Adult Mental Health Services

Applicable to insured members in the State of Connecticut
subject to state law SB1160

## Adult Mental Health Services:

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### Adult Mental Health Treatment Services – Partial Hospitalization Programs and Intensive Outpatient Programs

- **Association for Ambulatory Behavioral Healthcare’s Standards and Guidelines for Partial Hospitalization Programs, Fifth Edition (2012)**
  - Psychiatric Partial Hospitalization Program (PHP)
  - Psychiatric Intensive Outpatient Program (IOP)

  The Standards and Guidelines for Partial Hospital Programs are copyrighted by the Association for Ambulatory Behavioral Healthcare but the organization has approved of the Anthem Medical Necessity Criteria for Connecticut included in this document.

- **American Psychiatric Association (APA) Guidelines**

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  [http://psychiatryonline.org/guidelines.aspx](http://psychiatryonline.org/guidelines.aspx)
PSYCHIATRIC ACUTE INPATIENT - ADULT

Acute Inpatient

Medically Necessary:

To qualify, Covered Individual’s symptoms or condition must meet the diagnostic criteria for a Diagnostic and Statistical Manual of Mental Disorders (DSM) or International Classification of Diseases (ICD) Diagnosis that is consistent with symptoms and the primary focus of treatment is acute inpatient psychiatric care. All services must meet the definition of medical necessity in the Covered Individual’s plan document.

Severity of Illness (SI)
Must have one (1) of the following:
1. **Imminent suicidal risk or danger to others** - immediate danger to self and/or others is apparent or behavior indicating a plan that would result in risk to self or others, such that the degree of intent, method, and immediacy of the plan requires a restrictive inpatient setting with psychiatric medical management and nursing interventions on a 24-hour basis; OR
2. **Presence of acute psychotic symptoms** – severe clinical manifestations, symptoms or complications that creates immediate risk to self or others due to impairment in judgment which preclude diagnostic assessment and appropriate treatment in a less intensive treatment setting and require 24-hour nursing/medical assessment, intervention and/or monitoring; OR
3. **Grave disability** - acute impairment exists, as evidenced by severe and rapid decrease in level of functioning in several areas of life (work, family, activities of daily living [ADL's], interpersonal), to the degree that the Covered Individual is unable to care for him or herself, and therefore an imminent danger to themselves or others which preclude diagnostic assessment and appropriate treatment in a less intensive treatment setting and require 24-hour nursing/medical assessment, intervention and/or monitoring; OR
4. **Self-injury or uncontrolled risk taking behaviors** or uncontrollable destructive behavior creating immediate risk to self or others which requires medical intervention and containment in a 24-hour a day acute setting.

Intensity of Service (IS)
Must have all of the following components to qualify for Acute Inpatient:
1. Multi-disciplinary assessment with a treatment plan which addresses psychological, social, medical, and substance abuse needs; AND
2. Documentation of blood and/or urine drug screen results upon admission and as appropriate; AND
3. Attending Physician visits at least daily, seven (7) days a week; AND
4. Medication evaluation and documented rationale if no medication is prescribed; AND
5. Family assessment and therapy when appropriate. For children and adolescents, a minimum of one (1) to two (2) times per week with an initial family session expected to occur within the first 72 hours of admission, unless clinically contraindicated; AND
6. Suicide/homicide precautions as required; AND
7. Discharge planning is initiated on the day of admission and includes appropriate continuing care plans; AND
8. Coordination of care with other clinicians, such as the outpatient psychiatrist, therapist, and the Covered Individual’s primary care physician (PCP), providing treatment to the Covered Individual, and where indicated, clinicians providing treatment to other family members, is documented.

Continued Stay Criteria (CS)
Must continue to meet "SI/IS" Criteria and have all of the following to qualify:
1. Progress in treatment is documented. If progress (clinical improvement) is not occurring, the treatment plan is being re-evaluated and amended in a timely and medically appropriate manner; AND
2. The treatment being delivered is likely to stabilize the symptoms/behaviors that required admission; AND
3. If voluntary, the Covered Individual is cooperating with treatment; if the Covered Individual is involuntary and not cooperating with treatment, the provider has acted in a timely fashion to get legal permission to treat the symptoms/behaviors that required admission; AND
4. There is a reasonable expectation that the Covered Individual’s illness, condition or level of functioning that required admission is likely to stabilize so that that treatment can be continued at a lower level of care. Custodial care is not typically a Covered Service.

