



# **SUPPLEMENTAL GUIDELINES FOR MENTAL HEALTH UTILIZATION MANAGEMENT AND TREATMENT PLANNING**

**Produced For The Magellan Mental Health  
Guidelines For HealthChoices Project**

**Magellan Behavioral Health  
of Pennsylvania, Inc.  
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# **Pennsylvania Department of Welfare HealthChoices Behavioral Health Medical Necessity Criteria**

**The Pennsylvania Department of Welfare (PA DPW) publishes and maintains the following Behavioral Health Medical Necessity Criteria for the HealthChoices Project. The actual Criteria can be found on PA DPW's website:**

**<http://www.dpw.state.pa.us/omap/rfp/hlthchcrfp/HlthChBHAppdxT.asp>**

**Adult Psychiatric Inpatient Services  
Adult Partial Hospitalization  
Adult Psychiatric Outpatient Clinic  
Adult Targeted Case Management Services  
Child & Adolescent Psychiatric Inpatient Hospitalization  
Child & Adolescent Residential Treatment  
Child & Adolescent Psychiatric Partial Hospitalization  
Child & Adolescent Psychiatric Outpatient Treatment  
Child & Adolescent Home/Community Services  
Child & Adolescent Family Based Services  
Child & Adolescent Targeted Case Management Services**

# **Utilization Management Guidelines For Mental Health**

## **Magellan Behavioral Health of Pennsylvania, Inc.**

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**MAGELLAN MENTAL HEALTH GUIDELINES FOR HEALTHCHOICES**

**I STRUCTURED SUBACUTE INPATIENT**

<b>Service Description and Common Service Settings</b>	<b>Magellan Specifications</b>	<b>Magellan Utilization Management Guidelines</b>
<p><b>Structured Subacute</b> is 24-hour mental health treatment provided in an inpatient subacute treatment setting. Services are similar to those provided in residential treatment and are directed toward those who present with significant, but not imminent risk, who require less active medical monitoring, have a pattern of difficulty reaching stabilization, and may require a secure unit.</p> <p><b>Common Settings:</b></p> <ul style="list-style-type: none"> <li>• Inpatient Structured Subacute</li> </ul>	<p><b>Magellan Specifications</b></p> <p>There is regular medical monitoring and treatment is provided under the supervision of a physician. Medical and nursing back up is available via call on a 24-hour basis.</p> <p><b>Admission Service Components - (Must meet <i>all of the following</i>)</b></p> <ol style="list-style-type: none"> <li>1. Professional staff consisting of a multidisciplinary treatment team to include:               <ol style="list-style-type: none"> <li>a. Board-eligible or certified psychiatrist, medical and nursing consultation available as needed.</li> <li>b. Program managed by a certified or licensed mental health professional.</li> <li>c. Psychologists, social workers, educational specialists and other mental health professionals and ancillary staff as needed.</li> </ol> </li> </ol>	<p><b>Admission Criteria - (Must meet <i>all of the following</i>)</b></p> <ol style="list-style-type: none"> <li>1. Validated principal DSM-IV Axis I or II diagnosis as part of a complete multi-axial diagnostic evaluation.</li> <li>2. Treatment at a lower level of care has been attempted or given serious consideration.</li> <li>3. Level of stability - (Must meet two of the following)           <ol style="list-style-type: none"> <li>a. Moderate to high risk for victimization or placing self at risk through impulsive behavior or exercising poor judgment without 24-hour supervised behavior management program.</li> <li>b. Member has the ability to engage in activities of daily living but lacks adequate social and familial support to address mental health symptoms or problems in developing age-appropriate cognitive, social and emotional processes.</li> <li>c. Member is medically stable but may require occasional medical observation and care.</li> </ol> </li> </ol>

**MAGELLAN MENTAL HEALTH GUIDELINES FOR HEALTHCHOICES**

**I STRUCTURED SUBACUTE INPATIENT**

<b>Service Description and Common Service Settings</b>	<b>Magellan Specifications</b>	<b>Magellan Utilization Management Guidelines</b>
	<ol style="list-style-type: none"> <li>2. Individualized, strengths-based, active and timely treatment plan directed toward the alleviation of the impairment that caused the admission (completed by 3rd hospital day), within the context of a highly structured program of care that is based upon a comprehensive member assessment, including the evaluation of possible substance abuse. For children and adolescents, treatment is performed on a unit dedicated to child or adolescent populations whenever possible.</li> <li>3. Level of skilled intervention consistent with member risk.</li> <li>4. Active discharge planning initiated upon admission to program.</li> <li>5. Member receiving psycho educational services including an assessment and remediation program, if clinically indicated.</li> <li>6. Family system receiving evaluation and intervention to the extent possible.</li> </ol>	<ol style="list-style-type: none"> <li>4. Degree of Impairment (Must meet a and either b or c)               <ol style="list-style-type: none"> <li>a. Member has insufficient or severely limited skills necessary to maintain an adequate level of functioning outside of the treatment program and has impairment of judgment, impulse control and/or cognitive/ perceptual abilities, arising from a psychiatric condition, a serious emotional disturbance, or an acute exacerbation of a chronic psychiatric condition which may indicate the need for the continuous monitoring and intervention of awake 24-hour, supervised Program in order to stabilize or reverse the dysfunction.</li> <li>b. Social/Interpersonal/Familial - Significantly impaired interpersonal, social, and/or familial functioning arising from a psychiatric condition, a serious emotional disturbance, or an acute exacerbation of a chronic psychiatric condition which requires active treatment to achieve or resume an adequate level of functioning.</li> <li>c. Educational/Occupational - Significantly impaired educational or occupational functioning arising from a psychiatric condition, a serious emotional disturbance, or an acute exacerbation of a chronic psychiatric condition which requires active treatment to achieve or resume an adequate level of functioning.</li> </ol> </li> </ol>

**MAGELLAN MENTAL HEALTH GUIDELINES FOR HEALTHCHOICES**

**I STRUCTURED SUBACUTE INPATIENT**

<b>Service Description and Common Service Settings</b>	<b>Magellan Specifications</b>	<b>Magellan Utilization Management Guidelines</b>
	<p><b>Continued Stay Service Components - (Must meet <i>all</i> of the following)</b></p> <ol style="list-style-type: none"> <li>1. Initial discharge plan has been formulated and is in the process of implementation.</li> <li>2. Active treatment is focused upon stabilizing or reversing symptoms necessitating admission.</li> <li>3. Level of skilled intervention is consistent with current member risk factors.</li> <li>4. Treatment plan has been modified to reflect member's progress and/or new information that has become available during the residential treatment.</li> <li>5. Routine assessments and treatment progress updates are completed.</li> <li>6. Member and family, to the extent possible, are involved in treatment and discharge planning.</li> </ol>	<p><b>Continued Stay Criteria - (Must meet 1, 2, and 3 and either 4 or 5)</b></p> <ol style="list-style-type: none"> <li>1. Validated DSM-IV Axis I or II diagnosis which remains the principal diagnosis.</li> <li>2. The reasonable likelihood of substantial benefit in the member's mental health condition as a result of active intervention of the 24-hour supervised program.</li> <li>3. Member and family, to the extent possible, are involved in treatment and discharge planning.</li> <li>4. Continuation of symptoms and/or behaviors that required admission (and continue to meet admission guidelines) or a less intensive level of care would be insufficient to stabilize the member's condition. or,</li> <li>5. Appearance of new problems meeting admission guidelines.</li> </ol> <p><b>Discharge Criteria - (Must meet 1, 2, &amp; 3 or 4)</b></p> <ol style="list-style-type: none"> <li>1. The symptoms/behaviors that precipitated admission have sufficiently improved so that the member can be maintained at a lesser level of care and member will not be compromised with treatment being given at a less intensive level of care.</li> <li>2. A comprehensive discharge plan has been developed in consideration of the member's;</li> </ol>

**MAGELLAN MENTAL HEALTH GUIDELINES FOR HEALTHCHOICES**

**I STRUCTURED SUBACUTE INPATIENT**

<b>Service Description and Common Service Settings</b>	<b>Magellan Specifications</b>	<b>Magellan Utilization Management Guidelines</b>
		<ul style="list-style-type: none"> <li>a. Strengths</li> <li>b. compliance with past treatment</li> <li>c. social and/or familial support system</li> <li>d. resources and skills</li> <li>e. identification of triggers for relapse; and other factors/obstacles to improvement, and</li> <li>f. living arrangements (when needed)</li> </ul> <p>3. Arrangements for follow-up care have been made including a scheduled appointment within one week of discharge.</p> <p align="center">OR</p> <p>4. Structured Subacute is discontinued because:</p> <ul style="list-style-type: none"> <li>▪ A diagnostic evaluation and/or a medical treatment has been completed when one of these constitutes the reason for admission; or</li> <li>▪ The member withdraws from treatment against advice and does not meet criteria for involuntary commitment; or</li> <li>▪ The member is transferred to another facility/unit for continued inpatient care.</li> </ul>

# MAGELLAN MENTAL HEALTH GUIDELINES FOR HEALTHCHOICES

## II-1 RESIDENTIAL TREATMENT FACILITY FOR ADULTS

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
<p><b>Residential Treatment Facilities for Adults (RTFA)</b> provide a highly structured therapeutic mental health treatment facility designed to serve persons eighteen (18) years of age or older who do not need hospitalization at either the acute or sub-acute level of care and for whom other community-based treatment services would not adequately support continued recovery, but who require mental health treatment and supervision on an ongoing (24 hour per day) basis. Typically the length of stay is less than eight (8) days. Admissions are on a voluntary basis only. The goal of a RTFA is to provide psychiatric stabilization that will facilitate reintegration into the community.</p> <p><b>Common Settings:</b></p> <ul style="list-style-type: none"> <li>• Residential Treatment Facilities for Adults</li> </ul>	<p><b>Admission Service Components - (Must meet <i>all</i> of the following)</b></p> <ol style="list-style-type: none"> <li>1. Professional staff consisting of a multidisciplinary treatment team to include:               <ol style="list-style-type: none"> <li>a. Board-eligible or certified psychiatrist, medical and nursing consultation available twenty-four (24) hours per day, seven (7) days per week.</li> <li>b. Program managed by a certified or licensed mental health professional.</li> <li>c. Psychologists, social workers, educational specialists and other mental health professionals and ancillary staff as needed.</li> </ol> </li> <li>2. Comprehensive member assessment including psychiatric consultation, psychological evaluation, nursing assessment, social evaluation, and other evaluations used to develop an individualized strengths based treatment plan to be completed within 24 hours of admission. A clear and detailed program of care with progressively lower levels of structure should be developed as a discharge plan.</li> <li>3. Level of skilled intervention consistent with member risk.</li> </ol>	<p><b>Admission Criteria - (Must meet <i>all</i> of the following)</b></p> <ol style="list-style-type: none"> <li>1. Validated principal DSM Axis I or II diagnosis with the following:               <ol style="list-style-type: none"> <li>a. A complete multi-axial, face-to-face diagnostic examination (MR or D&amp;A cannot stand alone) by a psychiatrist.</li> <li>b. Residential Treatment Facility for Adults (RTFA) is prescribed by the diagnosing psychiatrist as appropriate to the accreditation of the facility, indicating that this is the most appropriate, least restrictive service to meet the mental health needs of the consumer.</li> <li>c. Documentation in the current psychiatric/psychological evaluation that the treatment, 24-hour supervision, and observation, provided in the RTFA setting, are necessary as a result of:                   <ul style="list-style-type: none"> <li>▪ severe mental illness or emotional disorder, <i>and/or</i></li> <li>▪ behavioral disorder indicating a risk for safety to self/others;</li> </ul> </li> </ol> </li> </ol>

