, enhance, and/or retain: psychiatric stability, social competencies, personal adjustment and/or independent living competencies, so that enrollees experience more success and satisfaction in the environments of their choice and can function as independently as possible (and as age-appropriate). These interventions should occur with necessary clinical treatments and should begin as soon as possible, following diagnosis. A planned program of goal setting, functional assessment, identification of needed and preferred skills and supports, skill teaching and managing supports and resources, is needed to produce the desired outcomes consistent with an enrollee's cultural environment. Psychosocial rehabilitation services are designed to assist the enrollee to compensate for or eliminate functional deficits and interpersonal and environmental barriers created by their disabilities, and to restore social skills for independent living and effective life management. Psychosocial rehabilitation services differs from counseling and therapy in that they concentrates less upon the amelioration of symptoms and more upon restoring functional capability. Although children and adolescents may qualify for this level of care, typically psychosocial rehabilitation services are geared for adults with severe mental illness in order to assist them in their recovery.	Admission Service Components – (Must provide all of the following): 1. Professional staff—Psychosocial rehabilitation services must be provided, at a minimum, by: • Behavioral health technician under the supervision of a bachelor's level practitioner; • Bachelor's level practitioner under the supervision of a master's level practitioner; • Substance abuse technician or certified addictions professional (for enrollee's with co-occurring substance abuse disorders). 2. The psychiatric rehabilitation process consists of three phases – assessment, planning and implementation. Each phase involves the enrollee, the enrollee's identified support system and the enrollee's service provider in designing the development of wanted and needed skills and supports relevant to the enrollee's background. 3. A functional or goal-based individualized assessment includes the completion of an evaluation of social and environmental supports and an evaluation of strengths and unmet needs in areas of psychosocial functioning as they relate to the enrollee's goals and priorities consistent with the enrollee's culture. a. Planning includes developing an enrollee - specific rehabilitation plan which establishes goals and objectives and plans for skill and support development. The plan development involves both staff and enrollee (if he/she chooses) involvement using methods	Admission Criteria – (Must meet all of the following): 1. The presence or history of a serious mental illness, based upon medical records, which includes one of the following ICD-9-CM diagnoses by a psychiatrist: This diagnosis must be one of the following ICD-9-CM codes: 293.0 - 298.9, 300.00-301.9, 302.7, 306.51-312.4, 312.81-314.9 2. As a result of the mental illness, the enrollee has a moderate to severe functional impairment that interferes with or limits role performance in at least one (1) of the following domains: a. educational (i.e., obtaining a high school or college degree); b. social (i.e., developing a social support system); c. vocational (i.e., obtaining part-time or full-time employment); d. self-maintenance (i.e., managing symptoms, understanding his/her mental illness, managing money, living more independently) relative to the enrollee's ethnic/cultural environment; and 3. The enrollee chooses to participate in the program. Following criteria guide service location: Indicators for Site-Based Services: 1. Enrollee is willing and able to participate in groups. 2. Enrollee is interested in participating in a variety of site-based experiences as part of choosing a goal. 3. Specific skills, supports and experiences needed for the enrollee to be able to accomplish his/her psychosocial rehabilitation goals are available in the context of the site-based program 4. Enrollee chooses to participate in the program. Indicators of Mobile Services: 1. The enrollee is currently unable to attend a site-based service

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
Common Settings: Psychosocial rehabilitative services may be provided in a facility, home, or community setting.	appropriate to the psychiatric rehabilitation program model. b. In site-based programs, the implementation of services may take place individually or in groups. Group size is limited to 12 enrollees. In mobile programs, services are delivered individually (or for up to two persons, as outlined under mobile description). The following are examples of appropriate services which should be provided as consistent with the enrollee's culture: 4. Description/Characteristics of Site-Based Services: a. Services combine medication use; independent living and social skills training; support to enrollees and their families; housing; pre-vocational and transitional employment rehabilitation training; social support; structured activities to diminish tendencies towards isolation and withdrawal; teaching the enrollee and family about symptom management, medication and treatment options. b. Activities for adolescents transitioning to adult services include development and maintenance of necessary daily living skills, food planning and preparation money management maintenance of the living environment and training in appropriate use of community services. c. Services for children and adolescents focus on helping them achieve a level of functioning that would be expected of typically developing individuals their age. Services must be individualized and directly related to goals for improving functioning. d. An initial planning process must begin upon the first day of attendance. An individualized, enrollee-specific rehabilitation assessment and plan must be developed and must be reviewed and revised every three months thereafter.	2. The enrollee is setting a goal which needs substantial community exploration or practice. Example: enrollee is planning to live independently in his/her own house or apartment in the community, 3. The nature of the enrollee's goal indicates the preferred site for service delivery and supports is the community. Example: enrollee is returning to college to complete a college degree. 4. The enrollee is already in a role in a community site and needs services to be successful and satisfied in this role. 5. The enrollee chooses to participate in a mobile program. Concurrent use of Site-Based and Mobile Services: Mobile and site-based psychiatric rehabilitation can be provided concurrently under certain limited circumstances as follows: 1. The enrollee is transitioning to a site-based service and needs assistance in the transition. 2. The enrollee is transitioning from site-based to mobile and needs assistance in this transition. 3. Specific issues have been identified which require both services. Continued Stay Service Components (Must meet 1 and 2) 1. An assessment appropriate to the model of recovery indicates at least one of the following: a. As a result of the mental illness, there are or continue to be functional impairments and skill deficits which are effectively addressed in the psychiatric rehabilitation plan. In the event that earlier efforts have not achieved the intended objectives, the revised plan indicates service modifications to address these issues. Or b. There is a reasonable expectation that the withdrawal of services may result in loss of rehabilitation gains or goals attained by the enrollee. Or c. A change in program or level of service is indicated and a transition plan is in place reflecting the proposed change. 2. The enrollee chooses to continue participation in the program. Exclusion Criteria: (Any of the following) 1. Enrollee's identified problem is primarily social, financial, and/or medical (non-psychiatric) in the absence of a primary psychiatric diagnosis of one of

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	e. The case record must include monthly progress notes for site-based rehabilitation. 5. Description/Characteristics of Mobile Psychiatric Rehabilitation Programs: a. The service is generally designed to be a short-term intervention based upon individual goals. b. Mobile services are generally provided on a weekly basis for a limited number of hours. c. Services are provided in the community such as at the enrollee's home, an educational setting or other community setting. d. Community resources are used rather than program-based resources. e. Services are on an individual (1:1 basis) and are face-to-face. Note: On a case-by-case basis, a 2:1 staffing approach may be used in certain situations when two enrollees are working on similar goals. All services to be delivered on this basis must have approval from both enrollees involved in the service as well as from the county or managed care organization. f. An individualized, person-specific rehabilitation assessment and plan must be developed and be reviewed and revised every three months. g. The case record must include progress notes for each encounter in mobile rehabilitation. h. The records should also include documentation of duration of and scope of services provided during each visit.	the following ICD-9-CM codes: 290.0-298.9, 300.00-301.9, 302.7, 303-312.4, 312.81-314.9, 315.3, 315.31, 315.5, 315.8, and 315.9. 2. Substance abuse is the primary source of impairment in the absence of active symptoms. 3. Enrollee abandons the intent of or is incapable of moving toward independent living. 4. Enrollee is a passive participant and therefore unable to participate actively in the development and execution of a rehabilitative plan. Discharge Criteria (Must meet criteria 1 through 3, and either 4 or 5) 1. The enrollee is not expected to receive additional rehabilitative benefit from the program; 2. There is a reasonable expectation that the withdrawal of services will not result in loss of rehabilitation gains or goals attained by the enrollee. 3. The enrollee has successfully achieved rehabilitation goals and sustained them for a period of time as designated in the rehabilitation plan; 4. The enrollee voluntarily terminates from the program.

IV. COMMUNITY MENTAL HEALTH SERVICES

e. Therapeutic Behavioral On-Site Services - Child and Adolescent

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
Therapeutic Behavioral On-Site Services for Children and Adolescents are designed to assist children who have complex needs as well as their families, in an effort to prevent a more intensive and restrictive behavioral health placement. Coverage must include the provision of these services outside of the traditional office setting. The process must be driven by assessment of the individual needs and strengths of each enrollee and family, and be developed and directed by a treatment team. Therapeutic Behavioral Health On-site Services are comprehensive outpatient services delivered where the child is living, working, or participating in educational activities. These services provide a full range of intensity to the enrollee in his/her natural setting, depending on the need of the enrollee. Therapeutic Behavioral Health On-site Services include therapy services, behavior management services and therapeutic support services. These services may not be provided in a psychiatric hospital, a psychiatric unit of a general hospital, a crisis stabilization unit, or any other setting where the same services are already being paid for by another source. In considering the intensity of Therapeutic Behavioral Health Services, the delivery of these services involves three basic elements: severity of problem, appropriate intensity of service, and the least restrictive and/or intrusive service necessary. Common Service Types: Therapeutic Behavioral On-Site Services are community services and natural supports for children with serious emotional disturbances. Clinical services include the provision of a professional level therapeutic service that may include the teaching of problem solving skills, behavioral strategies, normalization activities and other treatment modalities that are determined to be medically necessary. These services should be designed to maximize strengths and reduce behavior problems or functional deficits stemming from the existence of a mental health disorder. Social services include interventions designed for the restoration, modification and maintenance of social, personal adjustment and basic living skills. Inherent in the concept of Therapeutic Behavioral	Admission Service Components (Must meet all of the following) 1. Complete biopsychosocial strengths-based assessment following Best Practice Guidelines either included in or accompanying a psychological or psychiatric evaluation. 2. Development of an individualized, strengths - based treatment plan which includes specific achievable, behaviorally based and objective treatment goals. Goals directly address the problems that resulted in the need for treatment and build on the enrollee's and his/her family's strengths. Treatment goals describe the roles that will be taken by all relevant participants in addition to the enrollee (e.g., family enrollees, school staff, if relevant, etc). 3. Services are supervised by a qualified health professional. a. Therapy services must be provided by a master's level practitioner supervised by a licensed practitioner of the healing arts. b. Behavior management services must be provided by a certified behavior analyst or certified associate behavioral analyst, working as a member of the enrollee's treatment team. c. On-site therapeutic support services must be provided, at a minimum, by a behavioral health technician supervised by a master's level practitioner. 4. There is documented commitment by the primary care givers (usually parent/guardian) to the therapeutic plan. 5. The treatment team must include the enrollee	Admission Criteria (Must meet 1 through 3; OR 3 through 6) 1. The enrollee has received a psychological or psychiatric evaluation that supports an ICD-9-CM diagnosis of: 298.9 , 300 through 301.9, 302.7, 303 through 312.4 and 312.81 through 314.9. 2. The child/adolescent is enrolled in a special education program for the seriously emotionally disturbed (SED) or the emotionally handicapped; or has scored 60 or below on the Axis V Children's Global Assessment of Functioning Scale within the last six (6) months. 3. Services are recommended by a service planning team which always includes the family; the enrollee if appropriate; other persons who provide natural, informal support to the family; treatment providers; and representatives from other involved systems to the degree possible. 4. Prior to receipt of services, a licensed practitioner of the healing arts experienced in the diagnosis of behavioral health disorders has documented the enrollee has an ICD-9-CM diagnosis of 295 through 298.9 or 303.0 through 305.9. 5. There is adequate evidence to indicate that the enrollee is at risk for a more intensive, restrictive and costly behavioral health placement; 6. Treatment at a lower level of care has been given serious consideration and there is adequate evidence to indicate that the enrollee's condition and functional level cannot be improved with a less intensive service. **Continued Stay Criteria** (Must meet 1 through 4 and either 5 or 6) 1. Enrollee continues to meet the criteria defined in above Admission Criteria. 2. There is a reasonable expectation that the enrollee will benefit from the continuation of Home/Community Services.