Not Medically Necessary
Acute inpatient psychiatric care is considered not medically necessary when the above criteria are not met.
PSYCHIATRIC RESIDENTIAL TREATMENT CENTER (RTC) - ADULT

Medically Necessary:

To qualify, Covered Individual’s symptoms or condition must meet the diagnostic criteria for a DSM or ICD Diagnosis that is consistent with symptoms and the primary focus of treatment is residential treatment center (RTC) psychiatric care. All services must meet the definition of medical necessity in the Covered Individual’s plan document.

Severity of Illness (SI)
Must have all of the following to qualify:
1. The Covered Individual is manifesting symptoms and behaviors which represent a deterioration from their usual status and include either self injurious or risk taking behaviors that risk serious harm and cannot be managed outside of a 24 hour structured setting or other appropriate outpatient setting; **AND**
2. The social environment is characterized by temporary stressors or limitations that would undermine treatment that could potentially be improved with treatment while the Covered Individual is in the residential facility; **AND**
3. There should be a reasonable expectation that the illness, condition or level of functioning will be stabilized and improved and that a short term, subacute residential treatment service will have a likely benefit on the behaviors/symptoms that required this level of care, and that the Covered Individual will be able to return to outpatient treatment.

Intensity of Service (IS)
Must have all of the following to qualify:
1. Residential treatment takes place in a structured facility-based setting. Wilderness programs are not considered residential treatment; **AND**
2. Documentation shows that a blood or urine drug screen was done on admission and during treatment if indicated; **AND**
3. Evaluation by a qualified physician done within 48 hours, and physical exam and lab tests unless done prior to admission, and eight (8) hour on-site nursing (by either a registered nurse [RN] or licensed vocational nurse/licensed practical nurse [LVN/LPN]) with 24 hour medical availability to manage medical problems if medical instability identified as a reason for admission to this level of care; **AND**
4. Within 72 hours, a multidisciplinary assessment with an individualized problem-focused treatment plan completed, addressing psychiatric, academic, social, medical, family and substance use needs; **AND**
5. Coordination of care with other clinicians, such as the outpatient psychiatrist, therapist, and the Covered Individual’s PCP, providing treatment to the Covered Individual, and where indicated, clinicians providing treatment to other family members, is documented; **AND**
6. Treatment would include the following at least once a day and each lasting 60-90 minutes: community/milieu group therapy, group psychotherapy, and activity group therapy; **AND**
7. Skilled nursing care (either an RN or LVN/LPN) available on-site at least eight (8) hours daily with 24 hour availability; **AND**
8. Individual treatment with a qualified physician at least once a week including medication management if indicated; **AND**
9. Individual treatment with a licensed behavioral health clinician at least once a week; **AND**
10. Unless contraindicated, family members participate in development of the treatment plan, participate in family program and groups and receive family therapy at least once a week, including in-person family
therapy at least once a month if the provider is not geographically accessible. For adolescents, this includes weekly individual family therapy, unless clinically contraindicated; **AND**

11. A discharge plan is completed within one week that includes who the outpatient providers will be and where the Covered Individual will reside; **AND**

12. The treatment is individualized and not determined by a programmatic timeframe. It is expected that Covered Individuals will be prepared to receive the majority of their treatment in a community setting; **AND**

13. Medication evaluation and documented rationale if no medication is prescribed.

**Continued Stay Criteria (CS)**

Must continue to meet "SI/IS" Criteria **and** have the following to qualify:

1. SI criteria are still met and likelihood of benefit and return to outpatient (OP) treatment is shown by adherence to the treatment plan and recommendations by the Covered Individual and by progress in treatment; if progress is not occurring than the treatment plan is being amended in a timely and medically appropriate manner with treatment goals still achievable.