# MAGELLAN MENTAL HEALTH GUIDELINES FOR HEALTHCHOICES

## II-1 RESIDENTIAL TREATMENT FACILITY FOR ADULTS

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	<p>4. Active discharge planning initiated upon admission to program.</p> <p>5. Member receiving psycho educational services including an assessment and planned remediation program, if clinically indicated.</p> <p>6. Family system receiving evaluation and intervention to the extent possible.</p> <p><b>Continued Stay Service Components - (Must meet <i>all</i> of the following)</b></p> <p>1. Initial discharge plan has been formulated and is in the process of implementation.</p> <p>2. Active treatment is focused upon implementing the program of care developed from the comprehensive assessment.</p> <p>3. Level of skilled intervention is consistent with current member risk factors.</p> <p>4. Treatment plan has been modified to reflect member's progress and/or new information that has become available during the residential treatment.</p>	<p>2. Level of Stability - (Must meet all of the following)</p> <p>a. Moderate to high risk for victimization or placing self at risk through impulsive behavior or exercising poor judgment without 24-hour supervised behavior management program.</p> <p>b. Member has the ability to engage in activities of daily living, but lacks adequate social and familial support to address mental health symptoms or problems in developing cognitive, social and emotional processes.</p> <p>c. Member is medically stable, but may require occasional medical observation and care.</p> <p>d. Member does not exhibit behaviors requiring physical restraints and/or seclusion.</p> <p>e. Member does not present an imminent danger to him/herself or others.</p> <p>3. Reasonable, documented treatment within a less restrictive setting has been provided by a mental health professional, <i>and/or</i> careful consideration of treatment within a less restrictive environment than that of a Residential Treatment Facility for Adults, <i>and</i> the direct reasons for its rejection, have been documented.</p>

**MAGELLAN MENTAL HEALTH GUIDELINES FOR HEALTHCHOICES**

**II-1 RESIDENTIAL TREATMENT FACILITY FOR ADULTS**

<b>Service Description and Common Service Settings</b>	<b>Magellan Specifications</b>	<b>Magellan Utilization Management Guidelines</b>
	<p>5. Routine assessments and treatment progress updates are completed. Although consumer is making <i>progress toward goals</i> in the expected treatment process, further progress must occur before transition to a lesser level of care is clinically safe and appropriate.</p> <p>6. Member and family, to the extent possible, are involved in treatment and discharge planning.</p>	<p>4. Degree of Impairment - (Must meet a, and either b or c)</p> <p>a. Member has insufficient or severely limited skills necessary to maintain an adequate level of functioning outside of the treatment program and has impairment of judgment, impulse control and/or cognitive/perceptual abilities, arising from a psychiatric condition, a serious emotional disturbance, or an acute exacerbation of a chronic psychiatric condition which may indicate the need for the continuous monitoring and intervention of awake 24-hour, supervised program in order to stabilize or reverse the dysfunction.</p> <p>b. Social/Interpersonal/Familial- Significantly impaired interpersonal, social and/or familial functioning arising from a psychiatric condition, a serious emotional disturbance, or an acute exacerbation of a chronic psychiatric condition which requires active treatment to achieve or resume an adequate level of functioning.</p> <p>c. Educational/Occupational- Significantly impaired educational or occupational functioning arising from a psychiatric condition, a serious emotional disturbance, or an acute exacerbation of a chronic psychiatric condition which requires active treatment to achieve or resume an adequate level of functioning.</p>

**MAGELLAN MENTAL HEALTH GUIDELINES FOR HEALTHCHOICES**

**II-1 RESIDENTIAL TREATMENT FACILITY FOR ADULTS**

<b>Service Description and Common Service Settings</b>	<b>Magellan Specifications</b>	<b>Magellan Utilization Management Guidelines</b>
		<p><b>Continued Stay Criteria - (Must meet 1, 2, and 3, and either 4 or 5)</b></p> <ol style="list-style-type: none"> <li>1. Validated principal DSM-IV Axis I or II diagnosis with the following:               <ol style="list-style-type: none"> <li>a. The initial evaluation and diagnosis is updated weekly and revised by the treatment team.</li> <li>b. Less restrictive treatment environments have been considered in consultation with the Treatment Team.</li> </ol> </li> <li>2. The reasonable likelihood of substantial benefit in the member's mental health condition as a result of active intervention of the 24-hour supervised program.</li> <li>3. Member and family, to the extent possible, are involved in treatment and discharge planning.</li> <li>4. Continuation of symptoms and/or behaviors that required admission or although consumer is making <i>progress toward goals</i> in the expected treatment process, further progress must occur before transition to a lesser level of care is clinically safe and appropriate. The necessary changes must be identified in an updated treatment plan.</li> <li>5. Appearance of new problems meeting admission guidelines.</li> </ol>

**MAGELLAN MENTAL HEALTH GUIDELINES FOR HEALTHCHOICES**

**II-1 RESIDENTIAL TREATMENT FACILITY FOR ADULTS**

<b>Service Description and Common Service Settings</b>	<b>Magellan Specifications</b>	<b>Magellan Utilization Management Guidelines</b>
		<p><b>Discharge Criteria (Must meet 1, 2, &amp; 3 or 4)</b></p> <ol style="list-style-type: none"> <li>1. The symptoms/behaviors that precipitated admission have sufficiently improved so that the member can be maintained at a lesser level of care and member will not be compromised with treatment being given at a less intensive level of care.</li> <li>2. A comprehensive discharge plan has been developed in consideration of the member's:               <ol style="list-style-type: none"> <li>a. Strengths</li> <li>b. compliance with past treatment</li> <li>c. social and/or familial support system</li> <li>d. resources and skills</li> <li>e. identification of triggers for relapse; and other factors/obstacles to improvement</li> </ol> </li> <li>3. Arrangements for follow-up care have been made including a scheduled appointment within one week of discharge.</li> </ol> <p align="center">OR</p> <ol style="list-style-type: none"> <li>4. A consumer not meeting criteria in Continued Stay Criteria, must be discharged.</li> </ol>

# MAGELLAN MENTAL HEALTH GUIDELINES FOR HEALTHCHOICES

## II-2 RESIDENTIAL CRISIS

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
<p><b>Residential Crisis Services</b> are provided on a short-term basis in a community based residential setting to prevent a psychiatric inpatient admission.</p> <p><b>Common Settings:</b></p> <ul style="list-style-type: none"> <li>Residential Facility</li> </ul>	<p>Admission Service Components - <b>(Must meet all of the following)</b></p> <ol style="list-style-type: none"> <li>Professional staff consisting of a multidisciplinary treatment team to include:               <ol style="list-style-type: none"> <li>Board-eligible or certified psychiatrist, medical and nursing consultation available 24 hours per day, 7 days per week.</li> <li>Program managed by a certified or licensed mental health professional.</li> <li>Psychologists, social workers, educational specialists and other mental health professionals and ancillary staff as needed.</li> </ol> </li> <li>Comprehensive member assessment including psychiatric consultation, psychological evaluation, nursing assessment, social evaluation, and other evaluations used to develop an individualized strengths based treatment plan to be completed within 24 hours of admission. A clear and detailed program of care with progressively lower levels of structure should be developed as a discharge plan.</li> <li>Level of skilled intervention consistent with member risk.</li> </ol>	<p><b>Admission Criteria – (Must meet all of the following)</b></p> <ol style="list-style-type: none"> <li>Medical necessity for admission of a child, adolescent, or adult to Residential crisis must be documented by presence of all the criteria below (A-D).         <ol style="list-style-type: none"> <li>Has a primary DSM IV diagnosis of a mental disorder;</li> <li>Is at risk for hospitalization;</li> <li>Has need of immediate intervention because the individual:             <ol style="list-style-type: none"> <li>Is:                 <ul style="list-style-type: none"> <li>Exhibiting behaviors that are threatening to self or others, or;</li> <li>Experiencing rapid deterioration of functioning as a result of psychiatric symptoms; and</li> </ul> </li> </ol> </li> <li>Is able to benefit from the intervention because the individual:             <ol style="list-style-type: none"> <li>Can respond to short-term therapeutic intervention, and;</li> </ol> </li> </ol> </li> </ol>

# MAGELLAN MENTAL HEALTH GUIDELINES FOR HEALTHCHOICES

## II-2 RESIDENTIAL CRISIS

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	<ol style="list-style-type: none"> <li>4. Active discharge planning initiated upon admission to program.</li> <li>5. Member receiving psycho educational services including an assessment and remediation program, if clinically indicated.</li> <li>6. Family system receiving evaluation and intervention to the extent possible.</li> </ol> <p><b>Continued Stay Service Components - (Must meet <i>all</i> of the following)</b></p> <ol style="list-style-type: none"> <li>1. Initial discharge plan has been formulated and is in the process of implementation.</li> <li>2. Active treatment is focused upon stabilizing or reversing identified problem areas.</li> <li>3. Level of skilled intervention is consistent with current member risk factors.</li> <li>4. Treatment plan has been modified to reflect member's progress and/or new information that has become available during the residential treatment.</li> </ol>	<ol style="list-style-type: none"> <li>2) Does not have a current living environment that is suitable to stabilize the individual during the crisis.</li> </ol> <p><b>Continued Care Guidelines</b></p> <ol style="list-style-type: none"> <li>1. Authorization for continued services is based on documentation that Continuation of Residential crisis services is appropriate for children, adolescents, and adults who meet all of the outlined below:               <ol style="list-style-type: none"> <li>a. Clinical evidence indicated the persistence of the problem that necessitated residential crisis services;</li> <li>b. Diversion from inpatient hospitalization continues to appear possible, and;</li> <li>c. The individual's current available living environment is not suitable for stabilizing the individual during the crisis.</li> </ol> </li> </ol> <p><b>Discharge Criteria (Must meet <i>all</i> of the following)</b></p> <ol style="list-style-type: none"> <li>1. Discharge from supervised residential services is appropriate for adults who meet all of the criteria outlined below:</li> </ol>