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
On-Site Services is that they are developed and tailored specifically to meet individualized enrollee and family needs. Therapy Therapeutic behavioral therapy services include a clinical assessment of mental health, substance abuse or behavioral disorders to determine treatment needs. An assessment and implementation plan is created with the enrollee and his/her family to incorporate the child or adolescents' natural support system. These services also provide development, implementation, and monitoring of behavior programming for the enrollee as well as individual and family therapy as needed. Behavior Management Services Behavior management services provide an assessment of behavior problems, and functions of these problems and related skill deficits and assets. This assessment also identifies primary and other important caregiver skill deficits and assets related to the enrollee's behaviors and the interactions that will motivate, maintain or improve behavior. Behavior management services will develop and coordinate efforts for an individual behavior plan with measurable goals and objectives. The team will provide training for caregivers and others involved with the enrollee in the implementation and monitoring of the behavior plan and revise as needed. Therapeutic Support Services Therapeutic support services must be related to the enrollee's treatment plan goals and objectives and must include one or more of the following: • One-to-one supervision and intervention with the enrollee during therapeutic activities in accordance with the treatment plan; • Skill training of the enrollee for restoration of those basic living and social skills necessary to function in the enrollee's own environment; • Assistance to the enrollee and family in implementing the behavioral goals Identified through family counseling and development of the treatment plan.	and family, other persons who provide natural, informal support to the family system and the professionals involved in providing services. The child-specific plan for therapeutic behavioral on-site services must be based on a thorough assessment, with information from the enrollee and family, regarding needs, strengths and desired outcomes of services. When indicated by the assessment, and agreed to by the family, the plan must reflect referral to, and coordination with, other agencies and resources. It is recognized that involvement of the family in the treatment of the enrollee is necessary and appropriate. Provision of therapeutic behavioral on-site services with the family must clearly be directed toward meeting the identified treatment needs of the enrollee. Continued Stay Service Components 1. Treatment is in process of implementation 2. Active and timely treatment is focused upon stabilizing or reversing symptoms for which treatment was initiated (or prescribed). 3. Interventions are consistent with the enrollee's risk factors and assessment. 4. Treatment plan and service hours have been adjusted to reflect the enrollee/family's progress. 5. Routine assessments and treatment progress updates are completed. 6. Enrollee and family, to the extent possible, are involved in treatment and discharge planning. Continued Stay Documentation Requirement Within six months of the original determination of eligibility for services and every six months thereafter, the members of the enrollee's treatment team must document that the enrollee continues to meet the eligibility criteria stated above. Services may be authorized for less than six months.	3. Treatment promotes developmentally appropriate behavior, activities, skills and social skills for the enrollee in his/her natural context through focusing on his/her individual strengths and needs. 4. Techniques are employed in treatment that are time limited in nature and subordinate to a goal of enhanced autonomy. 5. Appearance of new problems or symptoms which meet admission guidelines. 6. Enrollee requires the continuation of a treatment support system while in the community until an effective family and community support network can be activated. Exclusion Criteria (Any one of the following): 1. Enrollee's identified problem is primarily social, financial, and/or medical (non-psychiatric) in the absence of a primary psychiatric diagnosis of one of the following ICD-9-CM codes: 294.8, 294.9, 295 through 298.9, 300 through 305.9, 307.1, 307.23, 307.5 through 307.7, 308.0 through 312.4, and 312.81 through 314.9. 2. Site of service is not where the primary problems or behaviors of the psychiatric diagnosis are manifested. 3. Enrollee is simultaneously receiving similar therapeutic services of equal or greater intensity via another resource, Discharge Criteria (Must meet all of the following): 1. Enrollee no longer meets Continued Stay Criteria. 2. Enrollee meets the individualized discharge criteria. Within 45 days of admission to therapeutic behavioral on-site services, a plan must be developed with each enrollee and family, which contains specific discharge criteria. The discharge plan must be placed in the enrollee's clinical record.

IV. COMMUNITY MENTAL HEALTH SERVICES

f. Crisis Intervention Mental Health Services and Post-Stabilization Services- Child/Adolescent

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
Crisis Intervention Mental Health Services and Post-Stabilization Services are mobile assessment, referral, intervention and triage services that can occur in any one of a number of settings. These settings include the enrollee's home, residential placement settings, outpatient clinics, foster homes, inpatient medical units, etc. Crisis Intervention services include intervention activities of less than 24-hour duration (within a 24-hour period) designed to stabilize an enrollee in a psychiatric emergency. Should the mobile intervention not be sufficient to stabilize the enrollee, a determination will be made regarding the immediate initiation of a more intensive level of care. Post-stabilization care services include any of the mandatory services that a treating physician views as medically necessary, that are provided after an enrollee is stabilized from an emergency mental health condition in order to maintain the stabilized condition, or under the circumstances described in 42 CFR 438.114(e) to improve or resolve the enrollee's condition. Crisis intervention services may be utilized at various points in the enrollee's course of treatment and recovery. Each intervention, however, is intended to be a discreet, time-limited (e.g., less than 24 hours for crisis intervention) service which stabilizes the enrollee and moves him/her to post-stabilization services, prior to returning to more routine level of care services. Common Settings: • Mobile Crisis Team • Home Health Care • Field Evaluation Services	\Admission Service Components 1. Setting must have the capability to provide for safe environment during the intervention. 2. Professional staff a. Psychiatric consultation must be immediately available to the crisis intervention mental health professional. b. Crisis Intervention services must be provided by licensed or certified qualified mental health professionals or must be provided by an appropriately qualified mental health professional under the direct supervision of a licensed or certified mental health professional. c. When appropriate, such services should be clinically supervised by a licensed physician, ARNP, psychologist (Ph.D.), RN, social worker; in such instances documentation should be reviewed and co-signed by the supervisor. d. Services must be provided within the applicable scope of practice guidelines. 3. Level of skilled intervention must be consistent with enrollee risk. 4. Crisis response must include: diagnostic interview, risk assessment, Mental Status Exam, family evaluation, review of records, consultation with other professionals, therapeutic interventions with enrollees and families, immediate disposition or short-range treatment planning to resolve the crisis, and Case Management/linkage to appropriate level of care. 5. Crisis services, including 24-hour telephonic	Admission Criteria (Must meet 1 through 4) 5. A known or suspected principal ICD-9-CM Axis I or II diagnosis of one of the following: This diagnosis must be one of the following ICD-9-CM codes: 290.0-290.43, 293.0 -298.9, 300.00-301.9, 302.7, 306.51-312.4, 312.81-314.9, 315.3, 315.31, 315.5, 315.8, and 315.9. 1. Serious consideration and is determined to be clinically inappropriate. 2. Level of Stability - (Must meet a and b) a. Risk to self, others and/or property is present. Risk may range from likely to imminent. b. The immediate response is to conduct a thorough assessment of risk, mental status, psychosocial functioning and medical stability, and if necessary, to intervene immediately to de-escalate the crisis. 4. Degree of Impairment - (Must meet a and b) a. Enrollee has insufficient or severely limited resources or skills necessary to cope with the immediate crisis. b. Enrollee demonstrates impaired judgment and/or lack of impulse control and/or cognitive/perceptual abilities apparently arising from a psychiatric condition or chemical dependence. Continued Stay Criteria 1. Crisis intervention services may be utilized at various points in the enrollee's course of treatment and recovery. Each intervention, however, is intended to be a discreet, time-limited (e.g., less than 24 hours for crisis intervention) service which stabilizes the enrollee and moves him/her to the post-stabilization services, prior to returning to more routine level of care services. Exclusion Criteria (Any one of the following): 1. Enrollee's identified problem is primarily social, financial, and/or medical (non-psychiatric) in the absence of a primary psychiatric diagnosis of one of the following: 290.0-298.9, 300.00-301.9, 302.7, 303-312.4, 312.81-314.9, 315.3, 315.31, 315.5, 315.8, and 315.9. 2. Enrollee can safely be transported to appropriate treatment setting to address

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	access must be available. 6. Post-stabilization services must be readily available to maintain the enrollee's stabilization or continue to help the enrollee improve his/her condition. *Continued Stay Service Components not applicable*	the enrollee's clinical needs. 3. Enrollee's current situation does not significantly compromise the enrollee's environment or family function, whereupon removal from the environment is necessary. 4. Enrollee's situation is of a severity that inpatient services may be necessary if immediate intervention does not occur. Discharge Criteria 1. Enrollee no longer meets medical necessity for this level of care.