**Not Medically Necessary**

Residential treatment center psychiatric care is considered **not medically necessary** when the above criteria are not met.
PSYCHIATRIC PARTIAL HOSPITALIZATION PROGRAM – ADULT

Medically Necessary:

To qualify, Covered Individual’s symptoms or condition must meet the diagnostic criteria for a DSM or ICD Diagnosis that is consistent with symptoms and the primary focus of treatment is partial hospitalization program (PHP) psychiatric care. All services must meet the definition of medical necessity in the Covered Individual’s plan document.

Target Populations
Persons with any or all of 1, 2, 3 or 4 may benefit:

1. Individuals at risk for inpatient hospitalization who require the ongoing, intensive services of partial hospitalization treatment, due to acute debilitating symptoms or risk of harm to self or others. These persons may have been screened by primary care physicians, individual therapists, community agencies or other healthcare professionals. In some cases they may contact the program directly on the advice of a peer or family member to determine whether or not this level of care is medically appropriate; and/or

2. Individuals displaying a significant and progressive decline in functioning compared to baseline, and who require the intensity and structure of PHP to avert further deterioration. Such acute states frequently follow serious crises or situational stressors. A less intensive level of care may have been tried and is judged to be insufficient to provide the medically necessary treatment the individual requires, and there is a reasonable expectation that the individual is likely to make timely and practical improvement; and/or

3. Individuals whose life circumstances require management of risk to self-harm, and a significant increase in functioning and symptom reduction in order to achieve present role expectations and reduce the risk of the loss of home, job, or family without the intensive intervention of PHP treatment. This target group is typical of many first episodes of care patients referred either from emergency departments or inpatient facilities; and/or

4. Individuals experiencing behavioral health symptoms or clinical conditions that severely and persistently impair their capacity to function adequately on a day-to-day basis, in spite of efforts to achieve these goals through treatment in a less intensive level of care. The intensity of the partial hospitalization level of care is medically necessary and the individual is judged to have the capacity to make timely and practical improvement. These individuals may be unable to achieve dramatic degrees of functional improvement but may be able to make significant progress in the achievement of personal self-respect, quality of life, and increased independence.

Severity of Illness (SI)
Must have all the following, 1-6, to qualify:

1. Behavioral Health Condition, with mental health signs and symptoms: The individual exhibits serious or disabling symptoms related to an acute mental health condition, or exacerbation of a severe and persistent mental disorder, or severe and persistent symptoms and impairments that have not improved or cannot be adequately addressed in a less intensive level of care.

2. Level of Functioning: Marked impairments in multiple areas of his/her daily life are evident. This may include marked impairments that preclude adequate functioning in areas such as self-care, or other more specific role expectations such as bill paying, working, cleaning, problem solving, decision-making, contacting supports, taking care of others, addressing safety issues, medication compliance, or managing time in a meaningful way.

3. Risk/Dangerousness: The individual is not imminently dangerous to self or others and is able to exercise adequate control over his/her behavior to function outside of 24 hour custodial care. However, the
individual may exhibit some identifiable risk for harm to self or others yet is able to develop and practice a safety plan with the structured intensive support of PHP treatment.

4. **Social Support System**: The individual is or can be connected with a community-based network, which supports them within their home environment. The member may present with impaired ability to access or use caretaker, family or community support. In some cases a socially isolated person with serious debilitation symptoms may benefit. In other cases, an individual from a trouble family may benefit as well. Minimal ability to set goals to work toward the development of social support is often a requirement for participation. In some cases, removal from a given residence or placement in a residential treatment setting may be a precondition for treatment.

5. **Readiness For Change**: The presence of significant denial or pre-contemplation regarding change may often be anticipated due to the acute circumstances surrounding an admission. The individual must however have the capacity for minimum engagement in the identification of goals for treatment, and willingness to try to participate actively in relevant components of the program. Initially, due to mental health and substance use disorder symptoms, the individual may only be able to agree to begin treatment, and may require close monitoring, support and encouragement to achieve and sustain active and ongoing participation.