**MAGELLAN MENTAL HEALTH GUIDELINES FOR HEALTHCHOICES**

**II-2 RESIDENTIAL CRISIS**

<b>Service Description and Common Service Settings</b>	<b>Magellan Specifications</b>	<b>Magellan Utilization Management Guidelines</b>
	<p>5. Routine assessments and treatment progress updates are completed. Although consumer is making <i>progress toward goals</i> in the expected treatment process, further progress must occur before transition to a lesser level of care is clinically safe and appropriate.</p> <p>6. Member and family, to the extent possible, are involved in treatment and discharge planning.</p>	<p>a. The individual no longer requires supervision and active support to ensure the adequate, effective coping skills necessary to live safely in the community, participate in self-care and treatment and manage the effects of his/her illness. There is no significant current risk of one of the following:</p> <ul style="list-style-type: none"> <li>▪ Hospitalization or other inpatient care, or;</li> <li>▪ Harm to self or others</li> </ul> <p>b. The individual’s own resources and social support system are currently adequate to provide the level of support and supervision currently necessary for community reentry.</p> <p>c. Arrangements for follow-up care have been made including a scheduled appointment within one week of discharge.</p>

# MAGELLAN MENTAL HEALTH GUIDELINES FOR HEALTHCHOICES

## III INTENSIVE OUTPATIENT

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
<p><b>Intensive Outpatient</b> is a form of outpatient treatment for mental health problems that requires extraordinary treatment intensity of 3 hours or more per week and is delivered to prevent the need for a more restrictive level of care or to sustain the gains of a more restrictive site of care which cannot be accomplished in either regular outpatient care or community support services. Program description to include recovery principles.</p> <p><b>Common Settings:</b></p> <ul style="list-style-type: none"> <li>• Office based: frequent med checks post hospital for 1-2 weeks to adjust to newly started medications.</li> <li>• Extended Group Treatment</li> <li>• Extended Family Treatment</li> </ul>	<p><b>Admission Service Components – (Must meet <i>all</i> of the following)</b></p> <ol style="list-style-type: none"> <li>1. Professional staff.               <ol style="list-style-type: none"> <li>a. Must be licensed or certified at the independent practice level.</li> <li>b. If unlicensed must be license eligible, and must be supervised at least weekly by an appropriately licensed professional; all documentation should be counter-signed by the licensed supervisor.</li> <li>c. Services provided must be within the therapist’s scope of training and license.</li> <li>d. Licensed mental health professional on call 24 hours/day seven days per week for emergencies.</li> </ol> </li> <li>2. Complete biopsychosocial assessment including, but not limited to relevant history, previous treatment, current medical conditions including medications, substance abuse history, lethality assessment and complete mental status exam.</li> </ol>	<p><b>Admission Criteria – (Must meet <i>all</i> of the following)</b></p> <ol style="list-style-type: none"> <li>1. Valid principal DSM-IV axis I or II diagnosis as part of a complete multi-axial diagnostic evaluation.</li> <li>2. Treatment at a lower level of care has been attempted or given serious consideration.</li> <li>3. Level of stability (Must meet all the following)               <ol style="list-style-type: none"> <li>a. Risk to self, others, property, if present, can be managed within setting of multiple weekly therapeutic contacts.</li> <li>b. Support of Intensive Outpatient necessary to attain/maintain stability.</li> <li>c. Member is sufficiently medically stable to participate safely in program</li> </ol> </li> </ol>

# MAGELLAN MENTAL HEALTH GUIDELINES FOR HEALTHCHOICES

## III INTENSIVE OUTPATIENT

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	<p>3. Development of an individualized, strengths-based, targeted, recovery oriented, focused treatment plan directed toward the reduction or alleviation of the impairment that resulted in the member seeking treatment. The plan must reflect the least restrictive, most efficacious treatment available.</p> <p>4. Development of specific, achievable, behavioral-based and objective treatment goals which directly address the problems that resulted in the member seeking treatment.</p> <p>5. Minimum of 3 hours of contact of active mental health treatment per week.</p> <p><b>Continued Stay Service Components - (Must meet <i>all</i> of the following)</b></p> <p>1. Initial discharge plan has been formulated and is in the process of implementation.</p> <p>2. Active treatment is focused upon stabilizing or reversing symptoms necessitating admission.</p> <p>3. Level of skilled intervention is consistent with member risk factors.</p>	<p>4. Degree of Impairment - (Must meet a, and either b or c)</p> <p>a. Member has, on either an acute or on-going basis, insufficient or severely limited resources or skills necessary to maintain an adequate level of functioning outside of the treatment program, member has impairment of judgment, impulse control and/or cognitive/perceptual abilities arising from a psychiatric disorder, a serious emotional disturbance or exacerbation of a chronic psychiatric condition which requires Intensive Outpatient treatment to stabilize or reverse the dysfunction.</p> <p>b. Educational/Occupational - Impaired educational or occupational functioning arising from a psychiatric disorder, a serious emotional disturbance, or exacerbation of a chronic psychiatric condition which requires active treatment to achieve or resume an adequate level of functioning.</p> <p><b>Continued Stay Criteria - (Must meet 1, 2, and 3 and either 4 or 5)</b></p> <p>1. Validated DSM-IV Axis I or II diagnosis which remains the principal diagnosis.</p>

**MAGELLAN MENTAL HEALTH GUIDELINES FOR HEALTHCHOICES**

**III INTENSIVE OUTPATIENT**

<b>Service Description and Common Service Settings</b>	<b>Magellan Specifications</b>	<b>Magellan Utilization Management Guidelines</b>
	<ul style="list-style-type: none"> <li>4. Treatment plan has been modified to reflect member's progress and/or new information that has become available during the treatment program.</li> <li>5. Routine assessments and treatment progress updates are completed.</li> <li>6. Member and family, to the extent possible, are involved in treatment and discharge planning.</li> <li>7. Natural community supports identified.</li> </ul>	<ul style="list-style-type: none"> <li>2. The reasonable likelihood of substantial benefit as a result of active intervention which necessitates intensive outpatient.</li> <li>3. Member and family, to the extent possible, are involved in treatment and discharge planning.</li> <li>4. Continuation of symptoms and/or behaviors that required admission (and continue to meet guidelines) or a less intensive level of care would be insufficient to stabilize member.</li> <li>5. Appearance of new problems meeting admission guidelines.</li> </ul> <p><b>Discharge Criteria</b></p> <p>No longer meets criteria for continued stay and able to be treated in a less restrictive setting.</p>

# MAGELLAN MENTAL HEALTH GUIDELINES FOR HEALTHCHOICES

## IV COMMUNITY TREATMENT TEAM

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
<p><b>Community Treatment Team (CTT)</b> is a program that is primarily self-contained with a multi-disciplinary staff, ensuring ongoing individualized comprehensive assessment and providing intensive treatment/ rehabilitation and support services in the community. The population typically served are individuals with severe and persistent mental illness and who are at risk of decompensation and re-hospitalization even with the availability of traditional community based services.</p> <p>The CTT provides most of their services in the member's natural setting with minimal referral to other program entities until some degree of stabilization has been achieved and the member is ready for the transition to traditional community based treatment services. Some of the various treatment, rehabilitation, and support service functions will be assumed by virtue of a staff person's specialty area, while other generic activities can be carried out by most staff.</p>	<p><b>Admission and Concurrent Service Components (Must meet <i>all</i> of the following)</b></p> <ol style="list-style-type: none"> <li>1. CTT provides services through a multi-disciplinary approach. All staff must have at least one year's experience with the SPMI population in direct practice settings. The staff must be comprised of at least four (4) full time equivalents. The composition of the team must include:               <ol style="list-style-type: none"> <li>a. The supervisor is a full-time licensed master's level mental health professional or RN with at least one year direct experience with the SPMI population, and at least one year program management experience.</li> <li>b. A Board Certified or Board Eligible Psychiatrist on a full or part-time basis. The Psychiatrist shall provide six (6) hours/week for every 20 members, and shall be accessible 24 hours day/7 days a week or have back up arrangements for coverage.</li> </ol> </li> </ol> <p>Additional mental health professionals:</p> <ol style="list-style-type: none"> <li>a. At least one full time equivalent RN and one part-time RN for mobile medication administration.</li> </ol>	<p><b>Admission Criteria</b></p> <p>Target Population:</p> <p>Individuals with severe and persistent mental illness (SPMI) who are predicted to use or are using substantial amounts of inpatient care/crisis services with marked frequency. Individuals who are at risk of decompensation, and either are currently unsuccessful or predicted to be unsuccessful with their involvement with traditional service providers.</p> <p>Individuals either discharged or preparing for discharge from a State Hospital or individuals residing in the community and being served by the current behavioral health treatment system.</p> <ol style="list-style-type: none"> <li>1. Validated DSM-IV Axis I or II diagnosis indicating a serious and persistent mental illness, with a GAF score of 50 or below. A licensed psychiatrist confirms this diagnosis after evaluation.</li> <li>2. Must be 18 years of age or older.</li> <li>3. Must be medically stable, but may need periodic or episodic medical follow-up.</li> </ol>