IV. COMMUNITY MENTAL HEALTH SERVICES

g. Substance Abuse Services—Child/Adolescent

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
Substance Abuse Services Enrollees will receive Medicaid-funded substance abuse services through the fee-for-service system. Magellan care managers will use the Florida Supplement to the ASAM PPC-2R to assist enrollees in obtaining and locating needed services in this area.	Magellan will offer linkages to substance abuse providers and will coordinate and integrate care with mental health and substance abuse treatment. Coordination will be reflected in the Individualized Treatment Plan for enrollees with co-occurring disorders.	The Florida Supplement to the ASAM PPC-2R is used for the coordination of mental health treatment with substance abuse providers.

V. MENTAL HEALTH TARGETED CASE MANAGEMENT- Child and Adolescent

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
Mental Health Targeted Case Management Services are direct outpatient services delivered in the enrollee'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 for enrollees with a serious mental illness or emotional disorder. Such services are designed to provide assistance to priority population enrollees in accessing needed resources and services in order to achieve stability in the community. **Mental Health Targeted Case Management Services** are similar to Intensive Case Manage (ICM) in that the activities are the same. It differs in level of intensity and is targeted for enrollees with less complex needs.	**Admission Service Components** **(Must meet all of the following)** 1. Services are organized as a separate service, meet the Mental Health Targeted Case Management Coverage and Limitations Handbook requirements and are supervised by a qualified mental health professional. a. The supervisor (if certified on or after July 1, 1999) either has a master's degree or a bachelor's degree with five years of case management experience and case management training required by the Department of Children and Families. b. Case management program workers are supervised closely and services provided are within the workers scope of training and experience. c. Services are coordinated with the enrollee's mental health therapist or psychiatrist (when enrollee is receiving such services), and involved others. d. Formal and informal linkages with other services providers are established to carry out case management functions. 2. A thorough holistic and functional assessment updated annually to serve as the basis for the development of the enrollee's service plan. The assessment reviews the enrollee's emotional, social, behavioral, and developmental functioning within the home, school, work, and community. 3. Development of an individualized strengths-based, targeted, focused plan directed toward the reduction or alleviation of the impairment that resulted in the enrollee seeking services. The plan must reflect the least restrictive, most efficacious services available.	**Admission Criteria** **(Must meet 1-8; or 9)** 1. Enrolled in a Department of Children and Families children's mental health target population; 2. Has a disability which requires advocacy for and coordination of services to maintain or improve level of functioning; 3. Requires services to assist in attaining self sufficiency and satisfaction in the living, learning work and social environments of choice; 4. Lacks a natural support system with the ability to access needed medical, social, educational, and other services; 5. Requires ongoing assistance to access or maintain needed care consistently within the service delivery system; 6. Has a disability duration that, based upon professional judgment, will last for a minimum of one year; 7. In out-of-home mental health placement or at documented risk of out-of-home mental health treatment placement; and 8. Not receiving duplicate case management services from another provider; Or 9. Has relocated from a Department of Children and Families district where he or she was receiving mental health targeted case management services. **Continued Stay Guidelines** **(Must meet 1 through 4)** 1. Enrollee continues to meet medical necessity criteria for this level of care.

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	4. Development of specific, achievable, behavioral-based and objective goals which directly address the programs that resulted in the enrollee seeking services. 5. Service plan developed by the case manager with the enrollee and family, which includes: a. Documented assessment of the enrollee's strengths and needs. b. Specific goals, objectives, responsible persons, time frames for completion and the case manager's role in relating to the enrollee and involved others. c. Signatures of the enrollee, the enrollee's parent, guardian, or legal custodian, the case manager and the case manager's supervisor. 6. Assistance provided in linking with services, gaining access to services, monitoring the delivery of services, problem resolution, use of community resources, and network building. Continued Stay Criteria (Must meet all of the following) 1. Written Case management plan has been implemented, and modified to reflect enrollee's progress and/or new information. 2. Active and timely services are being provided where the enrollee resides or needs service. 3. Face-to face contact is made at least monthly for a child enrollee or the family. 4. Interventions are consistent with the enrollee's service plan and demonstrate enrollee is accessing services and needed resources or is exhibiting improved functioning with Case management Services.	2. There is a reasonable expectation that the enrollee will benefit from continuing Case management. This is observable as a positive or beneficial response to services which may include, but are not limited to: a. Consistently attending scheduled therapy sessions/Case management meetings, b. Family and community integration, c. Vocational/educational participation, and d. Reduced hospital lengths of stay or child out-of-home placement, e. Reduced use of crisis-only services 3. Enrollee 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 Case management Services or removal of services would result in enrollee's destabilization. 4. Techniques employed in Case management are time limited in nature and subordinate to a goal of enhanced enrollee autonomy. Exclusion Criteria (Any one of the following): 1. Enrollee or enrollee's representative does not accept Mental Health Targeted Case Management (MHTCM). 2. MHTCM is not endorsed by the enrollee's primary mental health providers. 3. Enrollee does not meet the Admission guidelines for MHTCM. 4. Enrollee requires services of a higher intensity, e.g. residential treatment. 5. Diagnosis of primary substance disorder or developmental disability disorder. Discharge Criteria (Must meet 1 and 2) 1. Enrollee no longer meets continued stay criteria. 2. A discharge plan had been developed including: a. A recommended aftercare plan which contains the signature of the enrollee, the family, involved others, and b. A transition session is scheduled with the aftercare interagency team

VI. SPECIALIZED THERAPEUTIC FOSTER CARE SERVICES

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
Specialized therapeutic foster care services integrate clinical treatment services including behavioral, psychological and psychosocial in orientation. Services must include clinical interventions by the specialized therapeutic foster parent(s), a clinical staff person, and a psychiatrist. Services are appropriate for long-term treatment and short-term crisis intervention. The goal of specialized therapeutic foster care is to enable an enrollee to manage and to work towards resolution of his or her emotional, behavioral, or psychiatric problems in a highly supportive, individualized, and flexible home setting. Specialized therapeutic foster care services must be offered at Level I or Level II intensity depending upon the needs of the enrollee. No more than two specialized or regular foster care enrollees or children/adolescents committed to Juvenile Justice may reside in a home being reimbursed for specialized therapeutic foster care services. *Specialized Therapeutic Foster Care Levels of Service* There are two levels of specialized therapeutic foster care, which are differentiated by the type of supervision and training of the foster parents and intensity of programming required. Specialized therapeutic foster care levels are intended to support, promote competency, and	Setting and Admission Components Specialized therapeutic foster care services are intensive treatment services provided to enrollees with emotional disturbances that reside in a state licensed foster home. Specialized therapeutic foster care services are appropriate for long-term and short-term treatment and crisis intervention. Specialized therapeutic foster care services and crisis intervention are available at either Level I or Level II intensity depending upon the needs to the enrollee. The three specialized therapeutic foster care services are: • Specialized Therapeutic Foster Care, Level I; • Specialized Therapeutic Foster Care, Level II; and • Crisis Intervention. Provider Requirements Providers of specialized therapeutic foster care services must: • Be certified by the Community Based Care program office and the Area Medicaid office or Juvenile Justice as a specialized therapeutic foster care services provider; and • Be enrolled in Medicaid as a specialized therapeutic foster care provider. Providers must be certified annually by the designated Substance Abuse and Mental Health office, the district Child Welfare and Community Based Care program office or Juvenile Justice and area Medicaid staff as meeting the specific qualifications to provide these specialized services. Certification will be withdrawn if the provider fails to continue to meet the specific qualifications to provide these specialized services. Admission Service Components (Must meet all of the following) 1. No more than two specialized or regular foster care children or children committed to Juvenile Justice may reside in a home being reimbursed for specialized therapeutic foster care services. Only in the case of placement of a sibling(s) of the therapeutic foster care child may the two-child limit be exceeded and only when the specialized therapeutic foster home has the licensed capacity.	Admission Criteria – Level I (Must meet 1-3, and either 4 or 5.) Level I is for an enrollee who has: 1. A serious emotional disturbance, including a mental, emotional or behavioral disorder as diagnosed by a psychiatrist or other licensed practitioner of the healing arts. Without specialized therapeutic foster care, the enrollee would require admission to a psychiatric hospital, the psychiatric unit or a general hospital, a crisis stabilization unit or a residential treatment center or has, within the last two years, been admitted to one of these settings. 2a. A history of delinquent acts and has a serious emotional disturbance. The enrollee may exhibit maladaptive behaviors such as destruction of property, aggression, running away, use of illegal substances, lying stealing, etc. The enrollee may display impaired self-concept, emotional immaturity or extreme impulsiveness, and immaturity impairs decision-making and places the enrollee at risk in a non-therapeutic community setting; or 2b. A history of abuse or neglect and serious emotional disturbance. The enrollee's emotional and behavioral patterns are marked by self-destructive acts, impaired self-concept, heightened aggression, or sexual acting out. Additional signs of social and emotional maladjustment such as lying, stealing, eating disorders and emotional immaturity may also me identified. 3. Been determined by the multi-disciplinary team that the enrollee cannot be adequately treated with less intensive services. 4a. Been a victim of abuse or neglect; and 4b. Been determined by the Department of Children and Families, district Child Welfare and Community Based Care program office to required out-of-home care. OR 5a. Committed acts of juvenile delinquency; and