6. **Level of Care Rationale**: a) the individual has relapsed or failed to make significant clinical gains in a less intensive level of care; or b) less intensive levels of care are judged insufficient to provide the treatment necessary; or c) the individual is ready for discharge from an inpatient setting, but is judged to be in continued need of ongoing intensive therapeutic interventions, daily monitoring, and support that cannot be provided in a less intensive level of care.

If any one of the following are met, the person is not appropriate for partial hospital treatment:

1. Is uninterested or unable due to their illness to engage in identifying goals for treatment and/or declines participation as mutually agreed upon in the treatment plan; or
2. Is imminently at risk of suicide or homicide and lacks sufficient impulse/behavioral control and/or minimum necessary social support to maintain safety and requires hospitalization; or
3. Has cognitive dysfunction that precludes integration of newly learned material and behavioral change; or
4. Has a condition that does not benefit from partial hospitalization services, e.g. some individuals with social phobia or severe manic states who are not presently amenable to group treatment services; or
5. Has primarily social, custodial, recreational, or respite needs; or
6. Has consistently displayed an unwillingness or incapacity to adhere to reasonable program expectations or personal responsibilities which are detrimental to the group and will not contract for behavioral change prior to attending the program.

**Intensity of Service (IS)**

Must have all of the following to qualify:

1. At a minimum, 20 hours of scheduled programming extended over at least five (5) days a week. Typically 4 or more hours a day of treatment are provided.
2. All services must consist of active treatment that specifically addresses the presenting problems of the individuals served and realistic goals that can be accomplished within the duration of treatment. Examples of active treatment include: group psychotherapy, psycho-educational (theme-specific) groups, skills training, expressive/activity therapies, medication evaluation/management, individual and family therapy.
3. Involvement of the family, significant others and/or peers (as available and with signed consent) should be addressed in the mission and reflected in the program services offered.
4. Distribution of written and visual resources is strongly recommended.
5. Recommended that a formal method of collecting feedback through perceptions of care surveys or the equivalent should be routinely completed by all clients before discharge.
6. Programs operate under the direction of a physician and a program leader. The physician provides supervision of the clinical needs of the individuals enrolled in the program; the program leader is responsible for the overall clinical and administrative operations of the program.
7. Staff members must possess appropriate academic degrees, licensure, or certification as well as experience with the particular populations treated as defined by program function and applicable state regulations. Core clinical staff members may include: psychiatrists, psychologists, social workers, counselors, addiction counselors, medical and nursing personnel. Occupational, recreational and creative arts therapists may also provide services. Paraprofessionals, non-degreed individuals, students and interns may be included.

8. Staff to client ratios may vary from 1:3.5 to 1:8 depending on acuity and programming.

9. Physicians should have face to face contact on admission for an evaluation and thereafter as clinically indicated. Clearly delineated procedures must be present for detoxification, withdrawal and other medical needs. Coordination of care with the member’s primary care provider will take place in any situation where there are medical comorbidities. Physicians need to be available for consultation with other staff and for face to face evaluations with members during program hours or by telephone outside of program hours to be available 24 hours a day, seven days a week.

10. A member of the clinical staff serves in a case management capacity to coordinate the member’s treatment within the program, who will work consistently with the individual (and family as indicated) and follow the course of clinical treatment from admission through discharge.

11. A clinical record is to be maintained for each member admitted. This has to include the following elements: initial assessment, physician orders and certification of need for this level of care, psychiatric assessment, treatment plan addressing only the needs which are of such severity that the intensity of PHP is needed with clear goals which are achievable within the timeframe of the program, medication management, progress notes and a discharge summary. Discharge planning begins at the time of admission with the identification of specific discharge criteria.

*Continued Stay Criteria (CS)*

Must have one or more of the following to qualify:

1. Symptoms continue to impair multiple areas of daily functioning;
2. Impaired judgment, awareness, and skill deficits place one at a significant risk for further functional deterioration;
3. Individual displays an inability to cope with significant crises or stressors and/or otherwise lacks the necessary skills to cope with marked symptoms;
4. There is a continued significant risk for harm to self or others;
5. Poor insight, skills, judgment, and /or awareness inhibits their return to critical baseline functioning.