# MAGELLAN MENTAL HEALTH GUIDELINES FOR HEALTHCHOICES

## IV COMMUNITY TREATMENT TEAM

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
<p>The provision of services is guided by the principle that members be maintained in a community setting at the least restrictive level of care with the focus on assisting members in achieving a maximum level of independence with an overall enhancement in their quality of life.</p> <p>Services are provided in the community wherever the client needs supportive, therapeutic, rehabilitative intervention: at his/her residence, place of work or leisure, provider program site etc. Program description to include recovery principles.</p> <p><b>Common Settings:</b></p> <ul style="list-style-type: none"> <li>• Mobile Assessment Stabilization and Treatment Team (MAST)</li> <li>• Community Treatment Team (CTT)</li> </ul>	<ul style="list-style-type: none"> <li>b. Psychiatric Rehab Specialist with BA degree.</li> <li>c. Mental Health Specialists/Case Managers minimum of BA degree.</li> <li>d. Other Mental Health Workers.</li> </ul> <p>*Existing MAST staff may be grandfathered as appropriate; however, when new staff is hired, they will meet full CTT requirements.</p> <ol style="list-style-type: none"> <li>2. Services are provided within the team's scope of training and licensure/ certification.</li> <li>3. Services are provided consistent with PA CSP principles.</li> <li>4 Caseloads are based on staff-to-member ratios. The minimum rate for each full time equivalent is 5:1 and the maximum ratio is 10:1.</li> <li>5 The Program will provide comprehensive bio-psychosocial assessments that include psychiatric evaluation, nursing assessment, psychosocial and rehabilitative functional assessments, and substance abuse evaluations. Also available are psychopharmacological consultation for medication adjustment and Psychological assessment for the purpose of differential diagnosis.</li> </ol>	<p><b>Must Meet One of the Following:</b></p> <ol style="list-style-type: none"> <li>1. At least 3 or more acute episodes of psychiatric inpatient treatment within the past 12 months or 30 days or more on an acute psychiatric unit or state mental hospital during the last 12 months. *Two or more for MAST.</li> <li>2. Currently does not receive mental health services despite documented efforts to engage the consumer by a licensed mental health or approved case management provider for at least 30 days, or member is being discharged from an acute or State hospital setting, and by history or clinical profile appears unlikely to be able to successfully access traditional community services.</li> <li>3. Three or more contacts with crisis intervention/ emergency services within the past 6 months. *Two or more for MAST. If in the community, client must display the inability to be maintained, despite the current intensity of services, AND deemed at risk for further decompensation and re-admission to a psychiatric unit or a state hospital without CTT services. Client must be deemed in need of MAST services for a period of three to six months.</li> </ol>

# MAGELLAN MENTAL HEALTH GUIDELINES FOR HEALTHCHOICES

## IV COMMUNITY TREATMENT TEAM

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	<p>6. Following admission into the program and upon completion of the assessments. A strengths based comprehensive treatment/rehabilitation plan will be developed. The plan will include measurable outcomes and time lines, with the signature of the member as an active participant. The plan will be revised as needed to reflect the member's current, ever-changing needs. It must be revised at minimum once every three (3) months.</p> <p>7. Required Services:</p> <ul style="list-style-type: none"> <li>a. Crisis Intervention 24 hours/7 days a week, Telephonic and in-person</li> <li>b. Supportive Psychotherapy</li> <li>c. Medication, prescription administration, monitoring, and documentation</li> <li>d. Rehabilitation-work related assessment, intervention and support</li> <li>e. Social and Recreational Skills Training</li> <li>f. Activities of Daily Living Services</li> <li>g. Support Services: Health, Legal, Financial, Transportation, Living Arrangements</li> <li>h. Advocacy</li> <li>i. Education</li> </ul>	<p><b>Psycho/Social Factors (The presence of one of these increases the need for CTT services):</b></p> <ul style="list-style-type: none"> <li>1. Homelessness (i.e. living in shelters, or other places not fit for human habitation)</li> <li>2. Coexisting diagnosis of psychoactive substance abuse disorder, mental retardation, HIV/AIDS, or sensory developmental, medical, and/or physical disability.</li> </ul> <p><b>Continued Stay Criteria:</b></p> <ul style="list-style-type: none"> <li>1. Validated DSM IV diagnosis Axis I or II, which remains the principal diagnosis, and continued SPMI symptomatology affecting the member's ability to function in the community and to access and utilize traditional treatment services.</li> <li>2. There is a reasonable expectation that the member will benefit from the continued involvement of the CTT team. This is demonstrated by an observable positive response in the following areas of: <ul style="list-style-type: none"> <li>a. Medication Compliance</li> <li>b. Reduction in the use of crisis services (If indicated as an issue in the treatment plan)</li> </ul> </li> </ul>

# MAGELLAN MENTAL HEALTH GUIDELINES FOR HEALTHCHOICES

## IV COMMUNITY TREATMENT TEAM

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	<p>8. The CTT's contacts with members will vary based on the member's clinical needs. The CTT will have the capacity to provide multiple contacts per week to the member. There will be at minimum two (2) contacts per week for all members, but multiple contacts may be as frequent as two (2) to three (3) times per day, 7 days per week.</p> <p>9. Member's may receive CTT services and other treatment, rehabilitation, and support services for a period of up to six (6) consecutive months prior to a full discharge from the CTT in order to facilitate a successful transition to less intensive services.</p>	<p>c. Reduction in the use of inpatient episodes, and/or days spent in inpatient care, as compared to admission baseline figures.</p> <p>d. Enhancement of Social and Recreational skills (Improved communication and appropriate interpersonal behaviors)</p> <p>e. Improvement in activities of daily living Improvement in the member's community supports (Health, Legal, Transport, Housing, Finances, etc.)</p> <p>f. Enhancement of vocational skills or vocational readiness, as indicated.</p> <p>3. The member expresses a desire to continue with CTT services, and exhibits compliance with the goals and objectives outlined in the plan of care.</p> <p>4. The Member by virtue of continued symptomatology, and decreased level of functioning necessitates continued CTT involvement, with the withdrawal of such services resulting in an exacerbation of acuity and the increased need for inpatient/crisis services.</p> <p>5. The member has not achieved six (6) months of demonstrated stabilization or is not at stabilization baseline, and continues to require this level of intervention *(For CTT only)</p>

**MAGELLAN MENTAL HEALTH GUIDELINES FOR HEALTHCHOICES**

**IV COMMUNITY TREATMENT TEAM**

<b>Service Description and Common Service Settings</b>	<b>Magellan Specifications</b>	<b>Magellan Utilization Management Guidelines</b>
		<p>6. Active assessment of ongoing need for CTT services is completed every three (3) months.</p> <p><b>Discharge Criteria:</b></p> <ol style="list-style-type: none"> <li>1. The member no longer meets continued stay criteria for CTT services</li> <li>2. The member has successfully demonstrated the ability to function in the community with minimal CTT involvement and has demonstrated stabilization for a period of six (6) months.</li> <li>3. The member has been successfully transitioned to traditional community treatment services, and meets Magellan UM criteria for coordinated lower levels of care. (ICM, Partial, IOP, PRS, etc.)</li> <li>4. The member, with the mutual agreement of Magellan and the CTT/MAST concur that the goals, as set forth in the plan of care, have been achieved, and that a coordinated discharge plan has been documented and fully implemented.</li> <li>5. The member moves out of the county of residence.</li> <li>6. The member is incarcerated.</li> <li>7. The member has consistently required additional services not provided by CTT/MAST.</li> </ol>

**MAGELLAN MENTAL HEALTH GUIDELINES FOR HEALTHCHOICES**

**IV COMMUNITY TREATMENT TEAM**

<b>Service Description and Common Service Settings</b>	<b>Magellan Specifications</b>	<b>Magellan Utilization Management Guidelines</b>
		<p>8. The member has not benefited from CTT/MAST. An alternate plan of treatment has been developed with the member.</p> <p>9. The member is deceased.</p> <p><b>MAST Addendum</b></p> <p>Discharge criteria to a higher level of care (PACT or CTT)</p> <p>1. After a six (6) month stay on MAST, the member has not achieved demonstrated stabilization or is not at stabilization baseline, and continues to require this level of intervention.</p>

## MAGELLAN MENTAL HEALTH GUIDELINES FOR HEALTHCHOICES

### V PROGRAM OF ASSERTIVE COMMUNITY TREATMENT (PACT)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
<p><b>Program of Assertive Community Treatment (PACT)</b> is a program that delivers services by a group of multi-disciplinary mental health staff who work as team and provide the majority of treatment, rehabilitation, and support services individuals need to achieve their goals. This multi-disciplinary team ensures ongoing integrated, individualized, and comprehensive assessment, while providing intensive treatment/rehabilitation and support services in the community. The population typically served are individuals with severe and persistent mental illness and/or have concurrent substance abuse issues and who are at risk of decompensation and re-hospitalization even with the availability of traditional community based services.</p>	<p><b>Admission and Concurrent Service Components (Must meet <i>all</i> of the following)</b></p> <ol style="list-style-type: none"> <li>1. PACT provides services through a multi-disciplinary integrated treatment approach. All staff must have at least one year's experience with the SPMI population in direct practice settings. The staff must be comprised of at least 6-8 full time equivalents, depending on the size of the PACT. The composition of the team must include:               <ol style="list-style-type: none"> <li>a. The Team Leader is a full-time licensed master's level mental health professional or RN with at least one year direct experience with the SPMI co-occurring disorder population, and at least one year program management experience.</li> <li>b. A Board Certified or Board Eligible or ASAM certified Psychiatrist on a full or part-time basis. The Psychiatrist shall provide sixteen (16) hours/week for every 50 members, and shall be accessible 24 hours day/7 days a week or have back up arrangements for coverage.</li> </ol> </li> </ol> <p>*Existing MAST staff may be grandfathered as appropriate; however, when new staff is hired, they will meet full CTT requirements.</p>	<p><b>Admission Criteria</b></p> <p>Target Population:</p> <p>Individuals with severe and persistent mental illness (SPMI) who are predicted to use or are using substantial amounts of inpatient care/crisis services with marked frequency. Individuals who are at risk of decompensation, and either are currently unsuccessful or predicted to be unsuccessful with their involvement with traditional service providers.</p> <p>Individuals either discharged or preparing for discharge from a State Hospital or individuals residing in the community and being served by the current behavioral health treatment system.</p> <ol style="list-style-type: none"> <li>1. Validated DSM-IV Axis I or II diagnosis indicating a serious and persistent mental illness, with priority given to members with diagnoses of schizophrenia, other psychotic disorders (schizoaffective disorder) and affective disorders.</li> <li>2. Must be 18 years of age or older.</li> <li>3. Must be medically stable, but may need periodic or episodic medical follow-up.</li> </ol>