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
enhance participation in normal age-appropriate activities of enrollees who present moderate to severe emotional or behavioral management problems. Programming and interventions are tailored to the age and diagnosis of the enrollee. Placement in a home certified as a Level I or Level II specialized therapeutic foster home is intended for enrollees determined eligible for specialized therapeutic foster care services. Any exceptions to this requirement must be approved in writing by the multidisciplinary team. *Level I Specialized Therapeutic Foster Care* Level I characterized by close supervision of the enrollee within a specialized therapeutic foster home. Services must include clinical interventions by the specialized therapeutic foster parent(s), a clinical staff person and a psychiatrist. Level I is for an enrollee with serious emotional disturbance, including a mental, emotional or behavioral disorder as diagnosed by a psychiatrist or other licensed practitioner of the healing arts. Without specialized therapeutic foster care, the enrollee would require admission to a psychiatric unit of a general hospital, a crisis stabilization unit or a residential treatment center or has, within the last two years, been admitted to one of these settings. *Level II Specialized Therapeutic Foster Care*	2. The specialized therapeutic foster parent(s) serves as the primary agent in the delivery of therapeutic services to the enrollee. Specialized therapeutic foster parents are specially recruited and trained in interventions designed to meet the individual needs of the enrollee. 3. One of the following individuals must serve in the role of specialized therapeutic foster care clinical staff for each enrollee: a. Psychiatric Nurse; b. Clinical Social Worker; c. Mental Health Counselor; d. Marriage and Family Therapist; e. Mental Health Professional; or f. Psychologist. Continued Stay Service Components (Must meet all of the following) 1. Clinical staff are responsible for: a. Directly supervising and supporting the specialized therapeutic foster parents throughout the enrollee's length of stay; b. Evaluating and assessing enrollees who are receiving services; c. Contributing to and participating in the preparation of a treatment plan; d. Providing in-service training to the therapeutic foster care parents, targeting skills needed to comply with treatment plan requirements; e. Supervising the performance of the specialized therapeutic foster care parent(s); f. Working with the Department of Children and Families, district Child Welfare and Community Based Care program office, or Juvenile Justice counselor to coordinate other treatment initiatives, including school performance, permanency and reunification planning; g. Preparing and training the enrollee's biological or legal parents to resume care of their child/adolescent when reunification is the goal; h. Working with the enrollee's targeted case manager if one has been assigned; i. Conducting regularly scheduled face-to-face meetings with the specialized therapeutic foster parents in order to monitor the enrollee's	5b. Been adjudicated delinquent and committed to the Department of Juvenile Justice, and the court must have ordered a low-risk residential community commitment setting for the enrollee. Admission Criteria – Level II (Must meet Admission Criteria for Level I and the following 6th criteria) 6. Level II is for an enrollee who meets the criteria for Level I and who exhibits more severe maladaptive behaviors such as destruction of property, physical aggression toward people or animals, self inflicted injuries, and suicide indications or gestures, or an inability to perform activities of daily and community living due to psychiatric symptoms. The enrollee requires more intensive therapeutic interventions and the availability of highly trained specialized therapeutic foster parents. Admission Criteria – Crisis Intervention Services (Must meet the following) 1. Specialized therapeutic foster care services may be used for crisis intervention for an enrollee for whom placement must occur immediately in order to stabilize a behavioral, emotional, or psychiatric crisis. The enrollee must be in foster care or commitment status and meet Level I or Level II criteria. Continued Stay Criteria (for Level I, II, and Crisis Intervention): 1. The multi-disciplinary team must determine the level of specialized therapeutic foster care services required by the enrollee, and review each child/adolescent's status to re-authorize services no less than every six months. A specialized therapeutic foster home may be used as a temporary crisis intervention placement for a maximum of 30 days. Any exception to this length of stay must be approved in writing by the multidisciplinary team. Exclusion Criteria: (Any one of the following): 1. The enrollee's functional and behavioral problems are primarily related to cognitive or developmental disabilities.

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
Level II is characterized by frequent and intense contract between the specialized therapeutic foster parents, the enrollee and the professional staff. Level II Home must have at least one licensed parent who is not employed outside the home and is available 24 hours per day. Level II is intended to provide a high degree of structure, support, supervision and clinical intervention. *Crisis Intervention Services* Specialized therapeutic foster care services may be used for crisis intervention for an enrollee for whom placement must occur immediately in order to stabilize a behavioral, emotional or psychiatric crisis. The enrollee must meet criteria.	progress and discuss treatment strategies and services; and j. Conducting monthly visits to other community settings to observe the enrollee's behavioral, psychological and psychosocial progress and to coordinate treatment intervention. 5. Home visits will be conducted as often as necessary to support the foster parent(s) and enrollee making progress toward the treatment goals. A telephone call may not substitute for a home visit. Home visits must be individually documented to substantiate the service. Home visits will be conducted by clinical staff in accordance with the level of service designated in the enrollee's treatment plan, but no less than: • Level I – once per week; or • Level II and Crisis Intervention – twice per week. 6. A psychiatrist must interview the enrollee to assess progress toward meeting treatment goals. A psychiatrist must update the treatment plan on an as needed basis, but at least: • Level I – on a quarterly basis; or • Level II and Crisis Intervention – on a monthly basis. 7. The treatment needs of the enrollee require that a specialized therapeutic foster parent be available 24 hours per day to respond to crises or to the need for special therapeutic interventions. This may require that one of the foster parents not work outside the home. A Level II specialized therapeutic foster home must have at least one licensed parent who is not employed outside the home and is available 24 hours a day. 8. For crisis intervention services, a comprehensive behavioral health assessment must be initiated (through referral), by the vendor, within 10 working days of crisis intervention placement for any enrollee who has not been previously authorized for specialized therapeutic foster care and has not had a comprehensive behavioral health assessment within the past year.	2. Enrollee has medical issues that prevent utilization of specialized therapeutic foster care. Discharge Criteria: (Must meet 1 and 2): 1. The symptoms/behaviors that precipitated admission have sufficiently improved so that the enrollee can be maintained at a lesser level of care and enrollee will not be compromised with treatment being given at a less intensive level of care. 2. A comprehensive discharge plan has been developed in consideration of: a. Enrollee's strengths, social and/or familial support system, resources and skills, identification of triggers for relapse; and other factors/obstacles to improvement, and living arrangements; and b. Discharge is not likely to interfere with gains achieved while in specialized therapeutic foster care; and c. Documentation of rationale for discharge addresses negative effect of multiple placements on the enrollee, assessment of enrollee to maintain positive gains achieved, and other pertinent discharge issues.

VII. THERAPEUTIC GROUP CARE SERVICES

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
Therapeutic Group Care Services (TGCS) are community-based psychiatric residential treatment services designed for children and adolescents with moderate to severe emotional disturbances. They are provided in a licensed residential group home setting serving no more than 12 children and adolescents. Treatment includes provision of psychiatric, psychological, behavioral and psychosocial services to enrollees who meet the specified clinical criteria. TGCS is intended to provide a high degree of structure, support, supervision, and clinical intervention in a home-like setting. Services are highly supportive, individualized, and flexible and are designed to maximize an enrollee's strengths and reduce behavior problems or functional deficits stemming from a mental health disorder. The goal of TGCS is to enable an enrollee to self-manage, and work toward resolution of emotional, behavioral or psychiatric problems towards the long-term goal of returning to a normalized living situation with a family, foster family, in a residential group care setting or an independent living situation. Providers must comply with the regulations listed in the Community Behavioral Health Services Coverage and Limitations Handbook.	Admission Service Components (Must meet all of the following) 1. A provider of TGCS must be: a. Designated by the district or regional Department of Children and Families, Substance Abuse and Mental Health program office, as a therapeutic group care provider; b. Properly licensed in accordance with Chapter 409.175.F.S. and Chapter 65C-14, F.A.C., by the district Child Welfare and Community Based Care program office; c. Certified by the district or regional DCF, district SAMH and Child Welfare and CBC program offices, and the area Medicaid office, as meeting specific criteria for providing TGCS and have a Therapeutic Group Care Provider Agency Certification Form completed and signed by the designated SAMH program office, the Child Welfare and CBC program office and the area Medicaid field office. 2. Services are intended to support, promote and enhance competency and participation in normal age-appropriate activates of enrollees who present moderate to severe psychiatric, emotional or behavioral management problems related to a psychiatric diagnosis. 3. Programming and interventions are highly individualized and tailored to the age and diagnosis of the child. 4. The provider of TGCS must be able to provide: a) A home-like, therapeutic group care setting serving no more than 12 enrollees; b) A therapeutic environment with an identified treatment orientation described and supported in the literature that is understood by all staff and by enrollees; c) Consistent implementation of policy by staff; d) A range of age-appropriate recreational activities, including	Admission Criteria (Must meet all of the following): 1. In order to receive services, an enrollee must be authorized by a multidisciplinary team. The team should be minimally comprised of at least one representative from the district SAMH program, district Child Welfare and Community Based Care program office and the area Medicaid office. When appropriate, members should include the enrollee, the enrollee's parent/caregiver, current mental health targeted case manager, school representatives, child welfare case manager, and other pertinent parties who are involved in meeting the behavioral health needs of the enrollee. For enrollees in the custody of their parents, the team must assess whether the enrollee requires TGCS or may be adequately served with less intensive services. For enrollees in care and custody, a qualified evaluation must find that the enrollee is suitable for placement. Such findings must be provided to the team for authorization purposes. An enrollee must be authorized by the team as meeting the following: 2. An ICD-9-CM diagnosis of: a) 295.0 through 298.9; or b) 294.8, 294.9, 300 through 301.9, 307.1, 307.23, 307.5 through 307.7, 308.0 through 312.4, 312. 81 through 314.9, and either been enrolled in a special education program for the seriously emotional disturbed or emotionally handicapped or have scored 50 or below on the Axis V Global Assessment of functioning Scale or CGAS with the past six months. The justification for the score must be well documented and detailed on the certification form. 3. Diagnosed by a psychiatrist or other licensed practitioner of the healing arts as having a moderate to serious psychiatric, emotional, or behavioral disorder and due to the emotional or psychiatric symptoms, is exhibiting severe maladaptive behaviors or an inability to perform activities of daily living. 4. The enrollee must require intensive, structure mental health interventions and the availability of highly trained therapeutic group care staff. 5. The enrollee must have reached the maximum benefit from a more restrictive setting or a less restrictive treatment option may have been tried or considered and found not sufficient to meet safely the enrollee's treatment needs.