Must also have 1-3 and one or more of 4-8 to qualify:

1. Successful engagement in the clinical process
2. Active attendance and participation
3. Capacity to respond successfully to therapeutic interventions
4. Continued need for medication monitoring and intervention
5. Capacity to make progress in the development of coping skills to meet baseline functional needs;
6. Need for support and guidance in handling a major life crisis;
7. Continued need for managing risk accompanied by capacity to follow a safety plan;
8. A commitment to developing and following through on a recovery oriented discharge plan.

May need to continue in PHP instead of IOP if a number of these are present:

1. Daily medication and overall symptom monitoring is needed;
2. Immediate behavioral activation and monitoring is needed
3. Potential for self harm is significant and requires daily observation and safety planning;
4. Coping skill deficits are severe and require daily reinforcement;
5. A crisis situation is present and requires daily monitoring;
6. Family situation is volatile and requires daily observation and client instruction and support;
7. Mood lability is extreme with potential to create destructive relationship or environmental consequences;
8. Hopelessness or isolation is a dominant feature of clinical presentation with minimal current supports;
9. Daily substance use monitoring is needed;
10. Need for rapid improvement to return to necessary role expectations is present.
PSYCHIATRIC INTENSIVE OUTPATIENT PROGRAM (IOP) – ADULT

Medically Necessary:

To qualify, Covered Individual’s symptoms or condition must meet the diagnostic criteria for a DSM or ICD Diagnosis that is consistent with symptoms and the primary focus of treatment is intensive structured outpatient program (IOP) psychiatric care. All services must meet the definition of medical necessity in the Covered Individual’s plan document.

Target Populations
Persons with any or all of 1, 2, 3 or 4 may benefit:
1. Individuals with moderate symptoms that result in significant personal distress and moderate impairment in functioning.
2. Individuals for which there is a strong likelihood of further regression and decreased functioning without IOP level services.
3. Individuals who require frequent but not daily monitoring and often have some limitations in ability to benefit from active treatment.
4. Individuals who either are discharging from partial hospitalization or inpatient care who have moderate symptoms and require further stabilization or require more structure and intensive treatment than traditional outpatient treatment who do not have severe symptoms that require partial hospital or inpatient level care.

Severity of Illness (SI)
Must have all of the following, 1-5, to qualify:
1. Behavioral Health Condition, with mental health signs and symptoms: The individual has moderate symptoms and also may have a comorbid medical or substance use disorder with moderate symptoms and acuity.
2. Level of Functioning: Moderate impairment in at least one area of his/her daily life is evident. This may include moderate impairments that result in minimally adequate functioning in areas such as self-care, or other more specific role expectations such as bill paying, working, cleaning, problem solving, decision-making, contacting supports, taking care of others, addressing safety issues, medication compliance, or managing time in a meaningful way.
3. Risk/Dangerousness: The individual is not imminently dangerous to self or others and is able to exercise adequate control over his/her behavior to function outside of 24 hour custodial care.
4. Social Support System: The individual is or can be connected with a community-based network, which supports them within their home environment. The member may have minimal or limited social supports.
5. Level of Care Rationale: a) the individual has relapsed or failed to make significant clinical gains in outpatient care; or b) outpatient care is judged insufficient to provide the treatment necessary; or c) the individual is ready for discharge from an inpatient or partial hospital program setting, but is judged to be in continued need of ongoing stabilization in order to further improve or prevent relapse and maintain symptoms to at least a minimal functional level.

Intensity of Service (IS)
Must have all of the following to qualify:
1. At a minimum, three (3) hours of programmed treatment services at least three (3) days a week are provided. The frequency of services may decrease as the covered individual is being transitioned to outpatient care.
2. All services must consist of active treatment that specifically addresses the presenting problems of the individuals served and realistic goals that can be accomplished within the duration of treatment. Examples of active treatment include: group psychotherapy, psycho-educational (theme-specific) groups, skills training, expressive/activity therapies, medication evaluation/management, individual and family therapy.
3. Involvement of the family, significant others and/or peers (as available and with signed consent) should be addressed in the mission and reflected in the program services offered.