## MAGELLAN MENTAL HEALTH GUIDELINES FOR HEALTHCHOICES

### V PROGRAM OF ASSERTIVE COMMUNITY TREATMENT (PACT)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
<p>The PACT provides most of their services in the member's natural setting with minimal referral to other program entities until some degree of stabilization has been achieved and the member is ready for the transition to traditional community based treatment services. Some of the various treatment, rehabilitation, and support service functions will be assumed by virtue of a staff person's specialty area, while other generic activities can be carried out by most staff.</p> <p>The provision of services is guided by the principle that members be maintained in a community setting at the least restrictive level of care with the focus on assisting members in achieving a maximum level of independence with an overall enhancement in their quality of life.</p> <p>Services are provided in the community wherever the client needs supportive, therapeutic, rehabilitative intervention: at his/her residence, place of work or leisure, provider program site, etc.</p>	<p>Additional program staff:</p> <ol style="list-style-type: none"> <li>a. At least one full-time equivalent RN and one part-time RN.</li> <li>b. Masters Level Mental Health Professionals</li> <li>c. Substance Abuse Specialist (preferably CAC)</li> <li>d. Mental Health Specialists/Case Managers minimum of BA degree.</li> <li>e. Employment Specialist</li> <li>f. Peer Specialist</li> <li>g. Program/Administrative Assistant</li> </ol> <ol style="list-style-type: none"> <li>2. Services are provided consistent with PA CSP Principles.</li> <li>3. Caseloads are based on staff-to-member ratios. The minimum ratio for each full time equivalent is 8:1 and the maximum ratio is 10:1 (not including the psychiatrist and program assistant).</li> </ol>	<p><b>Must Meet One of the Following:</b></p> <ol style="list-style-type: none"> <li>1. At least two or more acute episodes of psychiatric inpatient treatment within the past 12 months or 30 days or more on an acute psychiatric unit or State Hospital during the last 12 months, or 3 or more contacts with crisis intervention/emergency services within the past 6 months.</li> <li>2. Significant difficulty meeting basic survival needs, residing in substandard housing, homelessness, or imminent risk of becoming homeless.</li> <li>3. Coexisting substance abuse disorder of significant duration (greater than 6 months).</li> <li>4. Difficulty effectively utilizing traditional community based services: outpatient, case management, etc.</li> </ol> <p><b>Continued Stay Criteria:</b></p> <ol style="list-style-type: none"> <li>1. Validated DSM IV diagnosis Axis I or II, which remains the principal diagnosis, and continued SPMI symptomatology affecting the member's ability to function in the community and to access and utilize traditional treatment services.</li> </ol>

## MAGELLAN MENTAL HEALTH GUIDELINES FOR HEALTHCHOICES

### V PROGRAM OF ASSERTIVE COMMUNITY TREATMENT (PACT)

<b>Service Description and Common Service Settings</b>	<b>Magellan Specifications</b>	<b>Magellan Utilization Management Guidelines</b>
<p>The PACT multidisciplinary staff individually plan and deliver the following services to members:</p> <ul style="list-style-type: none"> <li>• Service coordination: assigned case manager who coordinates and monitors the member's activities with the Team; links with community resources that promote recovery</li> <li>• Crisis assessment and intervention: Available 24/7; including telephone and face-to-face contact</li> <li>• Symptom assessment and management: ongoing comprehensive assessment and accurate diagnosis; psychoeducation regarding mental illness and medication management; symptom self-management; and supportive therapy</li> </ul>	<p>4 The Program will provide comprehensive bio-psychosocial assessments that include psychiatric evaluation, nursing assessment, psychosocial and rehabilitative functional assessments, and substance use evaluations. Also available are psychopharmacological consultation for medication adjustment and psychological assessment for the purpose of differential diagnosis.</p> <p>5 Following admission into the program and upon completion of the assessments, a strength based comprehensive integrated treatment/ rehabilitation plan will be developed. The individualized plan will include measurable outcomes and time lines, with the signature of the member as an active participant in the development of the treatment goal. The plan will be revised as needed to reflect the member's current, ever-changing needs. It must be revised at minimum once every six (6) months or whenever there is a significant change in the member's status.</p> <p>6 Required Services:</p> <ul style="list-style-type: none"> <li>a. Crisis Intervention 24 hours/7 days a week, telephonic and in-person</li> <li>b. Supportive Psychotherapy</li> </ul>	<p>2. There is a reasonable expectation that the member will benefit from the continued involvement of the PACT team. This is demonstrated by an observable positive response in the following areas of:</p> <ul style="list-style-type: none"> <li>a. Medication Compliance</li> <li>b. Reduction in the use of crisis services (If indicated as an issue in the treatment plan)</li> <li>c. Reduction in the use of inpatient episodes, and/ or days spent in inpatient care, as compared to admission baseline figures.</li> <li>d. Enhancement of Social and Recreational skills (Improved communication and appropriate interpersonal behaviors)</li> <li>e. Improvement in activities of daily living; Improvement in the member's community supports (Health, Legal, Transport, Housing, Finances, etc.)</li> <li>f. Enhancement of vocational skills or vocational readiness, as indicated.</li> </ul> <p>3. The member expresses a desire to continue with PACT services, and exhibits compliance with the goals and objectives outlined in the plan of care.</p>

## MAGELLAN MENTAL HEALTH GUIDELINES FOR HEALTHCHOICES

### V PROGRAM OF ASSERTIVE COMMUNITY TREATMENT (PACT)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
<ul style="list-style-type: none"> <li>• Medication prescription, administration, monitoring, and documentation: the PACT psychiatrist shall establish an individual clinical relationship with each member</li> <li>• Integrated treatment that addresses the inter-relationships between mental health issues and substance use: provision of a stage-based treatment model that is non-confrontational, considers interactions of mental illness and substance abuse, and has member-centered goals</li> <li>• Work-related services: assist the member to value, find, and maintain meaningful employment</li> <li>• Activities of daily living: includes housing; household activities, personal hygiene, money management, use of transportation, access physical health resources</li> </ul>	<ul style="list-style-type: none"> <li>c. Integrated treatment that addresses the inter-relationship between mental health issues and substance use</li> <li>d. Medication, prescription administration, monitoring, mobile medication administration, and documentation</li> <li>e. Rehabilitation - work related assessment, intervention and support</li> <li>f. Social and Recreational Skills Training</li> <li>g. Activities of Daily Living Services</li> <li>h. Support Services: Health, Legal, Financial, Transportation, Living Arrangements</li> <li>i. Advocacy</li> <li>j. Education</li> </ul> <p>7. The PACT's contacts with members will vary based on the member's clinical needs. The PACT will have the capacity to provide multiple contacts per week to the member. There will be an average of three (3) contacts per week for all members, but multiple contacts may be as frequent as two (2) to three (3) times per day, 7 days per week.</p>	<ul style="list-style-type: none"> <li>4. The Member, by virtue of continued symptomatology and decreased level of functioning, necessitates continued PACT involvement with the withdrawal of such services resulting in an exacerbation of acuity and the increased need for inpatient/crisis services.</li> <li>5. The member has not achieved six (6) months of demonstrated stabilization or is not at stabilization baseline, and continues to require this level of intervention.</li> <li>6. Active assessment of ongoing need for PACT services is completed every six (6) months.</li> </ul> <p><b>Discharge Criteria:</b></p> <p>Discharges from PACT occur when members and staff mutually agree to the termination of services. This shall occur when members:</p> <ul style="list-style-type: none"> <li>1. Have successfully reached individually established goals for discharge, and when the member and staff mutually agree to the termination of services.</li> <li>2. The member has successfully demonstrated the ability to function in the community with minimal PACT involvement and has demonstrated stabilization for a period of six (6) months.</li> </ul>

**MAGELLAN MENTAL HEALTH GUIDELINES FOR HEALTHCHOICES**

**V PROGRAM OF ASSERTIVE COMMUNITY TREATMENT (PACT)**

<b>Service Description and Common Service Settings</b>	<b>Magellan Specifications</b>	<b>Magellan Utilization Management Guidelines</b>
<ul style="list-style-type: none"> <li>• Social/Interpersonal relationship and leisure time training: activities to improve communication skills, develop assertiveness, increase self esteem</li> <li>• Peer support services: linkages to self-help programs and organizations that promote recovery</li> <li>• Support services: assistance to access medical services, housing, financial support, social services, etc.</li> <li>• Education, support and consultation to members' families and other major supports: includes psychoeducation related to member's illness and role of the family, linkages to family self-help programs and organizations that promote recovery</li> </ul>	<p>8. Members may receive PACT services and other treatment, rehabilitation, and support services for a period of up to six (6) consecutive months prior to a full discharge from the PACT in order to facilitate a successful transition to less intensive services.</p>	<ol style="list-style-type: none"> <li>3. The member has been successfully transitioned to traditional community treatment services, and meets MBH UM criteria for coordinated lower levels of care. (ICM, Partial, IOP, PRS, etc.)</li> <li>4. The member, with the mutual agreement of MBH and the PACT concurs that the goals, as set forth in the plan of care, have been achieved and that a coordinated discharge plan has been documented and fully implemented.</li> <li>5. The member moves out of the county of residence.</li> <li>6. The member declines or refuses services and requests discharge despite the team's best efforts to develop an acceptable treatment plan with the member.</li> <li>7. The member has consistently required additional services not provided by PACT.</li> <li>8. The member has not benefited from PACT. An alternate plan of treatment has been developed with the member.</li> <li>9. The member is deceased.</li> </ol>

**MAGELLAN MENTAL HEALTH GUIDELINES FOR HEALTHCHOICES**

**V PROGRAM OF ASSERTIVE COMMUNITY TREATMENT (PACT)**

<b>Service Description and Common Service Settings</b>	<b>Magellan Specifications</b>	<b>Magellan Utilization Management Guidelines</b>
<p>The PACT is directed by a Team Leader and Psychiatrist and includes sufficient staff from the core mental health disciplines, at least one peer specialist and program/ administrative support staff who are able to provide treatment, rehabilitation and support services 24 hours per day, seven days per week.</p> <p><b>Common Settings:</b></p> <ul style="list-style-type: none"> <li>• Program of Assertive Community Treatment (PACT)</li> <li>• Mobile Assessment Stabilization and Treatment Team (MAST)</li> <li>• Community Treatment Team (CTT)</li> </ul>		