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	activities for nights and weekends; e) Access to, and coordination with, an accredited educational program for each enrollee; f) Access to and coordination with primary care health care providers; g) Behavioral programming that is individually designed and implemented to support the development of adaptive, pro-social interpersonal behavior; h) Psychiatric crisis management with demonstrated 24 hour response capability with access to acute care setting and behavioral health emergency management services. 5. TGCS providers must provide the following services: a) Thorough assessments based on strengths and needs of enrollee and family members. b) Individualized treatment planning; c) A primary clinician who is responsible for overall coordination and monitoring of treatment; d) Face-to-face therapeutic contact for each enrollee with at least twice weekly contact with primary clinician; e) Family therapy at least weekly; f) Substance abuse prevention, assessment and treatment services whenever indicated; g) Provision of social and rehabilitative services when indicated; h) Services that promote increased capacity for independent living for older adolescents; behavioral programming to support the development of adaptive, pro-social interpersonal behavior; i) Psychiatric crisis management; j) Services to integrate the enrollee into the community including participation in extracurricular activities, community supports and other activities based on enrollee's strengths and interests. k) Discharge and after care planning;	Continued Stay Criteria (Must meet 1 through 3) 1. The multidisciplinary team must re-authorize TGCS no less than every six month for the first 12 consecutive months of placement and then no less than every month for the following 12 consecutive months. 2. The focus of services must be directly related to the enrollee's mental health or substance abuse condition. 3. The intensity and individual utilization of treatment services must be determined by, and must be directly related to, the enrollee's specific needs as identified in the individualized treatment plan. Services must be provided in accordance with the enrollee's individualized treatment plan and reflected in the clinical record. Exclusion Criteria (Any one of the following) 1. The enrollee's functional and behavioral problems are primarily related to cognitive or developmental disabilities. 2. Enrollee has medical issues that prevent utilization of therapeutic group care services. Discharge Criteria (Must meet all of the following) 1. The symptoms/behaviors that precipitated admission have sufficiently improved so that the enrollee can be maintained at a lesser level of care and enrollee will not be compromised with treatment being given at a less intensive level of care. 2. A comprehensive discharge plan has been developed in consideration of the enrollee's; a. Strengths b. Compliance with past treatment c. Social and/or familial support system d. Resources and skills e. Identification of triggers for relapse, and other factors/obstacles to improvement, and f. Living arrangements

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	l) At least monthly review of a treatment plan m) Coordination of care that includes linkages with schools, primary medical care, and community services. 6. The provider must have a psychiatrist, nurse, and behavioral analyst on staff or under contract. 7. Enrollees receiving services must be assigned a primary clinician who is a psychologist, psychiatric nurse, social worker, MH counselor, marriage and family therapist or MH professional. 8. The provider must comply with the direct care staff-to-child ratios listed in the Community BH Services Coverage and Limitations Handbook.	3. Discharge is not likely to interfere with gains achieved while in therapeutic group care services.

VIII. COMPREHENSIVE BEHAVIORAL HEALTH ASSESSMENT

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
Comprehensive Behavioral Health Assessment (CBHA) is an in-depth and detailed assessment of the enrollee's emotional, social, behavioral and developmental functioning within the family home, school, and community. A CBHA must include direct observation of the enrollee in the home, school and community, as well as in the clinical setting. Goals of the CBHA: • Provide assessment of areas where no other information exists; • Update pertinent information not considered to be current; • Integrate and interpret all existing and new assessment information; • Provide functional information, including strengths and needs, to the referral source, enrollee and family that will aid in the development of long and short-term, culturally sensitive intervention strategies to enable the enrollee to live and receive his or her education in the most inclusive environment; • Provide specific information and recommendations to accomplish family preservation, re-unification, or re-entry and permanency planning; • Provide date to promote the most appropriate out-of-home placement when necessary; and • Provide information for development of an effective, individualized, strength based, culturally competent, comprehensive services plan and a Medicaid community behavioral health services individualized treatment plan, when indicated.	Admission Service Components (Must meet all of the following) 1. CBHA must be administered by a provider who has been certified by the designated district Substance Abuse and Mental Health office or Child Welfare and CBC program office or Department of Juvenile Justice, and Area Medicaid staff as meeting specific education and training requirements. 2. Within one working day of receipt of referral for a CBHA, the CBC will assign a CBHA assessor to the enrollee. 3. Any new enrollee who has not had a CBHA completed within the last year and is eligible for a CBHA must be referred for a CBHA evaluation within 10 days of out-of-home placement. 4. The CBHA provider must complete the summary page of the Child and Adolescent Needs and Strengths (CANS-MH or CANS 0-3) assessment tool to serve as the front page of the completed report. 5. Within 24 calendar days of assignment, the CBHA provider must complete the assessment and send the report of findings to the Child Welfare Case Worker. 6. If a CBHA has been completed for an enrollee prior to the child's enrollment in the CWPMHP, the CBC an shall obtain and provide to relevant parties a copy of the CBHA within 10 days of enrollment and prior to completion of the ITP. 7. The CBHA shall contain all required components as listed in the Medicaid Community Behavioral Health Services Coverage and Limitations Handbook as	Admission Criteria (Must meet 1-3; or 4-6; or 7-8): In order to receive a CBHA, an enrollee must be 0-20 years of age and: 1. Be experiencing serious emotional disturbance; and 2. Be a victim of abuse or neglect; and 3. Have been determined by the Department of Children and Families district or regional Child Welfare or Community Based Care provider to require out-of-home care. Or, 4. Have committed acts of juvenile delinquency; and 5. Be experiencing serious emotional disturbance; and 6. Have been adjudicated delinquent and committed to the Department of Juvenile Justice and the court must have ordered a low-risk residential community commitment setting for the enrollee. Or, 7. Be a victim of abuse or neglect; 8. Have been determined by the Department of Children and Families district or regional Child Welfare or Community Based Care provider, to require out-of-home care and be placed in shelter status. Continued Stay Criteria N/A Exclusion Criteria N/A Discharge Criteria N/A Additional Review Criteria (Must meet one of the following to receive approval of over 15 hours for an individual or over 10 hours for children ages 0-5, not previously diagnosed or additional children in a sibling group). 1. The Child has been previously diagnosed with a mental health condition and displays significant behavioral health concerns, or significant developmental / medical concerns that necessitate additional time for

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	specified for ages 0-5 and 6-20. 8. The CBC shall work with the Child Welfare Case Worker to address recommendations for behavioral health services. 9. The results and recommendations of the CBHA shall be reflected in the development of the enrollee's Individualized Treatment Plan (ITP). The CBC shall justify in the enrollee's clinical record any recommendations that have not been adopted. Services are intended to support, promote and enhance competency and participation in normal age-appropriate activates of enrollees who present moderate to severe psychiatric, emotional or behavioral management problems related to a psychiatric diagnosis.	interviewing, observation and record review. 2. Child has treatment concerns demonstrating a lack of progress in current program, recent hospitalizations, frequent moves and/or treatment disruptions, which necessitate additional time for interviewing observation and record review. 3. Child's treatment/medical history and behavioral health concerns have complicated the process of differential diagnosis, necessitating additional time for interviewing, observation and record review. 4. For siblings: Children have multiple parent / caretaker relationships making the parent/caretaker interview process lengthier.

IX. RESPITE—Child/Adolescent

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
In/Out of Home Respite are community and home-based services and can be provided in a variety of settings. Respite services are for short-term environmental/symptom stabilization related to mental health symptoms. Such services are intended to be used for one to three continuous twenty-four (24) hour periods, not to exceed 72 hours. Services are provided by professional or paraprofessional staff in a safe environment. In/Out of Home Respite can be planned or in response to an urgent need for an environmental intervention. Medical and psychiatric services are readily accessible. Planned respite should be part of a community-based treatment plan that includes Magellan clinical staff and all appropriate parties, including the enrollee/family/guardian. Appropriate respite should be provided for the support of a reduction in mental health symptoms that may be promoted by the alternative environment. Out of Home Respite Examples: • Shelters • Respite Homes • Residential Settings. In Home Respite Examples: • Enrollee Home Environment • Family/Caregiver/Guardian Home Environment	Service Components (Must meet all of the following) 1. A Plan Respite provider is licensed at the 24 hour care level by the State and staff must have access to a Florida-licensed independent mental health professional. 2. Staff a. Basic training in mental health symptomatology. b. Emergency response training, (i.e., CPR). c. Training in crisis identification and response procedures. 3. Available bed(s) and designated staff assigned for 24 hour supervision. 4. Ability to coordinate with other providers regarding the treatment and discharge planning of enrollees in respite care. 5. A licensed independent mental health practitioner on-call 24 hours per day, seven days per week. Individual(s) should be employed or contracted with the in/out-of-home respite provider; and/ or enrollee's psychiatrist or other licensed physician who is available by phone for consultation 24 hours per day, seven days per week. 6. In a crisis presentation the member must be evaluated by a licensed mental health practitioner within the first 24 hours. 7. Continuous documentation of enrollee activities/progress and any Case Management activity while in respite care. All notes co-signed by the appropriate clinical health staff. 8. Immediate access to local hospital/emergency care under the care of a licensed psychiatrist.	Admission Criteria (Must meet all of the following): 1. Outpatient services, including TBOS and wraparound services, will not meet the family's needs for support, education and crisis intervention. 2. The enrollee will benefit from a temporary separation from family and caregiver to address the mental health needs of the family system. 3. Family and caregivers are unable to participate in the normal activities of daily life in the community as a result of caring for the enrollee, thus putting the enrollee at risk for out-of-home service level beyond the scope of Respite Care. 4. The enrollee is medically stable. Continued Stay Criteria N/A This is a 72 hour placement. For a continued stay beyond the 72 hours refer to Specialized Therapeutic Foster Care, Crisis Intervention criteria. Exclusion Criteria (Any one of the following): 1. Enrollee meets the criteria for a more or less intensive and restrictive level of care. 2. Enrollee is at risk to harm self, others or property. 3. Enrollee has medical condition(s) that prevent utilization of Respite care. Discharge Criteria (Either of the following): 1. Treatment plan goals and objectives have been substantially met. 2. The crisis that precipitated admission has been stabilized and ongoing family system needs have been identified for follow up intervention in a less restrictive level of care. 3. Enrollee meets criteria for a more or less intensive and restrictive level of care.

X. SUPPORT GROUP SERVICES - Child/Adolescent

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
This service is designed for parents or caregivers of children with serious emotional disturbance. The service, self-help groups for parents or caregivers, is based on the belief that caregivers of individuals with serious mental illness can help each other through mutual support. Most groups are led by parents, but may be led by a professional. These groups may be operated by NAMI, other advocacy groups, community mental health agencies, or developed by parents of children with mental illness.	Support groups are often time-limited but may be open-ended. There is usually an educational component to the meetings in addition to emotional support. Service Components (Must meet all of the following) The leader: 1. Is either a trained parent or mental health professional. 2. Engages participants with warmth, understanding, and attention to enrollee's needs and desires. 3. Focuses conversation on family and enrollees' strengths and is cultural-competent. 4. Helps participants identify problems and find appropriate and constructive solutions. 5. Helps participants locate other necessary resources, support, and treatment.	Admission Criteria (Must meet all of the following) 1. Enrollee is the parent or caregiver of a child with serious emotional disturbance. 2. Caregiver may be anyone who provides direct support and is actively involved in caring for the enrollee. The enrollee does not have to be a relative or a person sharing the same living space. Continued Stay Criteria: Do not apply. Exclusion Criteria (Any one of the following): 1. The leader can require participants to withdraw from the group if they are excessively disruptive or demonstrate aggressive behaviors towards other group participants. 2. The parent or caregiver declines to participate in the group. Discharge Criteria (Either of the following) 1. The parent or caregiver has maximized benefit from the group. 2. The parent or caregiver is no longer interested in participating in the group.

XI. PSYCHOLOGICAL TESTING

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
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. Psychological testing may be used to guide differential diagnosis in the treatment of psychiatric disorders and disabilities. Testing may also 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.	Service Components 1. Prior to psychological testing, the individual must be assessed by a qualified behavioral health care provider. The diagnostic interview determines the need for and extent of the psychological testing. 2. A licensed doctoral-level psychologist (Ph.D., Psy.D. or Ed.D.), or other qualified provider as permitted by applicable state and/or federal law, who is credentialed by and contracted with Magellan, administers the tests. 3. Requested tests must be valid and reliable, and the most recent version of the test must be used. The instrument must be age-appropriate and meet the individual's developmental, linguistics, and cultural requirements. *Continued Stay Service Components are not applicable.*	Admission Criteria (must meet all of the following): 1. The reason for testing must be based on a specific referral question or questions from the treating provider and related directly to the psychiatric or psychological treatment of the individual. 2. The specific referral question(s) cannot be answered adequately by means of clinical interview and/or behavioral observations. 3. The testing results based on the referral question(s) are reasonably expected to provide information that will effectively guide the course of treatment. Continued Stay Criteria N/A Exclusion Criteria (Any one of the following): 1. The testing is primarily for educational or vocational purposes. 2. Similar testing has been completed within the last 3 years. 3. The testing is primarily for the purpose of determining if an individual is a candidate for a specific type or dosage of psychotropic medication. 4. Unless allowed by the individual's benefit plan, the testing is primarily for the purpose of determining if an individual is a candidate for a medical or surgical procedure. 5. The testing results could be invalid due to the influence of a substance, substance abuse, substance withdrawal, or any situation that would preclude valid psychological testing results from being obtained (e.g., an individual who is uncooperative or lacks the ability to comprehend the necessary directions for having psychological testing administered). 6. The testing is primarily for diagnosing Attention-Deficit Hyperactive Disorder (ADHD), unless the diagnostic interview, clinical observations, and results of appropriate behavioral rating scales are inconclusive. 7. Two or more tests are requested that measure the same functional domain. 8. Testing is primarily for legal purposes, including custody evaluations, parenting assessments, or other court or government ordered or requested testing.

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		9. Requested tests are experimental, antiquated, or not validated. 10. The testing request is made prior to the completion of a diagnostic interview by a behavioral health provider, unless pre-approved by Magellan. 11. The testing is primarily to determine the extent or type of neurological impairment, including non covered diagnoses. 12. The number of hours requested for the administration, scoring, interpretation and reporting exceeds the generally accepted standard for the specific testing instrument(s), unless justified by particular testing circumstances. Discharge Criteria: N/A

XII. MENTAL HEALTH 0-5

a. Therapeutic Behavioral On Site Services

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
Therapeutic Behavioral On-Site Services for Children and Adolescents are designed to assist children who have complex needs as well as their families, in an effort to prevent a more intensive and restrictive behavioral health placement. Coverage must include the provision of these services outside of the traditional office setting. The process must be driven by assessment of the individual needs and strengths of each enrollee and family, and be developed and directed by a treatment team. Therapeutic Behavioral Health On-site Services are comprehensive outpatient services delivered where the child is living, working, or participating in educational activities. These services provide a full range of intensity to the enrollee in his/her natural setting, depending on the need of the enrollee. Therapeutic Behavioral Health On-site Services include therapy services, behavior management services and therapeutic support services. These services may not be provided in a psychiatric hospital, a psychiatric unit of a general hospital, a crisis stabilization unit, or any other setting where the same services are already being paid for by another source. In considering the intensity of Therapeutic Behavioral Health Services, the delivery of these services involves three basic elements: severity of problem, appropriate intensity of service, and the least restrictive and/or intrusive service necessary. Common Service Types: Therapeutic Behavioral On-Site Services are community services and natural supports for children with serious emotional disturbances. Clinical services include the provision of a	Admission Service Components (Must meet all of the following): 1. Prior to receiving any community behavioral health services, infants and children ages 0 through 5 years must have a current assessment (within a year) that meets the requirements listed below. For children ages 0-5 years, the assessment must include the following components: Presenting symptoms and behaviors; a. Developmental and medical history - history of pregnancy and delivery, past and current medical conditions and developmental milestones. b. Family psychosocial and medical history (may be as reported or based upon collateral information); c. Family functioning, cultural and communication patterns and current environmental conditions and stressors; d. Clinical interview with the primary caretaker and observation of the caregiver-infant (child) relationship and interactive patterns; e. Provider's observation and assessment of the child including affective, language, cognitive, motor, sensory, self-care and social functioning. 2. The assessment must include the elements outlined above and must be written in narrative form and provide detailed, individualized information on the components listed above. The sole use of checklists or fill in the blank forms is prohibited. 3. Development of an individualized, strengths - based treatment plan which includes specific achievable, behaviorally based and objective treatment goals. Goals directly address the	Admission Criteria In order to receive Therapeutic Behavioral On Site services an infant or child 0-23 months must meet 1-5; age 24 months to 5 years must meet 1-4 AND 6 1. The enrollee has received a psychological or psychiatric evaluation that supports an ICD-9-CM diagnosis of: 294.8, 294.9, 298.9, 300 through 305.9, 307.1, 307.23, 307.5 through 307.7, 308.0 through 312.4, and 312.81 through 314.9. 2. Services are recommended by a service planning team which always includes the family; the enrollee if appropriate; other persons who provide natural, informal support to the family; treatment providers; and representatives from other involved systems to the degree possible. 3. There is adequate evidence to indicate that the enrollee is at risk for a more intensive, restrictive and costly behavioral health placement; 4. Treatment at a lower level of care has been given serious consideration and there is adequate evidence to indicate that the enrollee's condition and functional level cannot be improved with a less intensive service. 5. Have experienced: a. Trauma such as physical abuse, sexual abuse, severe neglect, witnessed life threatening violence; or death of a caretaker; or failure to thrive (due to emotional or psychosocial causes, not soley medical issues b. atypical development of temperament, or behavior that interferes with social interaction and relationship development. 6. Score in at least the moderate impairment range on behavior and functional rating scale developed for the specific age group. Continued Stay Criteria (Must meet 1 through 4 and either 5 or 6) 1. Enrollee continues to meet the criteria defined in above Admission Criteria. 2. There is a reasonable expectation that the enrollee will benefit from the continuation of Home/Community Services. 3. Treatment promotes developmentally appropriate behavior, activities, skills and

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
professional level therapeutic service that may include the teaching of problem solving skills, behavioral strategies, normalization activities and other treatment modalities that are determined to be medically necessary. These services should be designed to maximize strengths and reduce behavior problems or functional deficits stemming from the existence of a mental health disorder. Social services include interventions designed for the restoration, modification and maintenance of social, personal adjustment and basic living skills. Inherent in the concept of Therapeutic Behavioral On-Site Services is that they are developed and tailored specifically to meet individualized enrollee and family needs. Therapy Therapeutic behavioral therapy services include a clinical assessment of mental health, substance abuse or behavioral disorders to determine treatment needs. An assessment and implementation plan is created with the enrollee and his/her family to incorporate the child or adolescents' natural support system. These services also provide development, implementation, and monitoring of behavior programming for the enrollee as well as individual and family therapy as needed. Behavior Management Services Behavior management services provide an assessment of behavior problems, and functions of these problems and related skill deficits and assets. This assessment also identifies primary and other important caregiver skill deficits and assets related to the enrollee's behaviors and the interactions that will motivate, maintain or improve behavior. Behavior management services will develop and coordinate efforts for an individual behavior plan with measurable goals and objectives. The team will provide training for caregivers and others involved with the enrollee in the	problems that resulted in the need for treatment and build on the enrollee's and his/her family's strengths. Treatment goals describe the roles that will be taken by all relevant participants in addition to the enrollee (e.g., family enrollees, school staff, if relevant, etc). 4. Services are supervised by a qualified health professional: a. Therapy services must be provided by a master's level practitioner supervised by a licensed practitioner of the healing arts. b. Behavior management services must be provided by a certified behavior analyst or certified associate behavioral analyst, working as a member of the enrollee's treatment team. c. On-site therapeutic support services must be provided, at a minimum, by a behavioral health technician supervised by a master's level practitioner. 5. There is documented commitment by the primary care givers (usually parent/guardian) to the therapeutic plan. 6. The treatment team must include the enrollee and family, other persons who provide natural, informal support to the family system and the professionals involved in providing services. The child-specific plan for therapeutic behavioral on-site services must be based on a thorough assessment, with information from the enrollee and family, regarding needs, strengths and desired outcomes of services. When indicated by the assessment, and agreed to by the family, the plan must reflect referral to, and coordination with, other agencies and resources. It is recognized that involvement of the family in the treatment of the enrollee is necessary and appropriate. Provision of therapeutic behavioral on-site services with the family must clearly be directed toward meeting the identified treatment needs of the enrollee.	social skills for the enrollee in his/her natural context through focusing on his/her individual strengths and needs. 4. Techniques are employed in treatment that are time limited in nature. 5. Appearance of new problems or symptoms which meet admission guidelines. 6. Enrollee requires the continuation of a treatment support system while in the community until an effective family and community support network can be activated. Exclusion Criteria (Any one of the following): 1. Enrollee's identified problem is primarily social, financial, and/or medical (non-psychiatric) in the absence of a primary psychiatric diagnosis of one of the following ICD-9-CM codes: 294.8, 294.9, 295 through 298.9, 300 through 305.9, 307.1, 307.5 through 307.7, 308.0 through 312.4, and 312.81 through 314.9. 2. Site of service is not where the primary problems or behaviors of the psychiatric diagnosis are manifested. 3. Enrollee is simultaneously receiving similar therapeutic services of equal or greater intensity via another resource, Discharge Criteria (Must meet *all* of the following): 1. Enrollee no longer meets Continued Stay Criteria. 2. Enrollee meets the individualized discharge criteria. Within 45 days of admission to therapeutic behavioral on-site services, a plan must be developed with each enrollee and family, which contains specific discharge criteria. The discharge plan must be placed in the enrollee's clinical record. .

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
implementation and monitoring of the behavior plan and revise as needed. Therapeutic Support Services Therapeutic support services must be related to the enrollee's treatment plan goals and objectives and must include one or more of the following: • One-to-one supervision and intervention with the enrollee during therapeutic activities in accordance with the treatment plan; • Skill training of the enrollee for restoration of those basic living and social skills necessary to function in the enrollee's own environment; • Assistance to the enrollee and family in implementing the behavioral goals Identified through family counseling and development of the treatment plan.	Continued Stay Service Components 1. Treatment is in process of implementation. 2. Active and timely treatment is focused upon stabilizing or reversing symptoms for which treatment was initiated (or prescribed). 3. Interventions are consistent with the enrollee's risk factors and assessment. 4. Treatment plan and service hours have been adjusted to reflect the enrollee/family's progress. 5. Routine assessments and treatment progress updates are completed. 6. Enrollee and family, to the extent possible, are involved in treatment and discharge planning. Continued Stay Documentation Requirement Within six months of the original determination of eligibility for services and every six months thereafter, the members of the enrollee's treatment team must document that the enrollee continues to meet the eligibility criteria stated above. Services may be authorized for less than six months.	

XII. MENTAL HEALTH 0-5

b. Behavioral Day Services

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
Common Service Types: Behavioral Health Day services are appropriate early childhood therapeutic services for children age 24 months and older who are experiencing emotional problems and who meet the eligibility criteria described below. Services are designed to strengthen individual and family functioning, prevent more restrictive placement of children, and provide an integrated set of interventions to promote behavioral and emotional adjustment. Behavioral health day services are designed to enable enrollees to function successfully in the community in the least restrictive environment and to restore or enhance their ability for personal and social life management skills. This service is larger than group counseling, serving more recipients at one time with greater variety and clinical objectives. The primary function is to stabilize symptoms related to a behavioral health disorder in order to reduce or eliminate the need for more intensive and restrictive levels of care. This service is designed to provide transitional treatment after an acute episode or to provide a level of therapeutic intensity not possible in a traditional outpatient setting. Medicaid does not reimburse for basic childcare programs for developmental delays, preschool, or enrichment programs. The purpose of the behavioral health day services must be to address the young child's emotional problems.	Admission Service Components (Must meet all of the following): Behavioral health day services for children age 24 months through 5 years must meet the following requirements: 1. Services must be provided for a minimum of two to a maximum of four hours within the day. This need not be a continuous time period, but must be provided in one day. 2. Therapeutic activities, as listed in the child's treatment plan, must be interwoven throughout the child's scheduled activities. 3. The day treatment program must have a parent or caregiver component. At a minimum, there should be a monthly face-to-face contact at the day treatment center or at the child's home. 4. If the provider is unable to involve the parent or caregiver or meet the requirement for the face-to-face contact, a telephone contact is allowable but is not reimbursable as part of day treatment. Written justification of why the face-to-face intervention could not occur must be provided in the child's medical record. 5. The group size during therapeutic activities must not exceed ten (10) children. 6. The behavioral health day services staff to child ratio during therapeutic activities may not exceed 1:5. 7. Professional staff must be: a. Either licensed or certified at the independent practice level with experience in the treatment of children and adolescents; or b. Unlicensed and supervised at least weekly by an appropriately licensed professional, and c. Services provided must be within the	Admission Criteria (Must meet 1, 2,, 3, and 4)): In order to receive behavioral health day services, a child must be between 24 months through five years and: 1. Validated principal DSM-IV Axis I or II diagnosis as part of a complete multi-axial diagnostic evaluation. Claims for services rendered by community behavioral health services providers will be paid only for the following diagnosis codes:. This diagnosis must be one of the following ICD-9-CM codes: 293.0 -298.9, 300.00-301.9, 302.7, 306.51-312.4, 312.81-314.9 2. Score in at least the moderate impairment range on a behavior and functional rating scale developed for this age group. 3. Level of Stability - (Must meet all of the following): a. Risk to self, others or property is not imminent (although without treatment the enrollee's potential risk in these areas may be increased). b. The enrollee is medically stable and does not require a level of care that includes more intensive medical monitoring. c. When an Axis II diagnosis is involved, treatment is directed to the acute symptoms which place enrollee at risk and/or impair functioning. 4. Degree of Impairment – (Must meet at least one of the following): a. Enrollee exhibits impairments in cognitive, affective, or behavioral abilities. b. Social/Interpersonal/Familial-- Enrollee exhibits impairment in social, interpersonal or familial functioning arising from a psychiatric disorder or a serious emotional disturbance which may indicate a need for outpatient psychotherapy to stabilize of reverse the condition. c. Vocational/Educational-Enrollee exhibits impairment in occupation or educational functioning arising from a psychiatric disorder or a serious emotional disturbance which may indicate a need for outpatient psychotherapy to stabilize or reverse the condition. Continued Stay Criteria (Must meet 1 through 4, and either 5, 6, 7, or 8):

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	therapist's scope of training. 8. Complete bio-psychosocial assessment including, but not limited to the enrollee's relevant history, previous treatment, current medical conditions (including medications), substance abuse history, personal strengths, lethality assessment and mental status. 9. Development of an individualized, strengths-based, targeted, focused treatment plan directed toward the reduction or alleviation of the impairment that resulted in the enrollee seeking treatment. The plan must reflect the least restrictive, most efficacious treatment available. 10. Development of specific, achievable, behaviorally based and objective treatment goals which directly address the problems that resulted in the enrollee seeking treatment. Continued Stay Service Components - (Must meet all of the following): 1. Initial treatment plan has been formulated and is in the process of implementation. 2. Active and timely treatment is focused upon stabilizing or reversing symptoms which necessitated outpatient treatment. 3. Level of intervention is consistent with current enrollee risk factors for harm to self, others or property. 4. Treatment plan has been modified to reflect enrollee's progress and/or new information that has become available during the outpatient treatment. 5. Routine assessments and treatment progress updates are completed. 6. Enrollee and family, to the extent possible, are involved in treatment and discharge planning. 7. Natural community supports are identified.	1. Validated DSM-IV Axis I or II diagnosis with exacerbation, or definable and discrete active symptoms. Axis II principal diagnosis must be accompanied by acute symptoms which are the focus of treatment. 2. There is a reasonable expectation that the enrollee will benefit from ongoing outpatient treatment. Benefit is defined as: demonstrated improvement in previous treatment as validated by objective tracking of progress toward treatment goals; and the enrollee's pre-morbid functioning suggests that he/she has not maximized his/her likely level of functioning. 3. Enrollee is making progress to the extent possible, toward goals and is benefiting from the treatment plan, as evidenced by the attainment of therapeutic rapport, lessening of symptoms and stabilization of psycho-social functioning through treatment planning, homework and session attendance. 4. There is significant opportunity for family (including the enrollee) cooperation and involvement in the treatment process, except where the involvement of family members other than the enrollee would be clinically counter-productive or legally prohibited. 5. As appropriate for the individual and circumstances, treatment promotes the enrollee's self-efficacy and independent functioning. 6. Current symptoms significantly impair the enrollee's ability to perform activities of daily living or significantly impair the enrollee's social, occupational or interpersonal functioning. 7. There is reasonable expectation, based on the enrollee's clinical history that withdrawal of treatment will result in the enrollee's decompensation or the recurrence of signs or symptoms. 8. Appearance of new problems which meet medical necessity for this level of care. Exclusion Criteria (Any one of the following): 1. Enrollee's identified problem is primarily social, financial, and/or medical (non-psychiatric) in the absence of a primary psychiatric diagnosis for one of the following ICD-9-CM codes: 290.0-298.9, 300.00-301.9, 302.7, 303-312.4, 312.81-314.9, 315.3, 315.31, 315.5, 315.8, and 315.9. 2. Substance abuse is the primary source of the enrollee's impairment in the absence of active symptoms. 3. Enrollee's condition has active components of significant risk to self or others or property such that a higher level of care is medically necessary. 4. Treatment is for autism, pervasive developmental delay, non-emotional or non-behavioral based developmental disability or mental retardation.