4. In addition to the scheduled hours of the program, the program must be able to offer or arrange for 24-hour crisis services to meet emergent or urgent needs of the individual receiving care.

5. Staff members must possess appropriate academic degrees, licensure, or certification as well as experience with the particular populations treated as defined by program function and applicable state regulations. Core clinical staff members may include: psychiatrists, psychologists, social workers, counselors, addiction counselors, medical and nursing personnel. Occupational, recreational and creative arts therapists may also provide services. Paraprofessionals, non-degreed individuals, students and interns may be included.

6. Staff to client ratios may vary from 1:7 to 1:12 depending on acuity and programming.

7. A member of the clinical staff serves in a case management capacity to coordinate the member’s treatment within the program, who will work consistently with the individual (and family as indicated) and follow the course of clinical treatment from admission through discharge.

8. A clinical record is to be maintained for each member admitted. This has to include the following elements: initial assessment, physician orders, psychiatric assessment, treatment plan addressing only the needs which are of such severity that the intensity of IOP is needed with clear goals which are achievable within the timeframe of the program, medication management, progress notes and a discharge summary.

Discharge planning begins at the time of admission with the identification of aftercare needs and arrangement for services to meet those needs.

*Continued Stay Criteria (CS)*

Must have all of the following to qualify:

1. Symptoms are moderate and continue to impair daily functioning
2. The covered individual does not have a high likelihood of relapse to severity of symptoms that would require treatment at an inpatient or partial hospital program level of care.
4. 

*Not Medically Necessary:*

Intensive structured outpatient program is considered not medically necessary when the above criteria are not met.
Adult Mental Health Services
Applicable to insured members in the State of Connecticut
subject to state law SB1160

PSYCHIATRIC OUTPATIENT TREATMENT – ADULT
(Including treatment provided by a clinician licensed at the independent
practice level)¹

Medically Necessary:
Interventions will focus on the presenting symptoms and complaints that have led to a decrease in the Covered Individual's usual level of functioning.
To qualify, the symptoms must meet the diagnostic criteria for a diagnosis from DSM or ICD for psychiatric outpatient treatment covered by the Covered Individual’s plan.

Severity of Illness (SI)
All of the following must be present:
1. Specific symptoms or disturbances of mood and/or behavior are present, with functional impairment, which are consistent with the DSM/ICD diagnosis listed, and these disturbances/symptoms are likely to improve with treatment; AND
2. The Covered Individual demonstrates motivation for treatment and is capable of benefiting from the treatment approach planned.

Intensity of Service (IS)
All of the following must be present:
1. Treatment goals target resolution of specific symptoms or stabilization of mood and/or behavior consistent with the DSM/ICD diagnoses listed and also target specific domains of functional impairment; AND
2. Medication is being used for conditions where indicated, and if not, documentation of the reason and treatment interventions addressing the omission of this treatment; AND
3. If substance abuse/dependence is a diagnosis or indicated to be present, a substance use evaluation has been performed when appropriate and treatment is being provided; AND
4. Community/natural supports and resources are identified and utilized or skills to develop community/natural supports is a treatment goal, including school/work interventions, self-help or diagnosis specific support groups, spiritual/religious, and community recreational activities; AND
5. Coordination of care with other clinicians providing care to the Covered Individual or family members, including psychiatrist/therapist and primary care physician (PCP) is documented; AND
6. For children/adolescents, family participation in treatment or family therapy is documented unless contraindicated with documentation of the reason; AND
7. Treatment is not duplicative of services being provided by another clinician for the same reasons/diagnoses; AND
8. Provider must be properly licensed to provide the treatment requested.