**MAGELLAN MENTAL HEALTH GUIDELINES FOR HEALTHCHOICES**

**VI LONG TERM STRUCTURED RESIDENCE (LTSR)**

<b>Service Description and Common Service Settings</b>	<b>Magellan Specifications</b>	<b>Magellan Utilization Management Guidelines</b>
<p><b>Long Term Structured Residence</b> provides a highly structured therapeutic mental health treatment facility designed to serve persons eighteen (18) years of age or older who do not need hospitalization at either the acute or sub-acute level of care and for whom other community-based treatment services would not adequately support continued recovery, but who require mental health treatment and supervision on an ongoing (24 hour per day) basis. The length of stay is dependent upon the needs of the individual and the achievement of treatment and recovery goals. Admissions are on a voluntary basis or can be involuntary under section 304, 305, or 306 of the Mental Health Procedures Act. The goal of a LTSR is to provide psychiatric stabilization that will facilitate reintegration into the community.</p> <p><b>Common Settings:</b></p> <ul style="list-style-type: none"> <li>• Long Term Structured Residence</li> </ul>	<p><b>Admission Service Components - (Must meet <i>all</i> of the following)</b></p> <ol style="list-style-type: none"> <li>1. Professional staff consisting of an interdisciplinary treatment team to include:               <ol style="list-style-type: none"> <li>a. Board-eligible or certified psychiatrist, medical and nursing consultation available twenty-four (24) hours per day, seven (7) days per week.</li> <li>b. The Program Director shall be a licensed mental health professional.</li> <li>c. The interdisciplinary team shall be comprised of at three mental health professionals. At least one member of the team shall be a psychiatrist.</li> <li>d. Staffing levels shall be sufficient to provide active treatment, psychosocial rehabilitation and 24-hour supervision on weekdays, weekends, and holidays.</li> </ol> </li> </ol>	<p><b>Admission Criteria - (Must meet <i>all</i> of the following)</b></p> <ol style="list-style-type: none"> <li>1. Validated primary DSM Axis I diagnosis with the following:               <ol style="list-style-type: none"> <li>a. A complete multi-axial, face-to-face diagnostic examination (MR or D&amp;A cannot stand alone) by a psychiatrist.</li> <li>b. Long Term Structured Residence (LTSR) is prescribed by the diagnosing psychiatrist indicating that this is the most appropriate, least restrictive service to meet the mental health needs of the individual.</li> <li>c. Documentation in the current psychiatric/psychological evaluation that the treatment, 24-hour supervision, and observation, provided in the LTSR setting, are necessary as a result of severe mental illness.</li> </ol> </li> <li>2. Level of Stability - (Must meet all of the following)               <ol style="list-style-type: none"> <li>a. Moderate to high risk for victimization or placing self at risk through impulsive behavior or exercising poor judgment without 24-hour supervised behavior management program.</li> </ol> </li> </ol>

**MAGELLAN MENTAL HEALTH GUIDELINES FOR HEALTHCHOICES**

**VI LONG TERM STRUCTURED RESIDENCE (LTSR)**

<b>Service Description and Common Service Settings</b>	<b>Magellan Specifications</b>	<b>Magellan Utilization Management Guidelines</b>
	<ul style="list-style-type: none"> <li>e. Have a minimum of three (3) direct care staff during the day whenever 10 to 16 residents are on the premises. The three staff include the Program Director or other Mental Health Professional and two (2) Mental Health Workers. Overnight staffing shall include two (2) Mental Health Workers awake and on-duty and a third direct care staff shall be either on-site or available to respond on-site within 30 minutes.</li> <li>f. Have sufficient psychiatric time available to meet the needs of each resident; at least ½ hour of psychiatric time per week per resident is required.</li> <li>g. Employ a mental health professional (may be the program director) onsite for at least 8 of every 24 hours.</li> </ul> <p>2. Comprehensive individual assessment including psychiatric evaluation, nursing assessment, social evaluation, and other evaluations used to develop an initial treatment plan to be completed within 72 hours of admission.</p>	<ul style="list-style-type: none"> <li>b. Individual has the ability to engage in activities of daily living, but may require assistance and/or skill-training in tasks of daily living and personal care.</li> <li>c. Individual is medically stable, but may require occasional medical observation and care.</li> <li>d. Individual does not exhibit behaviors requiring physical restraints and/or seclusion.</li> <li>e. Individual does not present an imminent danger to him/herself or others.</li> </ul> <p>3. Reasonable, documented treatment within a less restrictive setting has been provided by a mental health professional, <i>and/or</i> careful consideration of treatment within a less restrictive environment than that of a Long Term Structured Residence, <i>and</i> the direct reasons for its rejection, have been documented.</p>

**MAGELLAN MENTAL HEALTH GUIDELINES FOR HEALTHCHOICES**

**VI LONG TERM STRUCTURED RESIDENCE (LTSR)**

<b>Service Description and Common Service Settings</b>	<b>Magellan Specifications</b>	<b>Magellan Utilization Management Guidelines</b>
	<p>3. Develop a comprehensive treatment and recovery plan within 10 days of admission that includes:</p> <ul style="list-style-type: none"> <li>a. The participation of the individual and person's designated by the individual</li> <li>b. Strengths based goals and objectives based on evaluation of the individual's medical, psychological, social, cultural, behavioral, and educational/vocational needs.</li> <li>c. An integrated program of therapies and activities to meet the person specific, recovery oriented goals and objectives.</li> <li>d. A discharge plan that develops a clear and detailed program of care with progressively lower levels of structure.</li> </ul> <p><b>Continued Stay Service Components - (Must meet <i>all</i> of the following)</b></p> <p>1. Active treatment is focused upon implementing the program of care developed from the comprehensive assessment.</p>	<p>4. Degree of Impairment - (Must meet a, and either b or c)</p> <ul style="list-style-type: none"> <li>a. Individual has insufficient or severely limited skills necessary to maintain an adequate level of functioning outside of the treatment program and has impairment of judgment, impulse control and/or cognitive/perceptual abilities, arising from a psychiatric condition or an acute exacerbation of a chronic psychiatric condition which may indicate the need for the continuous monitoring and intervention of awake 24-hour, supervised program in order to facilitate recovery.</li> <li>b. Social/Interpersonal/Familial- Significantly impaired interpersonal, social and/or familial functioning arising from a psychiatric condition, or an acute exacerbation of a chronic psychiatric condition which requires active treatment to achieve or resume an adequate level of functioning and to facilitate recovery.</li> </ul>

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**VI LONG TERM STRUCTURED RESIDENCE (LTSR)**

<b>Service Description and Common Service Settings</b>	<b>Magellan Specifications</b>	<b>Magellan Utilization Management Guidelines</b>
	<ul style="list-style-type: none"> <li>2. The interdisciplinary team reviews the treatment plan at least every 30 days or more frequently as the individual's condition changes.</li> <li>3. Reassessment of the individual's mental, physical, and social needs occurs at least every 6 months and more frequently if the individual's condition changes significantly.</li> </ul>	<ul style="list-style-type: none"> <li>c. Educational/Occupational- Significantly impaired educational or occupational functioning arising from a psychiatric condition, or an acute exacerbation of a chronic psychiatric condition which requires active treatment to achieve or resume an adequate level of functioning and facilitate recovery.</li> </ul> <p><b>Continued Stay Criteria - (Must meet 1, 2, and 3, and either 4 or 5)</b></p> <ul style="list-style-type: none"> <li>1. Validated primary DSM-IV Axis I diagnosis with the following:               <ul style="list-style-type: none"> <li>a. The interdisciplinary treatment team shall review treatment plans at least every thirty (30) days or more frequently as the individual's condition changes.</li> <li>b. Less restrictive treatment environments have been considered in consultation with the Treatment Team.</li> </ul> </li> <li>2. The reasonable likelihood of substantial benefit in the individual's mental health condition and recovery as a result of active intervention of the 24-hour supervised program.</li> </ul>

**MAGELLAN MENTAL HEALTH GUIDELINES FOR HEALTHCHOICES**

**VI LONG TERM STRUCTURED RESIDENCE (LTSR)**

<b>Service Description and Common Service Settings</b>	<b>Magellan Specifications</b>	<b>Magellan Utilization Management Guidelines</b>
		<p>3. Individual and family, to the extent possible, are involved in treatment and discharge planning.</p> <p>4. Continuation of symptoms and/or behaviors that required admission or although individual is making <i>progress toward goals</i> in the expected recovery process, further progress must occur before transition to a lesser level of care is clinically safe and appropriate. The necessary changes must be identified in an updated treatment plan.</p> <p>5. Appearance of new problems meeting admission guidelines.</p> <p><b>Discharge Criteria (Must meet 1, 2, &amp; 3 or 4)</b></p> <p>1. The individual’s psychiatric symptoms/behaviors and medication regimen have sufficiently stabilized so that the individual can be maintained at a lesser level of care and member will not be compromised with treatment being given at a less intensive level of care.</p> <p>2. The individual has attained treatment and recovery goals and has successfully completed trial leaves from the LTSR.</p>

**MAGELLAN MENTAL HEALTH GUIDELINES FOR HEALTHCHOICES**

**VI LONG TERM STRUCTURED RESIDENCE (LTSR)**

<b>Service Description and Common Service Settings</b>	<b>Magellan Specifications</b>	<b>Magellan Utilization Management Guidelines</b>
		<p>3. A comprehensive recovery plan has been developed in consideration of the individual's:</p> <ul style="list-style-type: none"> <li>a. Strengths, needs, and goals</li> <li>b. Establishment of a community support system including social and/or familial support</li> <li>c. A plan for continued recovery</li> <li>d. Identification of triggers for relapse; and other factors/obstacles to recovery.</li> <li>e. Arrangements for follow-up care have been made including a scheduled appointment within one (1) week of discharge.</li> </ul> <p align="center">OR</p> <p>4. An individual not meeting continued stay criteria shall be considered for discharge.</p>