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		5. Enrollee is under age of 24 months of age. Discharge Criteria (Any one of the following): 1. Enrollee no longer meets continued stay medical necessity criteria. 2. Enrollee withdraws from treatment against medical advice.

XIII. VIRTUAL RESIDENTIAL PROGRAM

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
The Virtual Residential Program (VRP) is an alternative service for children and adolescents with emotional disturbances so severe that they are at risk of needing Specialized Therapeutic Foster Care or Therapeutic Group Care. This service will use family-centered and strength –based interventions that combine the structure of residential programs with the benefits of in- home settings. VRP is designed to reduce placement disruptions, and strengthen the family. VRP is intended for the rapid stabilization of acute issues, followed by the resumption of community-based treatment for persistent individual and family therapeutic issues. The active involvement of biological, foster or adoptive families, wherever possible and appropriate, is a fundamental, necessary component for successful treatment for children and adolescents The Virtual Residential Program (VRP) is a comprehensive outpatient service delivered where the child is living, working, or participating in educational activities. VRP services can be provided in the school if the school allows and the service definition allows. We have worked with schools to develop strategies that their staff can carry out as well as actually had our staff be with the child in school to support the child's ability to engage in school work with our mental health support These services provide a full range of intensity to the enrollee in his/her natural setting, depending on the need of the enrollee. The Virtual Residential Program includes therapy services, behavior management services and therapeutic support services. These services may not be provided in a psychiatric hospital, a psychiatric unit of a general hospital, a crisis stabilization unit, or any other setting where the same services are already being paid for by another source. In considering the intensity of The Virtual Residential Program the delivery of these services involves three basic elements: severity of problem, appropriate intensity of service, and the least restrictive and/or intrusive service necessary. Common Service Types: The Virtual Residential Program is a community-based service for children with serious emotional disturbances. Clinical services include the provision of a professional level therapeutic service that	Admission Service Components (Must meet all of the following) 2. Complete bio-psychosocial strengths-based assessment or Comprehensive Behavioral Assessment not older than 6 months old following Best Practice Guidelines either included in or accompanying a psychological or psychiatric evaluation. 2. Development of an individualized, strengths - based treatment plan which includes specific achievable, behaviorally based and objective treatment goals. Goals directly address the problems that resulted in the need for treatment and build on the enrollee's and his/her family's strengths. Treatment goals describe the roles that will be taken by all relevant participants in addition to the enrollee (e.g., family enrollees, school staff, if relevant, etc). 3. Services are supervised by a qualified health professional. a. Therapy services must be provided by a master's level practitioner supervised by a licensed practitioner of the healing arts. b. Behavior management services must be provided by a certified behavior analyst or certified associate behavioral analyst, working as a member of the enrollee's treatment team. c. On-site therapeutic support services must be provided, at a minimum, by a behavioral health technician supervised by a master's level practitioner. 4. There is documented commitment by the primary care givers (usually parent/guardian) to the therapeutic plan.	Admission Criteria (Must meet 1 through 3; OR 3 through 6) 1. The enrollee has received a psychological or psychiatric evaluation that supports an ICD-9-CM diagnosis of: 294.8, 294.9, 300 through 305.9, 307.1, 307.23, 307.5 through 307.7, 308.0 through 312.4, and 312.81 through 314.9. 2. The child/adolescent is enrolled in a special education program for the seriously emotionally disturbed (SED) or the emotionally handicapped; or has scored 60 or below on the Axis V Children's Global Assessment of Functioning Scale within the last six (6) months. 3. Services are recommended by a service planning team which always includes the family; the enrollee if appropriate; other persons who provide natural, informal support to the family; treatment providers; and representatives from other involved systems to the degree possible. 4. Prior to receipt of services, a licensed practitioner of the healing arts experienced in the diagnosis of behavioral health disorders has documented the enrollee has an ICD-9-CM diagnosis of 295 through 298.9 or 303.0 through 305.9. 5. There is adequate evidence to indicate that the enrollee is at risk for a more intensive, restrictive and costly behavioral health placement; 6. Treatment at a lower level of care has been given serious consideration and there is adequate evidence to indicate that the enrollee's condition and functional level cannot be improved with a less intensive service. **Continued Stay Criteria** (Must meet 1 through 6 AND either 7 OR 8); 1. Enrollee continues to meet the criteria defined in above Admission Criteria.

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may include the teaching of problem solving skills, behavioral strategies, normalization activities and other treatment modalities that are determined to be medically necessary. These services should be designed to maximize strengths and reduce behavior problems or functional deficits stemming from the existence of a mental health disorder. Social services include interventions designed for the restoration, modification and maintenance of social, personal adjustment and basic living skills. Inherent in the concept of the Virtual Residential Program is that they are developed and tailored specifically to meet individualized enrollee and family needs. Therapy The Virtual Residential Program includes a clinical assessment of mental health, substance abuse or behavioral disorders to determine treatment needs. An assessment and implementation plan is created with the enrollee and his/her family to incorporate the child or adolescents' natural support system. These services also provide development, implementation, and monitoring of behavior programming for the enrollee as well as individual and family therapy as needed. Behavior Management Services Behavior management services provide an assessment of behavior problems, the functions of these problems and related skill deficits and assets. This assessment also identifies primary and other important caregiver skill deficits and assets related to the enrollee's behaviors and the interactions that will motivate maintain or improve behavior. Behavior management services will develop and coordinate efforts for an individual behavior plan with measurable goals and objectives. The team will provide training for caregivers and others involved with the enrollee in the implementation and monitoring of the behavior plan and revise as needed. Therapeutic Support Services Therapeutic support services must be related to the enrollee's treatment plan goals and objectives and must include one or more of the following: • One-to-one supervision and intervention with the enrollee during therapeutic activities in accordance with the	5. The treatment team must include the enrollee and family, other persons who provide natural, informal support to the family system and the professionals involved in providing services. The child-specific plan for Virtual Residential Program services must be based on a thorough assessment, with information from the enrollee and family, regarding needs, strengths and desired outcomes of services. When indicated by the assessment, and agreed to by the family, the plan must reflect referral to, and coordination with, other agencies and resources. It is recognized that involvement of the family in the treatment of the enrollee is necessary and appropriate. Continued Stay Service Components 1. Treatment is in process of Implementation 2. Active and timely treatment is focused upon stabilizing or reversing symptoms for which treatment was initiated (or prescribed). 3. Interventions are consistent with the enrollee's risk factors and assessment. 4. Treatment plan and service hours have been adjusted to reflect the enrollee/family/ foster family's progress. 5. Routine assessments and treatment progress updates are completed. 6. Enrollee and family including the foster parents, to the extent possible, are involved in treatment and discharge planning. 7. Techniques are employed in treatment that are time limited in nature and subordinate to a goal of enhanced autonomy 8. Treatment promotes developmentally appropriate behavior, activities, skills and	2. Continued functional impairment significant enough to require 30 to 40-hour per week, supervised, in-home residential care. 3. There is a reasonable expectation that the enrollee will benefit from the continuation of Virtual Residential Program Services. 4. y. 5. Appearance of new problems or symptoms which meet admission guidelines. 6. Enrollee requires the continuation of a treatment support system while in the community until an effective family and community support network can be activated. 7. There is an expectation of improvement through the provision of such services. Exclusion Criteria (Any one of the following): 1. Enrollee's identified problem is primarily social, financial, and/or medical (non-psychiatric) in the absence of a primary psychiatric diagnosis of one of the following ICD-9-CM codes: 294.8, 294.9, 295 through 298.9, 300 through 305.9, 307.1, 307.23, 307.5 through 307.7, 308.0 through 312.4, and 312.81 through 314.9. Evidence that the need for VRP is the result of developmental disabilities (Mental Retardation, Pervasive Development Disorders, and other development disorders; Traumatic Brain Injuries; genetically –based and neurologically- based Organic Brain Syndromes) or substance abuse. 2. Enrollee is simultaneously receiving similar therapeutic services of equal or greater intensity via another resource. 3. Parent/ foster parent/ caregiver do not voluntarily consent to admission and / or treatment and to actively participate as clinically necessary. 4. Admission to VRP is being used as an alternative to DJJ commitment. Discharge Criteria (Must meet any one of the following):

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treatment plan; • Skill training of the enrollee for restoration of those basic living and social skills necessary to function in the enrollee's own environment; • Assistance to the enrollee and family in implementing the behavioral goals Identified through family counseling and development of the treatment plan.	social skills for the enrollee in his/her natural context through focusing on his/her individual strengths and needs. 9. Progress in relation to specific symptoms or impairments is evident and can be described in objective terms, but goals of treatment have not yet been achieved. Subsequently, adjustments in the treatment plan with which to address the lack of progress are evident. 10. Unless contraindicated, parent/guardian and family are actively involved in the child's treatment. This involvement must be included in the treatment plan, with specific goals included for the family that relate to the overall goals for the child. There is documentation in the clinical record of family's substantive involvement in the treatment process at least one time per week, or documentation of the contraindications for this involvement. Continued Stay Documentation Requirement 1. Progress in relation to specific symptoms or impairments is evident and can be described in objective terms, but goals of treatment have not yet been achieved. Subsequently, adjustments in the treatment plan with which to address the lack of progress are evident. 2. Unless contraindicated, parent/guardian and family are actively involved in the child's treatment. This involvement must be	1. Enrollee no longer meets Continued Stay Criteria. 2. Enrollee meets the individualized discharge criteria developed at the time of admission to the Virtual Residential Program and contained in the treatment plan. The discharge plan must be placed in the enrollee's clinical record. 3. Impairment due to the mental health diagnosis has decreased to a level that no longer requires VRP standards for in-home, supervised care. 4. An appropriate, less restrictive treatment setting is available.

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	included in the treatment plan, with specific goals included for the family that relate to the overall goals for the child. There is documentation in the clinical record of family's substantive involvement in the treatment process.	