Continued Stay Criteria (CS)
Must continue to meet "SI/IS" Criteria and have the following qualify:

¹ APA Practice Guidelines do not cover Adult Psychiatric Outpatient Treatment; taken from WellPoint Guidelines
Frequency Criteria: for treatment that occurs more frequently than once per week (excluding Medication Management) must have all of the following (1 - 3) to qualify:

1. Either the Covered Individual has been discharged from an inpatient, residential or partial hospitalization program (PHP) service and more frequent outpatient (OP) treatment is required as a transition for the purposes of stabilization while returning to the community or the Covered Individual is in crisis as evidenced by suicidal ideation or high risk behavior that is manageable on an OP basis, or an unexpected increase in symptoms and/or behaviors or worsening in mood where the treatment goals are focused on stabilization of the crisis; AND
2. The symptoms/behaviors or mood that represent the crisis can be stabilized with more frequent treatment as evidenced by urgent psychiatric contact and medication changes if indicated and reports of progress with resolving the crisis; AND
3. The condition has not stabilized to the point where less frequent treatment which targets less critical symptoms/behaviors is equally appropriate.

Frequency Criteria: for treatment up to once per week (excluding Medication Management) must have all of the following (4 – 9) to qualify:

4. Progress with the targeted symptoms/behaviors and/or mood is documented at the expected pace given the presence of medical/physical conditions, stressors and level of support, as evidenced by adherence with treatment, improving severity of symptoms and functional impairment and global assessment of functioning (GAF) scores, and continued progress is expected for the targeted symptoms and behaviors or mood with the treatment approaches being used; AND
5. If progress is not documented, either diagnosis has been re-evaluated and changed if appropriate, medication has been re-evaluated and changed if indicated, or the treatment approach has been re-evaluated and changed if appropriate to include a diagnosis specific therapy, family therapy or new treatment goals/targets; AND
6. The goals of treatment are not primarily for providing support, targets are not primarily symptoms/behaviors which are either chronic and not likely to improve with the type of treatment being used, or primarily self improvement; AND
7. Symptoms and/or functional impairment of at least a moderate degree as evidenced by report of specific domains and/or GAF score less than or equal to 60 are still present related to the DSM/ICD diagnoses listed and likely to improve with continued treatment; AND
8. The Covered Individual is allowing coordination of care with other providers and evidence of this is documented, and is involving family members where indicated; for children/adolescents, the family is participating in treatment and adhering to recommendations; AND
9. The condition has not stabilized to the point where maintenance treatment is appropriate, where sustained improvement is not likely and the purpose of continued treatment is to prevent relapse or maintain previous achieved progress.

Frequency Criteria: for treatment every other week, (excluding Medication Management) must have all of the following (10 – 11) to qualify:

10. Symptoms/behaviors or mood disturbances persist consistent with the DSM/ICD diagnoses listed which have not remitted as shown by moderate to severe symptoms and functional impairment, that require maintenance treatment to ensure that previously achieved progress in treatment is sustained and where relapse or deterioration is likely without this degree of continued treatment; AND
11. Maintenance treatment cannot be provided by medication management alone or medication treatment is only partially effective and intermittent therapy support is required in addition to medication maintenance treatment. When treatment frequency is being transitioned from once weekly (or more)
to once monthly (or less), a reduction in frequency to maintenance treatment should be done with a brief period of transition to maintain stability.

*Frequency Criteria: for treatment once monthly, (excluding Medication Management) must have all of the following (12 – 13) to qualify:*

12. Symptoms/behaviors or mood disturbances persist consistent with the DSM/ICD diagnoses listed that require maintenance treatment to ensure that previously achieved progress in treatment is sustained and where relapse or deterioration is likely without this degree of continued treatment;

**AND**

13. Maintenance treatment cannot be provided by medication management alone or medication treatment is only partially effective and intermittent therapy support is required in addition to medication maintenance treatment.

**Not Medically Necessary:**

Psychiatric outpatient treatment is considered **not medically necessary** when the above criteria are not met.
Medication Management

Medically Necessary:

Medication management is provided for Covered Individuals who require a medical evaluation and ongoing supervision and prescription of psychotropic medications.

Severity of Illness (SI)
Must have all of the following to qualify:
1. Medical evaluation to determine whether there is a need for medication; AND
2. Medical prescription of psychotropic drugs and on-going medication monitoring; AND
3. Axis I or Axis II diagnoses from DSM or Psychiatric Diagnosis for ICD.