# MAGELLAN MENTAL HEALTH GUIDELINES FOR HEALTHCHOICES

## VII COLLAGE THERAPY

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
<p><b>Collage Therapy</b> is a specialized treatment program to enhance social skills development provided by licensed occupational therapists to groups of children/adolescents with a DSM diagnosis accompanied by a social skill deficit that interferes with daily functioning.</p> <p>Collage Therapy provided by licensed Occupational Therapists affiliated with Occupational Therapy Programs is available as a program exception in HealthChoices Behavioral Health.</p> <p>The service description for Collage Therapy/Occupational Therapy Programs has been approved as a group occupational therapy service (not BHRS) for each licensed Occupational Therapist that is affiliated with Occupational Therapy Programs providing Collage Therapy</p> <p><b>Common Settings:</b></p> <ul style="list-style-type: none"> <li>• Collage Therapy</li> </ul>	<p><b>Admission and Concurrent Service Components - (Must meet <i>all</i> of the following)</b></p> <ol style="list-style-type: none"> <li>1. Collage Therapy provides direct services to children/adolescents by occupational therapists and licensed clinicians.               <ol style="list-style-type: none"> <li>a. Collage Therapy serves children/adolescents ages 3 – 21</li> <li>b. Weekly activity groups are led by a licensed Occupational Therapist and a Licensed Counselor.</li> <li>c. Groups meet weekly for eight week sessions (6 weeks during the summer). Each session is approximately 90 minutes.</li> <li>d. Children are grouped based on age and by degree and type of social need. Group size may range from 3 or 4 to 9 or 10 dependent upon the needs of the children.</li> <li>e. The Group Coordinator is responsible for planning and leading each group.</li> </ol> </li> </ol>	<p><b>Admission Criteria -</b></p> <ol style="list-style-type: none"> <li>1. A medical need for services been prescribed by a physician (including, but not limited to, a neurologist, developmental pediatrician, or psychiatrist). To comply with the scope of practice requirements for occupational therapists and therefore be eligible for federal financial participation, a prescription by a psychologist must be accompanied by a physician's order.</li> <li>2. The documentation indicate that the child/adolescent demonstrates symptoms consistent with a DSM-IV-TR (AXIS I-V) diagnosis accompanied by a deficit in social skills development that interferes with daily functioning which requires active behavioral health treatment interventions.</li> <li>3. The documentation provides a psychosocial history that indicates deficits in social skills development.               <ol style="list-style-type: none"> <li>a. Developmental History (prenatal and postnatal difficulties, delays in achieving developmental milestones or whether were within normal limits)</li> <li>b. Educational History (current school placement, history of special educational services, emotional and behavioral concerns in the school setting, psychosocial testing), if available.</li> </ol> </li> </ol>

**MAGELLAN MENTAL HEALTH GUIDELINES FOR HEALTHCHOICES**

**VII COLLAGE THERAPY**

<b>Service Description and Common Service Settings</b>	<b>Magellan Specifications</b>	<b>Magellan Utilization Management Guidelines</b>
	<p>f. Collage staff will conduct an initial interview with families prior to the start of each session and develop goals and objectives to be monitored during the sessions (Goal Page/Treatment Plan).</p> <ul style="list-style-type: none"> <li>▪ Is there an estimated length of treatment provided?</li> <li>▪ Is there a date indicating when the treatment plan was developed?</li> <li>▪ Is there a treatment plan specifying, in sufficient detail, problems with observable/ measurable goals?</li> <li>▪ Are objectives stated in behaviorally measurable language? (It must be clear when the child/adolescent has achieved the established objectives; therefore vague objectives are not acceptable).</li> <li>▪ Are treatment objectives realistic and consistent with the client's needs?</li> <li>▪ Does the treatment plan specify target attainment dates to meet the identified treatment goals?</li> </ul>	<p>c. Family History (family constellation, significant family events or history circumstances, out-of-home placements or CYS involvement, any abuse in the home)</p> <p><b>Continued Stay Criteria:</b></p> <ol style="list-style-type: none"> <li>1. The individual's condition continues to meet admission criteria for this service.</li> </ol> <p><b>Discharge Criteria:</b></p> <p>Program Completion: Children/adolescents will be discharged after completion of each 8-week session.</p> <p><b>Exclusion Criteria:</b></p> <ol style="list-style-type: none"> <li>1. The child/adolescent requires a level of structure and supervision beyond the scope of outpatient therapy services.</li> <li>2. The child/adolescent has medical conditions or impairments that would prevent beneficial utilization of services (should not exclude children with mild MR).</li> <li>3. The treatment plan addresses goals other than treatment of active symptoms of DSM-IV-TR diagnoses (e.g., self- improvement).</li> </ol>

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**VII COLLAGE THERAPY**

<b>Service Description and Common Service Settings</b>	<b>Magellan Specifications</b>	<b>Magellan Utilization Management Guidelines</b>
	<ul style="list-style-type: none"> <li>▪ Is there documentation that child’s/adolescent’s parents/caretakers are involved in treatment planning and treatment sessions?</li> <li>g. Collage staff complete weekly progress notes for each member after each session (Daily Log).</li> <li>h. The Group Coordinator is responsible for completing Family Progress Interviews at the end of each session and submitting a written progress report for each member in the group.</li> <li>i. Services are provided consistent with Pennsylvania’s Child and Adolescent Services System Program (CASSP) principles.</li> </ul>	<ul style="list-style-type: none"> <li>4. The primary problem is environmental, educational or economic (i.e. family conflict, need for a special school program, housing, etc.) without a concurrent major psychiatric episode showing the need for this level of care.</li> <li>5. The primary problems identified are economic in nature without specification of a concurrent psychiatric episode showing the need for this level of care.</li> </ul>

# MAGELLAN MENTAL HEALTH GUIDELINES FOR HEALTHCHOICES

## VIII MULTISYSTEMIC THERAPY (MST)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
<p><b>Multisystemic Therapy (MST)</b> is an intensive family and community-based treatment that addresses the multiple determinants of serious antisocial behavior in juvenile offenders. MST is provided using a home-based model of services delivery targeting chronic, violent, or substance abusing juvenile offenders, ages 12-17, at high risk of out-of-home placement and their families. MST interventions typically aim to improve caregiver discipline practices, enhance family affective relations, decrease individual association with deviant peers, increase individual association with pro-social peers, improve individual, school or vocational performance, engage individual in pro-social recreational outlets, and develop an indigenous support network of extended family, neighbors, and friends to help caregivers achieve and maintain such changes. Services are typically delivered from 2-20 hours per week, last from 3-6 months, and include on call crisis availability 24/7.</p>	<p><b>Admission and Concurrent Service Components - (Must meet <i>all</i> of the following)</b></p> <ol style="list-style-type: none"> <li>1. Multisystemic Therapy (MST) provide direct services by a clinical team comprised of a supervisor and three (3) therapists:               <ol style="list-style-type: none"> <li>a. The MST supervisor is a licensed mental health professional who is a full time employee assigned to the MST only.</li> <li>b. Therapists are master’s level mental health professionals who are full-time employees assigned to the MST only.</li> <li>c. Clinical Supervisors for the teams are licensed mental health clinicians.</li> <li>d. Clinical supervision occurs at least weekly (one hour per week per therapist) and more often as needed.</li> <li>e. Services are provided consistent with Pennsylvania’s Child and Adolescent Services System Program (CASSP) principles.</li> <li>f. Caseloads range from four (4) to six (6) families per team therapist or a maximum of sixteen (16) families per team.</li> </ol> </li> </ol>	<p><b>Admission Criteria - (Must meet criteria 1 , 2, and one criteria from 3-5 )</b></p> <ol style="list-style-type: none"> <li>1. The individual demonstrates behavioral symptoms consistent with DSM-IV (Axis I) diagnoses of Conduct Disorder plus a co-morbid psychiatric illness, or (Axis II) diagnosis of Antisocial Personality plus a co-morbid (Axis I) psychiatric illness. In addition, there may be other diagnosed conditions which require and can be reasonably expected to respond to therapeutic interventions.</li> <li>2. Individual at imminent risk of placement through Juvenile Court or Children and Youth Services due to the child’s acting out behaviors.</li> </ol> <p style="text-align: center;">OR</p> <p>Adjudicated individual returning from out-of-home placement (residential facilities, Detention Center, foster homes, day treatment or group homes).</p> <p>In addition to any one or more of the following</p> <ol style="list-style-type: none"> <li>3. The individual is able to remain in his/her home but the family is unable to adequately manage the behavioral problems and need to learn new behavior management techniques</li> </ol>

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**VIII MULTISYSTEMIC THERAPY (MST)**

<b>Service Description and Common Service Settings</b>	<b>Magellan Specifications</b>	<b>Magellan Utilization Management Guidelines</b>
<p><b>Common Settings:</b></p> <ul style="list-style-type: none"> <li>• Multisystemic Therapy (MST)</li> </ul>	<ul style="list-style-type: none"> <li>g. The expected duration of service is three (3) to six (6) months per family.</li> <li>h. The MST must have 24/7 availability to members and families during the week and 24/7 on-call availability on weekends and holidays.</li> </ul> <ol style="list-style-type: none"> <li>2. Complete biopsychosocial assessment including but not limited to relevant history, previous treatment, current medical conditioning including medications, substance abuse history, lethality assessment and complete mental status exam.</li> <li>3. Development of a strength-based comprehensive treatment plan which includes: measurable outcomes and time lines, signatures of child/family, adolescent, and monthly updates to the plan.</li> <li>4. Multisystemic Therapy (MST) provided in the home and community have the following primary goals:               <ul style="list-style-type: none"> <li>a. Reduce individual criminal activity;;</li> <li>b. Reduce other behaviors associated with antisocial conduct such as drug abuse;</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>4. There is a history of previous unsuccessful interventions (i.e. BHRS, FBS)</li> <li>5. There is ongoing multi-system involvement (e.g. school, mental health, JJS, PS etc)</li> </ol> <p><b>Continued Stay Criteria - (All of the following criteria are required for continuing treatment at this level of care.)</b></p> <ol style="list-style-type: none"> <li>1. The individual’s condition continues to meet admission criteria at this level of care.</li> <li>2. The individual’s treatment does not require a more intensive level of care, and no less intensive level of care would be appropriate.</li> <li>3. Treatment planning is individualized and appropriate to the individual’s changing condition with realistic and specific goals and objectives stated. The treatment plan has been developed, implemented and updated, based on the consumer’s clinical condition and response to treatment, as well as the strengths of the family. Treatment planning should include active family or other support systems involvement, as appropriate and/or feasible, and comprehensive assessment of family functioning.</li> </ol>

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**VIII MULTISYSTEMIC THERAPY (MST)**

<b>Service Description and Common Service Settings</b>	<b>Magellan Specifications</b>	<b>Magellan Utilization Management Guidelines</b>
	<ul style="list-style-type: none"> <li>c. Decrease rates of out-of-home placement and incarceration.</li> <li>5. The goals of the MST are achieved by providing therapies with the most empirical support, such as cognitive, cognitive behavioral, behavioral, and pragmatic family therapies such as structural family therapy. Intervention can take the form of case management, family therapy, individual therapy and consultations with other systems. If indicated, a child can be referred for psychological assessment, psychiatric evaluation, and medication management. The focus of these interventions is to:               <ul style="list-style-type: none"> <li>a. improve caregiver decision-making and limit setting</li> <li>b. enhance family relations</li> <li>c. decrease a individual’s association with deviant peers</li> <li>d. increase a individual’s association with pro-social peers</li> <li>e. improve a individual’s school or vocational attendance and performance</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>4. An individualized discharge plan has been developed which includes specific realistic, objective and measurable discharge criteria and plans for appropriate follow-up care.</li> <li>5. Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms, but goals of treatment have not yet been achieved, or adjustments in the treatment plan to address lack of progress are evident.</li> <li>6. The consumer is actively involved in treatment, or there are active, persistent efforts being made that can reasonably be expected to lead to the individual’s engagement in treatment.</li> <li>7. There is a documented active attempt at coordination of care with relevant providers and support systems when appropriate.</li> </ul> <p><b>Discharge Criteria (Must meet either 1, 2, 3 or 4; and 5)</b></p> <ul style="list-style-type: none"> <li>1. The individual’s/family’s documented treatment plan goals and objectives have been substantially met.</li> <li>2. The individual/family no longer meets admission criteria, or meets criteria for a less or more intense level of care.</li> </ul>

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**VIII MULTISYSTEMIC THERAPY (MST)**

<b>Service Description and Common Service Settings</b>	<b>Magellan Specifications</b>	<b>Magellan Utilization Management Guidelines</b>
	<ul style="list-style-type: none"> <li>f. engage individual in positive recreational outlets</li> <li>6. Fidelity to the principles of the MST will be monitored through the administration of the Therapist’s Adherence Measure and Supervisor Adherence Measure.</li> </ul>	<ul style="list-style-type: none"> <li>3. The individual and/or family have not benefited from MST despite documented efforts to engage the individual and or family and there is no reasonable expectation of progress at this level of care despite treatment planning changes.</li> <li>4. The individual is placed in a restrictive setting (detention center, residential placement) for a duration of time that precludes further MST involvement.</li> <li>5. An individualized discharge plan with appropriate, realistic and timely follow up care is in place with documented plans to transition the individual to the most appropriate level of care.</li> </ul>

**MAGELLAN MENTAL HEALTH GUIDELINES FOR HEALTHCHOICES**

**IX PSYCHOLOGICAL TESTING**

<b>Service Description and Common Service Settings</b>	<b>Magellan Specifications</b>	<b>Magellan Utilization Management Guidelines</b>
<p><b>Psychological Testing</b> is administered by 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.</p> <p><b>Common Settings:</b></p> <ul style="list-style-type: none"> <li>• Individual Practice</li> <li>• Group Practice</li> <li>• Outpatient Facility</li> <li>• Partial Hospital</li> </ul>	<p><b>Authorization of Service Components - (Must meet <i>all</i> of the following)</b></p> <ol style="list-style-type: none"> <li>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. 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.             <ol style="list-style-type: none"> <li>a. 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.</li> <li>b. 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, linguistic, and cultural requirements.</li> </ol> </li> </ol>	<p><b>Authorization - (Must meet <i>all</i> of the following)</b></p> <ol style="list-style-type: none"> <li>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.</li> <li>2. The specific referral question(s) cannot be answered adequately by means of clinical interview and/or behavioral observations.</li> <li>3. The testing results based on the referral question(s) are reasonably expected to provide information that will effectively guide the course of treatment.</li> </ol> <p><b>Exclusion Criteria</b></p> <ol style="list-style-type: none"> <li>1. Psychological testing will not be authorized under any of the following conditions:             <ol style="list-style-type: none"> <li>a. The testing is primarily for educational or vocational purposes.</li> <li>b. The testing is primarily for the purpose of determining if an individual is a candidate for a specific type or dosage of psychotropic medication.</li> </ol> </li> </ol>

**MAGELLAN MENTAL HEALTH GUIDELINES FOR HEALTHCHOICES**

**IX PSYCHOLOGICAL TESTING**

<b>Service Description and Common Service Settings</b>	<b>Magellan Specifications</b>	<b>Magellan Utilization Management Guidelines</b>
		<ul style="list-style-type: none"> <li>c. The testing is primarily for the purpose of determining if an individual is a candidate for a medical or surgical procedure.</li> <li>d. 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).</li> <li>e. 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.</li> <li>f. Two or more tests are requested that measure the same functional domain.</li> <li>g. Testing is primarily for legal purposes, including custody evaluations, parenting assessments, or other court or government ordered or requested testing.</li> <li>h. Requested tests are experimental, antiquated, or not validated.</li> </ul>

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**IX PSYCHOLOGICAL TESTING**

<b>Service Description and Common Service Settings</b>	<b>Magellan Specifications</b>	<b>Magellan Utilization Management Guidelines</b>
		<ul style="list-style-type: none"><li>i. The testing request is made prior to the completion of a diagnostic interview by a behavioral health provider, unless pre-approved by Magellan or PA.</li><li>j. The testing is primarily to determine the extent or type of neurological impairment.</li><li>k. 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.</li></ul>

**MAGELLAN MENTAL HEALTH GUIDELINES FOR HEALTHCHOICES**

**X MOBILE MENTAL HEALTH TREATMENT**

<b>Service Description and Common Service Settings</b>	<b>Magellan Specifications</b>	<b>Magellan Utilization Management Guidelines</b>
<p><b>Mobile Mental Health Treatment (MMHT)</b> is a service array for MA recipients 21 year of age or older who encounter barriers to, or have been unsuccessful in, attending an outpatient clinic. The purpose of MMHT is to provide therapeutic treatment to reduce the need for intensive levels of service including crisis intervention or inpatient hospitalization. MMHT provides treatment which includes: evaluation; individual, group, or family therapy; and medication visits in an individual's residence or appropriate community site (senior center, churches, etc...). This service adheres to the recovery philosophy as it provides for treatment in the least restrictive setting with the goal of reducing the need for more intensive levels of service including crisis intervention and inpatient hospitalization. MMHT is not intended to replace non-treatment services such as case management or outreach. MMHT should not be provided indefinitely. MMHT may not be provided solely as a convenience for the consumer or as a substitute for transportation.</p>	<p><b>Service Components</b></p> <ol style="list-style-type: none"> <li>1. Mobile Mental Health Treatment (MMHT) will provide direct services under the supervision of               <ol style="list-style-type: none"> <li>a. Psychiatrist</li> <li>b. Physicians Assistant</li> <li>c. Certified Registered Nurse Practitioner (b &amp; c with supervision and sign off by a psychiatrist)</li> </ol> </li> <li>2. The supervising psychiatrist's review of the assessment should occur within 72 hours of the initial assessment. A psychiatric evaluation (face-to-face by the psychiatrist) <i>is</i> required if the services extend beyond 30 days, or sooner if the supervising psychiatrist deems it appropriate.</li> <li>3. The psychiatrist must document each individual's diagnosis and approve the treatment plan.</li> <li>4. Documentation Requirements – The medical records must contain written documentation of:               <ol style="list-style-type: none"> <li>a. The individual's diagnosis.</li> </ol> </li> </ol>	<p><b>Initiation of Service</b></p> <ol style="list-style-type: none"> <li>1. The individual is eligible for MA;</li> <li>2. The individual is 21 years of age or older;</li> <li>3. The individual has at least one of the following:               <ol style="list-style-type: none"> <li>a. A medical condition, as documented in the treatment plan, that precludes the individual from participating in mental health outpatient clinic services at the clinic; or</li> <li>b. A psychiatric condition, as documented the treatment plan, that precludes at the clinic; or</li> <li>c. One or more significant psychosocial stressors, as documented in the treatment plan, that precludes the individual from participating in mental health outpatient clinic services;</li> </ol> </li> <li>4. Agrees to participate in MMHT as prescribed.</li> </ol> <p><b>Continuation of Services</b></p> <ol style="list-style-type: none"> <li>1. The person continues to meet 1-4 above;</li> </ol> <p align="center">- AND -</p>

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**X MOBILE MENTAL HEALTH TREATMENT**

<b>Service Description and Common Service Settings</b>	<b>Magellan Specifications</b>	<b>Magellan Utilization Management Guidelines</b>
<p><b>Common Settings</b></p> <p>Each Psychiatric outpatient clinic enrolled in the MA Program will be automatically authorized to provide MMHT.</p>	<ul style="list-style-type: none"> <li>b. The medical necessity for MMHT including the medical, psychiatric, or psychosocial condition that impairs or precludes participation in the clinic.</li> <li>c. A physician order for MMHT (may come from outside the MMHT facility).</li> <li>d. Treatment plan goals.</li> <li>e. Services to be provided, including the expected duration.</li> <li>f. Supports/interventions necessary to overcome barriers to attending the outpatient clinic.</li> <li>g. Persons who will provide the service.</li> <li>h. Progress note which include the frequency, type, and duration of each service.</li> </ul> <p>The treatment plan is to be reviewed/updated every 120 days or fifteen (15) visits, whichever is first.</p> <ul style="list-style-type: none"> <li>5. The Physicians Assistant or Certified Registered Nurse Practitioner is to be trained and qualified to provide services in a mental health setting. There must be clear supervision by a psychiatrist.</li> </ul>	<ul style="list-style-type: none"> <li>2. There is documentation that the person:               <ul style="list-style-type: none"> <li>a. Continues to meet one of the medical, psychiatric or psychosocial conditions as outlined in the medical necessity guidelines criteria three (3) above;</li> </ul> <p align="center">- OR -</p> <ul style="list-style-type: none"> <li>b. There is a reasonable expectation, based on the person’s clinical history, that withdrawal of this service will result in decompensation or recurrence of signs and symptoms that could lead to a more intensive level of treatment.</li> </ul> </li> </ul> <p><b>Discharge Criteria (Must meet any one (1) of the following)</b></p> <ul style="list-style-type: none"> <li>1. The individual has successfully met the goals outlined in the treatment plan.</li> <li>2. The individual has been linked with other services, or the conditions/barriers precluding treatment at the outpatient clinic have been alleviated.</li> <li>3. The individual has requested discharge.</li> <li>4. The provider has determined that, despite documented attempts, the individual was not able to engage or remain engaged in treatment.</li> </ul>

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**X MOBILE MENTAL HEALTH TREATMENT**

<b>Service Description and Common Service Settings</b>	<b>Magellan Specifications</b>	<b>Magellan Utilization Management Guidelines</b>
	<ul style="list-style-type: none"> <li>6. Services can be rendered by any mental health worker as defined in PA code 5200.3.</li> <li>7. Services must also be provided within their scope of practice.</li> <li>8. Each Outpatient clinic should have policies/protocols for supervision/support of staff person while in the field.</li> </ul>	