Intensity of Service (IS)
Must have all of the following to qualify:
1. The physician meets with the Covered Individual, face to face, on a scheduled basis;
   a. Acute Covered Individuals - The physician may see the Covered Individual up to once or twice a week if the Covered Individual is not yet stabilized on medication or is suffering from adverse side effects.
   b. Stabilized/chronic Covered Individuals – The physician typically sees the Covered Individual monthly or at least quarterly (or less frequently when stable) when indicated, if the Covered Individual’s pharmacological plan is appropriate and the Covered Individual does not experience complications from medication. Up to one year may be certified; AND
2. A qualified physician, psychiatric nurse practitioner (or physician extender or independently licensed clinician as permitted by law or health plan benefits) as appropriate prescribes the medication; AND
3. The physician or other prescriber collaborates with a psychotherapist (if there is one) and PCP as appropriate, when a prescription is initiated or changed. Coordination of care should occur at regular intervals and be documented; AND
4. Adherence to documentation and treatment plan guidelines; AND
5. Family involvement is a part of child/adolescent management unless clinically contraindicated; AND
6. Substance use evaluation has been completed when appropriate.

Continued Stay Criteria (CS)
Must continue to meet "SI/IS" Criteria and have the following to qualify:
1. Progress is documented and the Covered Individual is cooperative and motivated such that continued progress is expected, and if not then the treatment plan is being changed or if no further progress expected, than a maintenance plan is in effect.

Not Medically Necessary:

Medication management in psychiatric outpatient treatment is considered not medically necessary when the above criteria are not met.
Inpatient/Outpatient Electroconvulsive Therapy (ECT)

Medically Necessary:

To qualify, Covered Individual’s symptoms or condition must meet the diagnostic criteria for a DSM Axis I Diagnosis of Major Depression, Bipolar Disorder, Mood Disorder, Severe Parkinson’s Disease, Organic Catatonia, Schizoaffective Disorder or Schizophrenia and symptoms to confirm the diagnosis for inpatient/outpatient ECT treatment. All services must meet the definition of medical necessity in the Covered Individual’s plan document.

Severity of Illness (SI)
Must meet criteria 1 and either 2 or 3:
1. Must have one of the following:
   a. History of a poor response to several trials of antidepressants in adequate doses for a sufficient time; OR
   b. History of a good response to ECT during an earlier episode of illness; OR
   c. Need for a rapid response due to the potentially life threatening nature of the Covered Individual’s illness; OR
   d. Adverse effects with medication which are deemed to be less likely and/or severe with ECT; AND
2. For outpatient ECT, Covered Individual must have adequate social and environmental support to maintain effective and safe treatment on an outpatient basis; OR

Intensity of Service (IS)
Must have all the following to qualify:
1. History and physical completed within the 30 days prior to treatment and updated as needed; AND
2. The qualified physician performing the ECT procedure must do a procedure note for each ECT treatment; AND
3. The qualified physician performing the ECT and the Covered Individual’s attending physician must confer regularly regarding the Covered Individual’s progress; AND
4. Discharge planning is initiated on the day of admission and includes appropriate continuing care plans; AND
5. The number and frequency of treatments requested are appropriate to the Covered Individual’s clinical condition and response; AND
6. For ECT being done in an inpatient setting, Intensity of Service (IS) Criteria must be met for Adult Psychiatric Inpatient or outpatient ECT not available.

Continued Stay Criteria (CS)
Must continue to meet "SI/IS" Criteria and have the following to qualify:
1. Progress after the expected minimum number of treatments usually needed (based on the diagnosis) is being documented and maximal benefit has not yet been achieved.

Not Medically Necessary:

Inpatient/Outpatient Electroconvulsive Therapy (ECT) is considered not medically necessary when the above criteria are not met.
REFERENCES

State of Connecticut Senate Bill Number 1160, Public Act Number 13-3: AN ACT CONCERNING GUN VIOLENCE PREVENTION AND CHILDREN'S SAFETY.

Professional Organization Guidelines: