

# GREATER COLUMBIA BEHAVIORAL HEALTH

## Policies and Procedures

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**Title: Level of Care and Authorization Criteria**

### **I. INTRODUCTION:**

- A. Greater Columbia Behavioral Health (GCBH) provides mental health services for Medicaid eligible and a portion of non-Medicaid individuals. The GCBH administers funding for contracted services through a provider network. In the GCBH approach to managing resource utilization there are four levels of service that require Prior Authorization (Inpatient, Residential and Outpatient Levels I and II). The Authorization criteria for each level are based on enrollment eligibility and medical necessity criteria that in turn are based on an individual client's needs.
- B. The GCBH Level of Care Criteria were developed as a framework when considering the authorization of medically necessary services for children, youth and adults who are eligible to receive treatment for psychiatric disorders from state or federal funding. In order to facilitate appropriate care management, they define each level of care and the service expectations for that level. Criteria for admission are described for each level of care and are based on the primary presenting problem. Level of care authorization decisions require agreement between the consumer, family (when permitted), provider and the RSN as to the appropriateness of the goals of the individualized treatment plan with the proposed level of care.
- C. The GCBH Level of Care Criteria take into account the differences in the treatment needs for adults and children/adolescents and their families and are separated accordingly. *These guidelines do not specify the individual programmatic components for each level of care.* For instance, it is expected that when an individual is approved for an acute inpatient level of care, the attending physician should, as part of the treatment plan, see that individual on a daily basis for medication management or the management of a concomitant medical condition. Similarly, an individual who is approved for Level I Outpatient Services is eligible for receipt of Brief Intervention Treatment; Medication Management; Psychoeducation; Group Treatment and Family Supports. Thus, the treatment provided

should meet the consumer driven individualized goals and treatment planning and should be directed at improving social skills, interpersonal skills, coping skills and independent functioning.

- D. It is the philosophy of the Greater Columbia Behavioral Health to provide quality treatment to all consumers based on both their strengths and individualized needs. The ultimate goal of the RSN is to support the consumer in maximizing their fulfillment of the innate potential toward independence, recovery and autonomy. The RSN strives to operationalize this philosophy by developing a partnership with the consumer, family (when permitted) and the provider to provide the right intensity of services at the appropriate time. This is accomplished through the development of an individualized and tailored treatment plan.
- E. The treatment plan must be based on a bio-psychosocial assessment that includes the consumer's strengths while addressing the clinical needs of the consumer. The development of an appropriate treatment plan should be performed in collaboration with the consumer, his or her family (if available and advisable) and focused on the provision of care in the least restrictive treatment environment. This approach seeks full involvement of the consumer in which consumer voice drives the development and revision of the treatment plan. Treatment shall be based on the strengths (assets) and desires of the consumer across all life domains and his or her family and natural supports. It should begin with education on the nature of the mental illness or emotional/behavioral problem that the consumer is experiencing and the range of options for treatments and support available in the system. These options should include not only medications and formal psychotherapies, but also alternative approaches that are appropriate to the age, language, ethnic culture and preferences of the consumer. Services may also include educational/vocational, medical, social/recreational, psychological, emotional, legal and safety related supports. Services shall be informed by and coordinated with other formal service systems and/or informal support systems. These services/supports are developed creatively and flexibly to meet the unique needs of the consumer. The treatment plan should be linked to specific goals as defined with the consumer with estimated time frames for review and/or completion.
- F. While it is not the intent of these guidelines to dictate treatment, all consumers are expected to receive a comprehensive evaluation, which includes an assessment of risk, especially taking into account the consumer's level of psychosocial functioning and natural support system. For all levels of care, a strength-based bio-psychosocial approach to assessment and evaluation, with the development of a multi-modal treatment plan, is required.

- G. The individualized tailored treatment plan should also include a discharge/aftercare/termination plan that is recovery oriented and is consistent with the available resources that meet the consumer's and/or family's specific ongoing needs.
- H. Ultimately, the bio-psychosocial assessment and the development and continual review of an individualized tailored treatment plan leads to the initial authorization and continued stay based on medical necessity for each of the following levels of care.
- I. Authorization Principles:
  - 1. Treatment must meet medical necessity criteria. There must be a current DSM-IV-R diagnosis that reflects a demonstrated deficiency in adaptive functioning. The services provided must directly address specific preventative, diagnostic, therapeutic, rehabilitative or palliative needs of the individual.
  - 2. In general, treatment is provided to alleviate symptoms associated with major DSM-IV-R diagnoses and to lessen the manifestation of symptoms of Axis II diagnoses. The intent of treatment is to restore the individual to their previous level of adaptive functioning or to highest level of functioning which the person can maintain.
  - 3. Treatment will be rendered in the most clinically appropriate and least restrictive environment possible.
  - 4. Access to treatment will be responsive according to standards of care that incorporate strength-based and person (and family) -centered models. These models will utilize collaborative efforts between treatment providers, the consumer and when appropriate, their family members in defining the presenting problems in solvable terms, setting realistic goals for change. When appropriate, treatment should be time-limited and solution-focused, building on both individual (and family) strengths and community resources.
  - 5. Treatment should also be directed to help prevent further deterioration and/or provide stabilization in emergent situations.

## II. INPATIENT SERVICES:

Definition: Inpatient psychiatric hospitalization is a time-limited, structured, active treatment program offering therapeutically intensive, coordinated and structured

clinical services within a stable, safe therapeutic environment. Inpatient hospitalization is necessary for stabilization of the acutely ill psychiatric patient requiring round-the-clock nursing care and observation to maintain patient safety. It is the most restrictive and most acute service on the continuum of psychiatric care. Authorization for Inpatient services is determined by GCBH based on eligibility and clinical information provided by the CMHA. Length of the initial authorization is determined by the diagnosis and clinical needs, but will not exceed the 75<sup>th</sup> percentile of the PAS.

#### **A. ADMISSION CRITERIA:**

1. The individual presents with severe psychiatric symptoms consistent with a DSM-IV diagnosis which both requires and is reasonably expected to respond to therapeutic interventions;
2. Behavior judged unmanageable at a lower level of care due to **ANY ONE** of the following:
  - a. Danger to self, such as from suicidal behavior or self-mutilation;
  - b. Grave disability, such as from severe psychomotor retardation;
  - c. Severe symptoms unresponsive to or unmanageable with treatment at a lower level of care;
  - d. Comorbid psychiatric or medical condition requiring inpatient care.

#### **AND**

3. There is a verified failure of treatment at a lesser LOC, or a psychiatrist (or designee) determines that the patient cannot be managed at a lesser LOC because of the severity of symptoms and intensity of treatment required.

#### **AND**

4. The patient requires round-the-clock nursing, medical care and observation to maintain their safety or their health, **OR**
5. The patient's medical condition creates the need for psychiatric treatment to be provided in this level of care.

#### **B. PERIOD OF INITIAL AUTHORIZATION:**

The period of initial authorization is dependent on legal status. Involuntary placements are authorized for the period of time established in statute. Voluntary admissions are authorized in two ways: for Title XIX admissions the initial authorization is for 75% of the state approved PAS. Non-title XIX

voluntary admissions are authorized for a period of time determined by continued stay criteria.

### **C. CONTINUING STAY CRITERIA:**

1. For authorization of continued stay (often referred to as an “extension”) the individual must meet all of the following:
  - a. Member continues to pose a danger to self, others or property due to the behavioral manifestations of a psychiatric disorder or medical issues precluding the provision of services at a lower level despite a reduction in the severity of these symptoms.
  - b. Member requires this level of intensive treatment to stabilize symptoms and behaviors.
  - c. There is a clear treatment plan with measurable and objective goals.
  - d. The member is making progress toward treatment plan goals, or in the absence of progress the treatment plan is revised to address those issues preventing progress.
  
2. May Meet:
  - a. New psychiatric symptoms become evident and meet admission criteria.

Length of the re-authorization is determined by the diagnosis and clinical needs.

### **D. DISCHARGE CRITERIA:**

Criteria for discharge from Inpatient Services include:

1. Member's symptomatology and functioning have improved to the point that they do not require 24-hour observation and medical/nursing treatment at an inpatient level;
  - a. If some symptoms present on admission remain, they no longer meet admission or continued stay criteria.
2. Member has demonstrated an unwillingness to participate in active treatment and fails to meet the criteria for an ITA.
3. The individual withdraws consent for continued inpatient treatment and fails to meet the criteria for an ITA.

## **III. RESIDENTIAL SERVICES:**

**Definition:** Residential Services are designed for individuals who have severe deficits in social, psychiatric and psychological functioning and who otherwise would require an inpatient setting. Residential services occur in a variety of settings. Common features include: 24-hour supervision by trained staff, supervised self-administration of medications and skills training. Some facilities may have nursing care on site and on-call availability of psychiatric services. There are also age appropriate services (such as day programs) that are integrated into the daily routine of the individual.

Treatment focuses on specific goals identified by the Community Treatment system in coordination with family members/guardians and in conjunction with other involved agencies as appropriate. The target of the program is the return of the individual to their community setting after they achieve a resolution of the problems that necessitated their initial placement. This resolution and stabilization should be accomplished as rapidly as clinically appropriate in order to preserve the natural ties to the community.

#### **A. ADMISSION CRITERIA:**

All of the following must be met for admission:

1. The individual presents with severe psychiatric symptoms consistent with a DSM-IV diagnosis which both requires and is reasonably expected to respond to therapeutic interventions;
2. The individual is not sufficiently stable to be treated outside a structured 24-hour therapeutic setting;
3. The individual is at risk of losing their community supports due to their persistent pattern of symptoms or behaviors;
4. The individual is at risk of self-harm, harm to others or property, grave disability or elopement outside the secure setting.
5. The individual's needs can be met outside of an inpatient setting.

#### **B. PERIOD OF AUTHORIZATION:**

The initial period of authorization may be up to 30 days with continued periods of authorization determined by continuing stay criteria.

#### **C. CONTINUING STAY CRITERIA:**

All of the following are required for continued treatment and reauthorization at this level:

1. The individual's condition continues to meet the admission criteria;
2. The individual's treatment needs do not require a more intensive (inpatient) level of care
3. No less intensive level of care would be appropriate;

4. Treatment planning is appropriate to the individual's condition and provides objective and measurable goals for the treatment;
5. Treatment goals are realistic and specific;
  - a. Although it is recognized that there may be many clinical issues to be addressed in the Treatment Plan, goals to be accomplished in the Residential facility should be limited to those issues that prevent the individual from returning to the community. Other issues should be addressed in a manner that ongoing intervention can be provided in the community upon the individual's return.
6. Progress in relationship to the Treatment Plan's goals is evident and described in objective terms;
  - a. In the absence of progress, the treatment plan is revised to address those issues preventing progress;
7. Care continues to be provided in a clinically appropriate manner that focuses on the individual and involves appropriate community supports (family, schools, etc.).
8. When appropriate, rational psychiatric medication management has been provided;
  - a. There is documented active coordination of care with the community treatment providers.

**D. DISCHARGE CRITERIA:**

Criteria for discharge from Residential level of service include the following:

1. The individual no longer meets admission criteria **and**
2. The individual's treatment goals specific to this level of treatment have been substantially achieved **and**
3. There is a support system or alternative level of care that can maintain the individual in a less restrictive therapeutic environment.

**OR**

The individual is not progressing in treatment or maintaining at a maximum level of function due to non-adherence to treatment recommendations and the provider has exhausted all reasonable interventions to address treatment participation. In such a case there must be a plan to provide the individual alternative services at another level that is suitable to meet their behavioral health needs;

**OR**

The individual withdraws consent for continued residential treatment and fails to meet the criteria for an ITA.

**OR**

The individual is no longer making any progress towards treatment goals or maintaining at a maximum level of function and there is no reasonable expectation that additional interventions will facilitate further progress towards these goals. In such a case there must be a

plan to provide the individual alternative services at another level that is suitable to meet their behavioral health needs.

#### **IV. OUTPATIENT LEVEL I SERVICES:**

##### **A. OUTPATIENT LEVEL I- Adults and Older Adults:**

Definition: Level I services are provided to Adults or Older Adults who may have limited social supports and impaired interpersonal functioning due to mental illness. Individual and natural supports may lack resources or have difficulty accessing entitlements (food, income, coupons, and transportation) or available community resources; language and/or cultural factors may pose barriers to accessing services. May be involved with one or more additional formal systems requiring coordination. Requires treatment to develop supports, address needs and remain in the community.

##### **1. INTENSITY OF SERVICES:**

GCBH recognizes two categories of Level I services for both Adults/Older Adults and Children/Adolescents:

- a. **Brief Intervention/ Short Term Crisis** is indicated for the purpose of:
  - i. Strengthening ties within the community,
  - ii. Identifying and building on innate strengths of the family and/or other natural supports and
  - iii. Preventing the need for long term treatment
- b. **Long Term/Low Intensity Treatment** is provided for:
  - i. A person who has previously received treatment at a higher level of care to maintain their recovery, or
  - ii. For a person who has previously been maintained through Brief Intervention and requires continued services past the initial 6 months to maintain the gains made through treatment, or
  - iii. For a person who has previously been maintained at a higher level of services (such as Level II) and yet now only requires this lower level of services to maintain the gains made through treatment.

##### **2. ADMISSION CRITERIA:**

- a. **An individual must meet all of the following before being considered for Level I assignment:**
  - i. The individual is determined to have a mental illness as manifested by the presence of a covered mental health diagnosis (SEE TABLE I) as determined by an Assessment that is provided by or under the supervision of a mental health professional. When indicated a Special Population consultation should be considered

- ii. Washington State defines acutely mentally ill, chronically mental ill adult and the seriously disturbed person in RCW 71.24 and RCW 71.05. The diagnosis must be included as a covered diagnosis in the list of Covered Adult & Older Adult Disorders (Table I) as follows.

Diagnosis A = Covered

Diagnosis B = Covered + One Additional Criteria

*Note: Individuals who have both a covered and a non-covered diagnosis are eligible for service based on the covered diagnosis.*

- iii. The individual's impairment(s) and corresponding need(s) must be the result of their mental illness.
- iv. The individual must demonstrate moderate functional impairment in at least **one** of the following life domains **and** they require assistance in order to meet the identified need :
  - **Health & Self-Care**
    - **The ability to access medical, dental and mental health care to include access to psychiatric medications**
  - **Cultural Factors**
    - Home & Family Life Safety & Stability
    - Work, school, daycare, pre-school or other daily activities
    - Ability to use community resources to fulfill needs
- v. **Impairment is evidenced by a Global Assessment of Functioning (GAF) Score of 60 or below.**
- vi. The intervention is deemed to be reasonably necessary to improve, stabilize or prevent deterioration of functioning resulting from the presence of a mental illness.
- vii. The individual is expected to benefit from the intervention.
- viii. The individual's unmet need can not be more appropriately met by any other formal or informal system or support.

**TABLE I**

*Washington State Medicaid Program  
Minimum Covered Diagnoses for Medicaid Adults & Medicaid Older Adults  
11-25-03*

Washington State defines acutely mentally ill, chronically mental ill adult, seriously disturbed person, and severely emotionally disturbed child in RCW 71.24 and RCW 71.05. The following diagnoses are considered to further interpret the statute criteria in establishing eligibility under the Washington State Medicaid Program. Additional eligibility requirements must be met to qualify for outpatient mental health services. Minimum eligibility requirements for authorization of services for Medicaid Adults and Older Adults are further defined in the Access to Care Standards. The following covered diagnoses must be considered for eligibility.

DSM-IV-TR CODE	DSM-IV-TR DEFINITION	A = Covered B = Covered with Additional Criteria
<b>ATTENTION-DEFICIT AND DISRUPTIVE BEHAVIOR DISORDERS</b>		

**TABLE I CONTINUED**

---.--	Substance-Induced Persisting Dementia ( <i>refer to Substance-related Disorders for substance specific codes</i> )	B
---.--	Dementia Due to Multiple Etiologies	B
294.8	Dementia NOS	B
<b>OTHER COGNITIVE DISORDERS</b>		
294.9	Cognitive Disorder NOS	B
<b>SCHIZOPHRENIA AND OTHER PSYCHOTIC DISORDERS</b>		
295.30	Schizophrenia Paranoid Type	A
295.10	Schizophrenia Disorganized Type	A
295.20	Schizophrenia Catatonic Type	A
295.90	Schizophrenia Undifferentiated Type	A
295.60	Schizophrenia Residual Type	A
295.40	Schizophreniform Disorder	A
295.70	Schizoaffective Disorder	A
297.1	Delusional Disorder	A
298.8	Brief Psychotic Disorder	A
297.3	Shared Psychotic Disorder	A
293.81	Psychotic Disorder Due to ( <i>Indicate the General Medical Condition</i> ) With Delusions	A
293.82	Psychotic Disorder Due to ( <i>Indicate the General Medical Condition</i> ) With Hallucinations	A
298.9	Psychotic Disorder NOS	A
<b>MOOD DISORDERS</b>		
<b>DEPRESSIVE DISORDERS</b>		
296.21	Major Depressive Disorder Single Episode, Mild	A
296.22	Major Depressive Disorder Single Episode, Moderate	A
296.23	Major Depressive Disorder Single Episode, Severe Without Psychotic Features	A
296.24	Major Depressive Disorder Single Episode, Severe With Psychotic Features	A
296.25	Major Depressive Disorder Single Episode, In Partial Remission	A
296.26	Major Depressive Disorder Single Episode, In Full Remission	A
296.20	Major Depressive Disorder Single Episode, Unspecified	A
296.31	Major Depressive Disorder Recurrent, Mild	A
296.32	Major Depressive Disorder Recurrent, Moderate	A
296.33	Major Depressive Disorder Recurrent, Severe Without Psychotic Features	A
296.34	Major Depressive Disorder Recurrent, Severe With Psychotic Features	A
296.35	Major Depressive Disorder Recurrent, In Partial Remission	A
296.36	Major Depressive Disorder Recurrent, In Full Remission	A
296.30	Major Depressive Disorder Recurrent, Unspecified	A
300.4	Dysthymic Disorder	B
311	Depressive Disorder NOS	B
<b>BIPOLAR DISORDERS</b>		
296.01	Bipolar I Disorder Single Manic Episode, Mild	A
296.02	Bipolar I Disorder Single Manic Episode, Moderate	A
296.03	Bipolar I Disorder Single Manic Episode, Severe Without Psychotic Features	A
296.04	Bipolar I Disorder Single Manic Episode, Severe With Psychotic Features	A
296.05	Bipolar I Disorder Single Manic Episode, In Partial Remission	A
296.06	Bipolar I Disorder Single Manic Episode, In Full Remission	A
296.00	Bipolar I Disorder Single Manic Episode, Unspecified	A
296.40	Bipolar I Disorder Most Recent Episode Hypomanic	A
296.41	Bipolar I Disorder Most Recent Episode Manic, Mild	A
296.42	Bipolar I Disorder Most Recent Episode Manic, Moderate	A
296.43	Bipolar I Disorder Most Recent Episode Manic, Severe Without Psychotic Features	A

**TABLE I CONTINUED**

296.44	Bipolar I Disorder Most Recent Episode Manic, Severe With Psychotic Features	A
296.45	Bipolar I Disorder Most Recent Episode Manic, In Partial Remission	A
296.46	Bipolar I Disorder Most Recent Episode Manic, In Full Remission	A
296.40	Bipolar I Disorder Most Recent Episode Manic, Unspecified	A
296.61	Bipolar I Disorder Most Recent Episode Mixed, Mild	A
296.62	Bipolar I Disorder Most Recent Episode Mixed, Moderate	A
296.63	Bipolar I Disorder Most Recent Episode Mixed, Severe Without Psychotic Features	A
296.64	Bipolar I Disorder Most Recent Episode Mixed, Severe With Psychotic Features	A
296.65	Bipolar I Disorder Most Recent Episode Mixed, In Partial Remission	A
296.66	Bipolar I Disorder Most Recent Episode Mixed, In Full Remission	A
296.60	Bipolar I Disorder Most Recent Episode Mixed, Unspecified	A
296.51	Bipolar I Disorder Most Recent Episode Depressed, Mild	A
296.52	Bipolar I Disorder Most Recent Episode Depressed, Moderate	A
296.53	Bipolar I Disorder Most Recent Episode Depressed, Severe Without Psychotic Features	A
296.54	Bipolar I Disorder Most Recent Episode Depressed, Severe With Psychotic Features	A
296.55	Bipolar I Disorder Most Recent Episode Depressed, In Partial Remission	A
296.56	Bipolar I Disorder Most Recent Episode Depressed, In Full Remission	A
296.50	Bipolar I Disorder Most Recent Episode Depressed, Unspecified	A
296.7	Bipolar I Disorder Most Recent Episode Unspecified	A
296.89	Bipolar II Disorder	A
301.13	Cyclothymic Disorder	B
296.80	Bipolar Disorder NOS	A
296.90	Mood Disorder NOS	B
<b>ANXIETY DISORDERS</b>		
300.01	Panic Disorder Without Agoraphobia	B
300.21	Panic Disorder With Agoraphobia	B
300.22	Agoraphobia Without History of Panic Disorder	B
300.29	Specific Phobia	B
300.23	Social Phobia	B
300.3	Obsessive-Compulsive Disorder	B
309.81	Posttraumatic Stress Disorder	A
308.3	Acute Stress Disorder	A
300.02	Generalized Anxiety Disorder	B
300.00	Anxiety Disorder NOS	B
<b>SOMATOFORM DISORDERS</b>		
300.81	Somatization Disorder	B
300.82	Undifferentiated Somatoform Disorder	B
300.11	Conversion Disorder	B
307.80	Pain Disorder Associated With Psychological Factors	B
307.89	Pain Disorder Associated With Both Psychological Factors and a General Medical Condition	B
300.7	Hypochondriasis	B
300.7	Body Dysmorphic Disorder	B
300.82	Somatoform Disorder NOS	B
<b>FACTITIOUS DISORDERS</b>		
300.16	Factitious Disorder With Predominantly Psychological Signs and Symptoms	B
300.19	Factitious Disorder With Predominantly Physical Signs and Symptoms	B
300.19	Factitious Disorder With Combined Psychological and Physical Signs and Symptoms	B

<b>DISSOCIATIVE DISORDERS</b>		
300.12	Dissociative Amnesia	B
300.13	Dissociative Fugue	B
300.14	Dissociative Identity Disorder	B
300.6	Depersonalization Disorder	B
300.15	Dissociative Disorder NOS	B
<b>SEXUAL AND GENDER IDENTITY DISORDERS</b>		
<b>EATING DISORDERS</b>		
307.1	Anorexia Nervosa	B
307.51	Bulimia Nervosa	B
307.50	Eating Disorder NOS	B
<b>ADJUSTMENT DISORDERS</b>		
309.0	Adjustment Disorder With Depressed Mood	B
309.24	Adjustment Disorder With Anxiety	B
309.28	Adjustment Disorder With Mixed Anxiety and Depressed Mood	B
309.3	Adjustment Disorder With Disturbance of Conduct	B
309.4	Adjustment Disorder With Mixed Disturbance of Emotions and Conduct	B
309.9	Adjustment Disorder Unspecified	B
<b>PERSONALITY DISORDERS</b>		
301.0	Paranoid Personality Disorder	B
301.20	Schizoid Personality Disorder	B
301.22	Schizotypal Personality Disorder	B
301.7	Antisocial Personality Disorder	B
301.83	Borderline Personality Disorder	B
301.50	Histrionic Personality Disorder	B
301.81	Narcissistic Personality Disorder	B
301.82	Avoidant Personality Disorder	B
301.6	Dependent Personality Disorder	B
301.4	Obsessive-Compulsive Personality Disorder	B
301.9	Personality Disorder NOS	B

**b. Additional Criteria for Diagnosis B:**

An individual with a “B” diagnosis must meet at least one of the following criteria to be considered for a level of care placement decision. Behaviors/symptoms must be the result of a mental illness.

- i. High Risk Behavior demonstrated during the previous ninety days – aggressive and/or dangerous, puts self or others at risk of harm, is at risk of grave disability, is at risk of psychiatric hospitalization or at risk of loss of current placement due to the symptoms of a mental illness
- ii. Two or more hospital admissions due to a mental health diagnosis during the previous two years
- iii. Psychiatric hospitalization or residential treatment due to a mental health diagnosis of more than six months duration in the previous

year OR is currently being discharged from a psychiatric hospitalization

- iv. Received public mental health treatment on an outpatient basis within the GCBH system during the previous ninety days and will deteriorate if services are not resumed (crisis intervention is not considered outpatient treatment).

### 3. SERVICES PROVIDED:

- a. Access to the following modalities is based on clinical assessment, meeting the Level of Care Criteria and individual need. Individuals are routinely referred for the following treatment:
  - i. Brief Intervention Treatment
  - ii. Medication Management
  - iii. Psychoeducation
  - iv. Group Treatment
  - v. Family Supports
  
- b. The full scope of available treatment modalities may be provided based on clinical assessment, meeting the Level of Care Criteria and individual need. These modalities may also include:
  - i. Day support
  - ii. Family treatment
  - iii. Individual treatment
  - iv. Intake evaluation, Medication management
  - v. Medication monitoring
  - vi. Peer support
  - vii. Rehabilitation case management
  - viii. Psychological Assessment
  - ix. Therapeutic psycho-education
  - x. Respite care
  - xi. Clubhouse
  - xii. Supported employment

### 4. PERIOD OF AUTHORIZATION:

The period of authorization may be up to six months of care **OR** may be up to twelve months of care when an individual is receiving long term/low intensity treatment.

### 5. CONTINUING STAY CRITERIA:

- a. **Brief Intervention/ Short Term Crisis Resolution-** Adults or Older Adults in the Brief Intervention/ Short Term Crisis Resolution category are eligible to receive up to 6 months in each service episode. If further treatment is required to maintain the gains made in treatment and/or to

prevent deterioration they the person is referred to Long Term/Low Intensity Treatment. *For those adults requiring continued services, the involved clinician will facilitate a transition to Long-Term/Low Intensity Services.*

- b. **Long Term Low Intensity Treatment** – Adults or Older Adults in the Long Term Low Intensity Treatment category are initially eligible to receive up to 12 months or until other necessary supports can be developed. Continued treatment at this level can be based if:
  - i. This level of treatment is required to prevent deterioration of the gains (or stability) achieved through provided services;
  - ii. Services provided through other supports within the individual's community are not sufficient to maintain the gains (or stability) achieved through provided services;
  - iii. When applicable, appropriate psychopharmacological intervention has been prescribed and/or evaluated.
  - iv. Treatment planning is individualized and appropriate to the individual's changing condition with realistic and specific goals and objectives stated. Treatment planning should include active family or other support systems, social, occupational and interpersonal assessment with involvement unless contraindicated.
  - v. The person continues to participate in treatment as provided.

## 6. DISCHARGE CRITERIA:

- a. **Brief Intervention/ Short Term Crisis Resolution-** An Adult or Older Adult in the Brief Intervention/ Short Term Crisis Resolution category will have their case inactivated after any of the following:
  - i. They have met treatment goals and do not require Long Term/ Low Intensity Services to maintain the gains achieved through treatment, **or**
  - ii. Their treatment needs can be met through other services available within their support system (PCP, support groups, etc.), or
  - iii. They are not participating in treatment and are not appropriate for Involuntary treatment, or
  - iv. They are requesting inactivation.
- b. **Long Term Low Intensity Treatment** – An adult or older adult in the Long Term Low Intensity Treatment category will have their case inactivated after any of the following:
  - i. They have met treatment goals and do not require Long Term/ Low Intensity Services to maintain the gains achieved through treatment, **or**

- ii. Their treatment needs can be met through other services available within their support system (PCP, support groups, etc.), or
- iii. They are not participating in treatment and are not appropriate for Involuntary treatment, or
- iv. They are requesting inactivation.

## **B. OUTPATIENT LEVEL I – Children and Adolescents:**

Definition: Level I services are provided to children and youth who may have limited social supports and impaired interpersonal functioning due to mental illness. An individual's natural support network is experiencing challenges, i.e., multiple stressors in the home; family or caregivers lack resources or have difficulty accessing entitlements (food, income, coupons, and transportation) or available community resources; language and/or cultural factors may pose barriers to accessing services. May be involved with one or more child serving systems requiring coordination.

GCBH recognizes two categories of Level I services for both Children and Adolescents:

**Brief Intervention/ Short Term Crisis** is indicated for the purpose of:

- Strengthening ties within the community,
- Identifying and building on innate strengths of the family and/or other natural supports and
- Preventing the need for long term treatment

**Long Term/Low Intensity Treatment** is provided for:

- A person who has previously received treatment at a higher level of care to maintain their recovery, or
- For a person who has previously been maintained through Brief Intervention and requires continued services past the initial 6 months to maintain the gains made through treatment, or
- For a person who has previously been maintained at a higher level of services (such as Level II) and yet now only requires this lower level of services to maintain the gains made through treatment.

### **1. ADMISSION CRITERIA:**

**An individual must meet all of the following before being considered for Level I assignment:**

- a. The individual is determined to have a mental illness. The diagnosis must be included as a covered diagnosis in the list of Covered Childhood Disorders (Table II at the end of this document) and is determined by an Assessment that is provided by or under the supervision of a mental health professional. Consultation with a children's mental health specialist is required.

- b. Washington State defines the severely emotionally disturbed child in RCW 71.24 and RCW 71.05. The diagnosis must be included as a covered diagnosis in the list of Covered Childhood Disorders (see Table I).
  - i. Diagnosis A = Covered
  - ii. Diagnosis B = Covered + One Additional Criteria
  - iii. *Note: Individuals who have both a covered and a non-covered diagnosis are eligible for service based on the covered diagnosis.*
- c. The individual's impairment(s) and corresponding need(s) must be the result of a mental illness.
- d. Must demonstrate moderate functional impairment in at least one of the following life domains and requires assistance in order to meet the identified need:
  - i. **Health & Self-Care:**
    - The ability to access medical, dental and mental health care to include access to psychiatric medications
  - ii. **Cultural Factors:**
    - Home & Family Life Safety & Stability
    - Work, school, daycare, pre-school or other daily activities
    - Ability to use community resources to fulfill needs
- e. Impairment is evidenced by a Children's Global Assessment Scale (CGAS) Score of 60 or below. (Children under 6 are exempted from CGAS.)
- f. The intervention is deemed to be reasonably necessary to improve, stabilize or prevent deterioration of functioning resulting from the presence of a mental illness.
- g. The individual is expected to benefit from the intervention.
- h. The individual's unmet need can not be more appropriately met by any other formal or informal system or support.

**2. GOAL OF SERVICE PROVISION:**

Level One Services are defined as short-term mental health services for children/families with less severe need. An ISP should be developed and appropriate referrals made. Children eligible for Level One EPSDT services in the 1992 EPSDT plan are included here.

**3. SERVICES PROVIDED:**

- a. Access to the following modalities is based on clinical assessment, medical necessity and individual need. Children/adolescents are routinely referred for the following treatment:
  - i. Brief Intervention Treatment
  - ii. Medication Management

- iii. Psychoeducation
  - iv. Group Treatment
  - v. Family Supports
- b. The full scope of available treatment modalities may be provided based on clinical assessment, meeting the Level of Care Criteria and individual need. These modalities may also include:
- i. Crisis services
  - ii. Day support
  - iii. Free standing E&T
  - iv. High Intensity treatment
  - v. Intake evaluation
  - vi. Residential
  - vii. Peer Support (for families)
  - viii. Rehabilitation case management
  - ix. Psychological Assessment
  - x. Therapeutic psycho-education
  - xi. Respite care
  - xii. Medicaid Personal Care (if eligible)
  - xiii. Mental health services in a residential setting

#### 4. PERIOD OF AUTHORIZATION:

The period of authorization may be up to six months of care **OR** may be up to twelve months of care when an individual is receiving long term/low intensity treatment.

#### 5. CONTINUING STAY CRITERIA:

- a. **Brief Intervention/ Short Term Crisis Resolution-** A child or youth in the Brief Intervention/ Short Term Crisis Resolution category is eligible to receive up to 6 months in each service episode. If further treatment is required to maintain the gains made in treatment and/or to prevent deterioration then the person is referred to Long Term/Low Intensity Treatment. *For those children requiring continued services, the involved clinician will facilitate a transition to Long-Term/Low Intensity Services.*
- b. **Long Term/Low Intensity Treatment –** A child or youth in the Long Term Low Intensity Treatment category is initially eligible to receive up to 12 months or until other necessary supports can be developed. Continued treatment at this level can be based if:
- i. This level of treatment is required to prevent deterioration of the gains (or stability) achieved through provided services;

- ii. Services provided through other supports within the individual's community are not sufficient to maintain the gains (or stability) achieved through provided services;
- iii. The person continues to participate in treatment as provided.

**6. DISCHARGE CRITERIA:**

- a. **Brief Intervention/ Short Term Crisis Resolution-** A child or youth in the Brief Intervention/ Short Term Crisis Resolution category will have their case inactivated after any of the following:
  - i. They have met treatment goals and do not require Long Term/ Low Intensity Services to maintain the gains achieved through treatment, **or**
  - ii. Their treatment needs can be met through other services available within their support system (PCP, support groups, etc.), or
  - iii. They are requesting inactivation.
  - iv. They are not participating in treatment and are not appropriate for involuntary treatment.
  - v. *For those children requiring continued services, a transition to Long-Term/Low Intensity Services will be facilitated by the involved clinician.*
  
- b. **Long Term Low Intensity Treatment** – A child or youth in the Long Term Low Intensity Treatment category will have their case inactivated after any of the following:
  - i. They have met treatment goals and do not require Long Term/ Low Intensity Services to maintain the gains achieved through treatment, **or**
  - ii. Their treatment needs can be met through other services available within their support system (PCP, support groups, etc.), or
  - iii. They are requesting inactivation.
  - iv. They are not participating in treatment and are not appropriate for involuntary treatment.

**V. OUTPATIENT LEVEL II SERVICES:**

GCBH recognizes two categories of Level II services for both Adults/Older Adults and Children/Adolescents:

**DEFINITION:** Level II services are provided to individuals who may have lack of or severely limited natural supports in the community due to mental illness. May be involved with one or more formal systems requiring coordination in

order to achieve goals. Active outreach may be needed to ensure treatment involvement. Situation exceeds the resources of the natural support system.

**INTENSITY OF SERVICE:**

1. **High Intensity Treatment** is indicated for the purpose of:
  - Strengthening ties within the community,
  - Identifying and building on innate strengths of the family and/or other natural supports and
  - Preventing the need for hospitalization, out of home placement and/or to decrease the use of other costly services.
2. **Long Term Treatment** is provided for:
  - A person who has previously received treatment at a higher level of care to maintain their recovery, or
  - For a person who has previously been maintained at the High Intensity Level of Treatment and now only requires this long term level of services to maintain the gains made through treatment or
  - For a person to achieve stability in their functioning and symptomatology.

**A. OUTPATIENT LEVEL II- Adults and Older Adults:**

Definition: Level II services are provided to Adults or Older Adults who May have lack of or severely limited natural supports in the community due to mental illness. May be involved with one or more formal systems requiring coordination in order to achieve goals. Active outreach may be needed to ensure treatment involvement. Situation exceeds the resources of the natural support system.

**1. ADMISSION CRITERIA:**

- a. **An individual must meet all of the following before being considered for Level II assignment:**
  - i. The individual is determined to have a mental illness as manifested by the presence of a covered mental health diagnosis as determined by an Assessment that is provided by or under the supervision of a mental health professional. When indicated a Special Population consultation should be considered
  - ii. Washington State defines acutely mentally ill, chronically mental ill adult and the seriously disturbed person in RCW 71.24 and RCW 71.05. The diagnosis must be included as a covered diagnosis in the list of Covered Adult & Older Adult Disorders (Table I) as follows.

Diagnosis A = Covered

Diagnosis B = Covered + One Additional Criteria

*Note: Individuals who have both a covered and a non-covered diagnosis are eligible for service based on the covered diagnosis.*

- iii. The individual's impairment(s) and corresponding need(s) must be the result of their mental illness.
- iv. The individual must demonstrate serious functional impairment in at least **one** of the following life domains and they require assistance in order to meet the identified need :
  - **Health & Self-Care:**
    - The ability to access medical, dental and mental health care to include access to psychiatric medications
  - **Cultural Factors:**
    - Home & Family Life Safety & Stability
    - Work, school, daycare, pre-school or other daily activities
    - Ability to use community resources to fulfill needs
- v. **Impairment is evidenced by a Global Assessment of Functioning (GAF) Score of 50 or below.**
- vi. The intervention is deemed to be reasonably necessary to improve, stabilize or prevent deterioration of functioning resulting from the presence of a mental illness.
- vii. The individual is expected to benefit from the intervention.
- viii. The individual's unmet need can not be more appropriately met by any other formal or informal system or support.

**TABLE I**

**Washington State Medicaid Program  
Minimum Covered Diagnoses for Medicaid Adults & Medicaid Older Adults  
11-25-03**

Washington State defines acutely mentally ill, chronically mental ill adult, seriously disturbed person, and severely emotionally disturbed child in RCW 71.24 and RCW 71.05. The following diagnoses are considered to further interpret the statute criteria in establishing eligibility under the Washington State Medicaid Program. Additional eligibility requirements must be met to qualify for outpatient mental health services. Minimum eligibility requirements for authorization of services for Medicaid Adults and Older Adults are further defined in the Access to Care Standards. The following covered diagnoses must be considered for eligibility.

<b>DSM-IV-TR CODE</b>	<b>DSM-IV-TR DEFINITION</b>	<b>A = Covered B = Covered with Additional Criteria</b>
<b>ATTENTION-DEFICIT AND DISRUPTIVE BEHAVIOR DISORDERS</b>		
314.01	Attention-Deficit/Hyperactivity Disorder, Combined type	B
314.00	Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Type	B
314.01	Attention-Deficit/Hyperactivity Disorder, Predominantly Hyperactive-Impulsive Type	B
314.9	Attention-Deficit/Hyperactivity Disorder DOS	B
<b>DEMENTIA</b>		
294.10	Dementia of the Alzheimer's Type, With Early Onset Without Behavioral Disturbance	B
294.11	Dementia of the Alzheimer's Type, With Early Onset With Behavioral Disturbance	B
294.10	Dementia of the Alzheimer's Type, With Late Onset Without Behavioral Disturbance	B
294.11	Dementia of the Alzheimer's Type, With Late Onset With Behavioral Disturbance	B
290.40	Vascular Dementia Uncomplicated	B
290.41	Vascular Dementia With Delirium	B
290.42	Vascular Dementia With Delusions	B
290.43	Vascular Dementia With Depressed Mood	B
294.10	Dementia Due to HIV Disease Without Behavioral Disturbance	B
294.11	Dementia Due to HIV Disease With Behavioral Disturbance	B
294.10	Dementia Due to Head Trauma Without Behavioral Disturbance	B
294.11	Dementia Due to Head Trauma With Behavioral Disturbance	B
294.10	Dementia Due to Parkinson's Disease Without Behavioral Disturbance	B
294.11	Dementia Due to Parkinson's Disease With Behavioral Disturbance	B
294.10	Dementia Due to Huntington's Disease Without Behavioral Disturbance	B
294.11	Dementia Due to Huntington's Disease With Behavioral Disturbance	B
294.10	Dementia Due to Pick's Disease Without Behavioral Disturbance	B
294.11	Dementia Due to Pick's Disease With Behavioral Disturbance	B
294.10	Dementia Due to Creutzfeldt-Jakob Disease Without Behavioral Disturbance	B
294.11	Dementia Due to Creutzfeldt-Jakob Disease With Behavioral Disturbance	B
294.10	Dementia Due to... (Indicate the General Medical Condition not listed above) Without Behavioral Disturbance	B
294.11	Dementia Due to... (Indicate the General Medical Condition not listed above) With Behavioral Disturbance	B

**TABLE I CONTINUED**

---.---	Substance-Induced Persisting Dementia ( <i>refer to Substance-related Disorders for substance specific codes</i> )	B
---.---	Dementia Due to Multiple Etiologies	B
294.8	Dementia NOS	B
<b>OTHER COGNITIVE DISORDERS</b>		
294.9	Cognitive Disorder NOS	B
<b>SCHIZOPHRENIA AND OTHER PSYCHOTIC DISORDERS</b>		
295.30	Schizophrenia Paranoid Type	A
295.10	Schizophrenia Disorganized Type	A
295.20	Schizophrenia Catatonic Type	A
295.90	Schizophrenia Undifferentiated Type	A
295.60	Schizophrenia Residual Type	A
295.40	Schizophreniform Disorder	A
295.70	Schizoaffective Disorder	A
297.1	Delusional Disorder	A
298.8	Brief Psychotic Disorder	A
297.3	Shared Psychotic Disorder	A
293.81	Psychotic Disorder Due to ( <i>Indicate the General Medical Condition</i> ) With Delusions	A
293.82	Psychotic Disorder Due to ( <i>Indicate the General Medical Condition</i> ) With Hallucinations	A
298.9	Psychotic Disorder NOS	A
<b>MOOD DISORDERS DEPRESSIVE DISORDERS</b>		
296.21	Major Depressive Disorder Single Episode, Mild	A
296.22	Major Depressive Disorder Single Episode, Moderate	A
296.23	Major Depressive Disorder Single Episode, Severe Without Psychotic Features	A
296.24	Major Depressive Disorder Single Episode, Severe With Psychotic Features	A
296.25	Major Depressive Disorder Single Episode, In Partial Remission	A
296.26	Major Depressive Disorder Single Episode, In Full Remission	A
296.20	Major Depressive Disorder Single Episode, Unspecified	A
296.31	Major Depressive Disorder Recurrent, Mild	A
296.32	Major Depressive Disorder Recurrent, Moderate	A
296.33	Major Depressive Disorder Recurrent, Severe Without Psychotic Features	A
296.34	Major Depressive Disorder Recurrent, Severe With Psychotic Features	A
296.35	Major Depressive Disorder Recurrent, In Partial Remission	A
296.36	Major Depressive Disorder Recurrent, In Full Remission	A
296.30	Major Depressive Disorder Recurrent, Unspecified	A
300.4	Dysthymic Disorder	B
311	Depressive Disorder NOS	B
<b>BIPOLAR DISORDERS</b>		
296.01	Bipolar I Disorder Single Manic Episode, Mild	A
296.02	Bipolar I Disorder Single Manic Episode, Moderate	A
296.03	Bipolar I Disorder Single Manic Episode, Severe Without Psychotic Features	A
296.04	Bipolar I Disorder Single Manic Episode, Severe With Psychotic Features	A
296.05	Bipolar I Disorder Single Manic Episode, In Partial Remission	A
296.06	Bipolar I Disorder Single Manic Episode, In Full Remission	A
296.00	Bipolar I Disorder Single Manic Episode, Unspecified	A
296.40	Bipolar I Disorder Most Recent Episode Hypomanic	A
296.41	Bipolar I Disorder Most Recent Episode Manic, Mild	A
296.42	Bipolar I Disorder Most Recent Episode Manic, Moderate	A
296.43	Bipolar I Disorder Most Recent Episode Manic, Severe Without Psychotic Features	A

**TABLE I CONTINUED**

296.44	Bipolar I Disorder Most Recent Episode Manic, Severe With Psychotic Features	A
296.45	Bipolar I Disorder Most Recent Episode Manic, In Partial Remission	A
296.46	Bipolar I Disorder Most Recent Episode Manic, In Full Remission	A
296.40	Bipolar I Disorder Most Recent Episode Manic, Unspecified	A
296.61	Bipolar I Disorder Most Recent Episode Mixed, Mild	A
296.62	Bipolar I Disorder Most Recent Episode Mixed, Moderate	A
296.63	Bipolar I Disorder Most Recent Episode Mixed, Severe Without Psychotic Features	A
296.64	Bipolar I Disorder Most Recent Episode Mixed, Severe With Psychotic Features	A
296.65	Bipolar I Disorder Most Recent Episode Mixed, In Partial Remission	A
296.66	Bipolar I Disorder Most Recent Episode Mixed, In Full Remission	A
296.60	Bipolar I Disorder Most Recent Episode Mixed, Unspecified	A
296.51	Bipolar I Disorder Most Recent Episode Depressed, Mild	A
296.52	Bipolar I Disorder Most Recent Episode Depressed, Moderate	A
296.53	Bipolar I Disorder Most Recent Episode Depressed, Severe Without Psychotic Features	A
296.54	Bipolar I Disorder Most Recent Episode Depressed, Severe With Psychotic Features	A
296.55	Bipolar I Disorder Most Recent Episode Depressed, In Partial Remission	A
296.56	Bipolar I Disorder Most Recent Episode Depressed, In Full Remission	A
296.50	Bipolar I Disorder Most Recent Episode Depressed, Unspecified	A
296.7	Bipolar I Disorder Most Recent Episode Unspecified	A
296.89	Bipolar II Disorder	A
301.13	Cyclothymic Disorder	B
296.80	Bipolar Disorder NOS	A
296.90	Mood Disorder NOS	B
<b>ANXIETY DISORDERS</b>		
300.01	Panic Disorder Without Agoraphobia	B
300.21	Panic Disorder With Agoraphobia	B
300.22	Agoraphobia Without History of Panic Disorder	B
300.29	Specific Phobia	B
300.23	Social Phobia	B
300.3	Obsessive-Compulsive Disorder	B
309.81	Posttraumatic Stress Disorder	A
308.3	Acute Stress Disorder	A
300.02	Generalized Anxiety Disorder	B
300.00	Anxiety Disorder NOS	B
<b>SOMATOFORM DISORDERS</b>		
300.81	Somatization Disorder	B
300.82	Undifferentiated Somatoform Disorder	B
300.11	Conversion Disorder	B
307.80	Pain Disorder Associated With Psychological Factors	B
307.89	Pain Disorder Associated With Both Psychological Factors and a General Medical Condition	B
300.7	Hypochondriasis	B
300.7	Body Dysmorphic Disorder	B
300.82	Somatoform Disorder NOS	B
<b>FACTITIOUS DISORDERS</b>		
300.16	Factitious Disorder With Predominantly Psychological Signs and Symptoms	B
300.19	Factitious Disorder With Predominantly Physical Signs and Symptoms	B
300.19	Factitious Disorder With Combined Psychological and Physical Signs and Symptoms	B

<b>DISSOCIATIVE DISORDERS</b>		
300.12	Dissociative Amnesia	B
300.13	Dissociative Fugue	B
300.14	Dissociative Identity Disorder	B
300.6	Depersonalization Disorder	B
300.15	Dissociative Disorder NOS	B
<b>SEXUAL AND GENDER IDENTITY DISORDERS</b>		
<b>EATING DISORDERS</b>		
307.1	Anorexia Nervosa	B
307.51	Bulimia Nervosa	B
307.50	Eating Disorder NOS	B
<b>ADJUSTMENT DISORDERS</b>		
309.0	Adjustment Disorder With Depressed Mood	B
309.24	Adjustment Disorder With Anxiety	B
309.28	Adjustment Disorder With Mixed Anxiety and Depressed Mood	B
309.3	Adjustment Disorder With Disturbance of Conduct	B
309.4	Adjustment Disorder With Mixed Disturbance of Emotions and Conduct	B
309.9	Adjustment Disorder Unspecified	B
<b>PERSONALITY DISORDERS</b>		
301.0	Paranoid Personality Disorder	B
301.20	Schizoid Personality Disorder	B
301.22	Schizotypal Personality Disorder	B
301.7	Antisocial Personality Disorder	B
301.83	Borderline Personality Disorder	B
301.50	Histrionic Personality Disorder	B
301.81	Narcissistic Personality Disorder	B
301.82	Avoidant Personality Disorder	B
301.6	Dependent Personality Disorder	B
301.4	Obsessive-Compulsive Personality Disorder	B
301.9	Personality Disorder NOS	B

**b. Additional Criteria for Diagnosis B:**

An individual with a “B” diagnosis must meet at least one of the following criteria to be considered for a level of care placement decision. Behaviors/symptoms must be the result of a mental illness.

- i. High Risk Behavior demonstrated during the previous ninety days – aggressive and/or dangerous, puts self or others at risk of harm, is at risk of grave disability, is at risk of psychiatric hospitalization or at risk of loss of current placement due to the symptoms of a mental illness
- ii. Two or more hospital admissions due to a mental health diagnosis during the previous two years

- iii. Psychiatric hospitalization or residential treatment due to a mental health diagnosis of more than six months duration in the previous year OR is currently being discharged from a psychiatric hospitalization
- iv. Received public mental health treatment on an outpatient basis within the GCBH system during the previous ninety days and will deteriorate if services are not resumed (crisis intervention is not considered outpatient treatment).

## **2. SERVICES PROVIDED:**

- a. Access to the following modalities is based on clinical assessment, meeting the Level of Care Criteria and individual need. Individuals may be referred for the following treatment:
  - i. Brief Intervention Treatment
  - ii. Medication Management
  - iii. Psychoeducation
  - iv. Group Treatment
  - v. Family Supports/Treatment
  - vi. Individual Treatment
  - vii. Medication Monitoring
  - viii. Peer Support
- b. The full scope of available treatment modalities may be provided based on clinical assessment, meeting the Level of Care Criteria and individual need. These modalities may also include:
  - i. Crisis services
  - ii. Day support
  - iii. Free standing E&T
  - iv. High Intensity treatment
  - v. Intake evaluation
  - vi. Residential
  - vii. Peer Support
  - viii. Rehabilitation case management
  - ix. Psychological Assessment
  - x. Therapeutic psycho-education
  - xi. Respite care
  - xii. Clubhouse
  - xiii. Supported employment
  - xiv. Medicaid Personal Care (if eligible)
  - xv. Mental health services in a residential setting
  - xvi. Crisis services

## **3. PERIOD OF AUTHORIZATION:**

The period of authorization may be up to six months of High Intensity care **OR** may be up to twelve months of care as determined by the member meeting Continued Stay Criteria for the Long Term Treatment.

#### 4. CONTINUING STAY CRITERIA:

- a. **High Intensity-** Adults or Older Adults in the Level II High Intensity category are eligible to receive up to 6 months in each service episode. If further treatment is required to maintain the gains made in treatment and/or to prevent deterioration they the person is referred to Level II Long Term Treatment. *For those adults requiring continued services, but who do not meet the continued stay criteria, the involved clinician will facilitate a transition to either Level I Low Intensity/Long Term services of Level II Long-Term services. The differentiating factor between these selections will be the member's need for a service available only under Level II (i.e. Medication Monitoring, Peer Support and/or Individual Treatment).*
  
  - b. **Long Term Treatment** – Adults or Older Adults in the Long Term Treatment category are initially eligible to receive up to 12 months or until other necessary supports can be developed. Continued treatment at this level can be based if:
    - i. This level of treatment is required to prevent deterioration of the gains (or stability) achieved through provided services;
    - ii. The treatment needs exceed those that can be provided under Level I Long Term/Low Intensity Services.
      - That in addition to the member requiring the prescribing and/or administering and reviewing of medications and their side effects (*Medication Management*), they also require cueing, observing, and encouragement to ensure that medications are taken as prescribed (and that there is reporting back to persons licensed to perform medication management services for the benefit of the consumer) (*Medication Monitoring*).
- OR**
- That the member requires peer support to achieve or maintain their stability.
- OR**
- The member requires a set of treatment activities designed to help them attain goals as prescribed in their individual treatment plan (*individual treatment*).

- Services provided through other supports within the individual's community are not sufficient to maintain the gains (or stability) achieved through provided services;
- When applicable, appropriate psychopharmacological intervention has been prescribed and/or evaluated.
- Treatment planning is individualized and appropriate to the individual's changing condition with realistic and specific goals and objectives stated. Treatment planning should include active family or other support systems, social, occupational and interpersonal assessment with involvement unless contraindicated.
- The person continues to participate in treatment as provided.

## 5. DISCHARGE CRITERIA:

- a. **Level II High Intensity** - An Adult or Older Adult in the High Intensity category will have their case inactivated after any of the following:
  - i. They have met treatment goals and do not require Level II Long Term **or** Level I Long Term/ Low Intensity Services to maintain the gains achieved through treatment, **or**
  - ii. Their treatment needs can be met through other services available within their support system (PCP, support groups, etc.), **or**
  - iii. They are not participating in treatment and are not appropriate for Involuntary treatment, **or**
  - iv. They are requesting inactivation.
  
- b. **Level II Long Term/Low Intensity Treatment** – An adult or older adult in the Long Term/Low Intensity Treatment category will have their case inactivated after any of the following:
  - i. They have met treatment goals and do not require either Level II Long Term **or** Level I Long Term/ Low Intensity Services to maintain the gains achieved through treatment, **or**
  - ii. Their treatment needs can be met through other services available within their support system (PCP, support groups, etc.), **or**
  - iii. They are not participating in treatment and are not appropriate for Involuntary treatment, **or**
  - iv. They are requesting inactivation.

## B. OUTPATIENT LEVEL II – Children and Adolescents:

Definition: Level II services are provided to children and youth who are experiencing significant stressors in their home environment, i.e., change in custodial adult; out of home placement; abuse or history of abuse; and situation exceeds the resources of natural support system. In as much as there may be involvement with one or more child serving systems, coordination of services is often required.

GCBH recognizes two categories of Level II services for Children and Adolescents:

- **High Intensity Treatment** is indicated for the purpose of:
  - Strengthening ties within the community,
  - Identifying and building on innate strengths of the family and/or other natural supports and
  - Preventing the need for hospitalization, out of home placement and/or to decrease the use of other costly services.
  
- **Long Term Treatment is provided for:**
  - A person who has previously received treatment at a higher level of care to maintain their recovery, or
  - For a person who has previously been maintained at the High Intensity Level of Treatment and now only requires this long term level of services to maintain the gains made through treatment or
  - For a person to achieve stability in their functioning and symptomatology.

## 1. **ADMISSION CRITERIA:**

- a. **An individual must meet all of the following before being considered for Level II assignment:**
  - i. The individual is determined to have a mental illness. The diagnosis must be included as a covered diagnosis in the list of Covered Childhood Disorders (see Table II below) and is determined by an Assessment that is provided by or under the supervision of a mental health professional. Consultation with a children's mental health specialist is required.
  - ii. Washington State defines the severely emotionally disturbed child in RCW 71.24 and RCW 71.05. The diagnosis must be included as a covered diagnosis in the list of Covered Childhood Disorders (see Table I).
    - Diagnosis A = Covered
    - Diagnosis B = Covered + One Additional Criteria

- *Note: Individuals who have both a covered and a non-covered diagnosis are eligible for service based on the covered diagnosis.*
- iii. The individual's impairment(s) and corresponding need(s) must be the result of a mental illness.
  - iv. Must demonstrate severe and persistent functional impairment in at least one of the following life domains and requires assistance in order to meet the identified need:
    - **Health & Self-Care:**
      - The ability to access medical, dental and mental health care to include access to psychiatric medications
    - **Cultural Factors**
      - Home & Family Life Safety & Stability
      - Work, school, daycare, pre-school or other daily activities
      - Ability to use community resources to fulfill needs
  - v. Impairment is evidenced by a Children's Global Assessment Scale (CGAS) Score of 50 or below. (Children under 6 are exempted from CGAS.)
  - vi. The intervention is deemed to be reasonably necessary to improve, stabilize or prevent deterioration of functioning resulting from the presence of a mental illness.
  - vii. The individual is expected to benefit from the intervention.
  - viii. The individual's unmet need can not be more appropriately met by any other formal or informal system or support.

**TABLE 2**  
**Washington State Medicaid Program**  
**Minimum Covered Diagnoses for Medicaid Children & Youth**  
**11-25-03**

Washington State defines acutely mentally ill, chronically mental ill adult, seriously disturbed person, and severely emotionally disturbed child in RCW 71.24 and RCW 71.05. The following diagnoses are considered to further interpret the statute criteria in establishing eligibility under the Washington State Medicaid Program. Additional eligibility requirements must be met to qualify for outpatient mental health services. Minimum eligibility requirements for authorization of services for Medicaid Children and Youth are further defined in the Access to Care Standards.

*Please note: The following covered diagnoses must be considered for coverage.*

ATTENTION-DEFICIT AND DISRUPTIVE BEHAVIOR DISORDERS		
314.01	Attention-Deficit/Hyperactivity Disorder, Combined type	B
314.00	Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Type	B
314.01	Attention-Deficit/Hyperactivity Disorder, Predominantly Hyperactive-Impulsive Type	B
314.9	Attention-Deficit/Hyperactivity Disorder DOS	B
312.81	Conduct Disorder, Childhood-Onset Type	B
312.82	Conduct Disorder, Adolescent-Onset Type	B
312.89	Conduct Disorder, Unspecified Onset	B
313.81	Oppositional Defiant Disorder	B
312.9	Disruptive Behavior Disorder NOS	B
OTHER DISORDERS OF INFANCY, CHILDHOOD, OR ADOLESCENCE		
309.21	Separation Anxiety Disorder	A
313.23	Selective Mutism	B
313.89	Reactive Attachment Disorder of Infancy or Early Childhood	B
307.3	Stereotypical Movement Disorder	B
313.9	Disorder of Infancy, Childhood, or Adolescence NOS	B
SCHIZOPHRENIA AND OTHER PSYCHOTIC DISORDERS		
295.30	Schizophrenia Paranoid Type	A
295.10	Schizophrenia Disorganized Type	A
295.20	Schizophrenia Catatonic Type	A
295.90	Schizophrenia Undifferentiated Type	A
295.60	Schizophrenia Residual Type	A
295.40	Schizophreniform Disorder	A
295.70	Schizoaffective Disorder	A
297.1	Delusional Disorder	A
298.8	Brief Psychotic Disorder	A
297.3	Shared Psychotic Disorder	A

293.81	Psychotic Disorder Due to <i>(Indicate the General Medical Condition)</i> With Delusions	A
293.82	Psychotic Disorder Due to <i>(Indicate the General Medical Condition)</i> With Hallucinations	A
298.9	Psychotic Disorder NOS	A
<b>MOOD DISORDERS</b>		
<b>DEPRESSIVE DISORDERS</b>		
296.22	Major Depressive Disorder Single Episode, Moderate	A
296.23	Major Depressive Disorder Single Episode, Severe Without Psychotic Features	A
296.24	Major Depressive Disorder Single Episode, Severe With Psychotic Features	A
296.25	Major Depressive Disorder Single Episode, In Partial Remission	A
296.26	Major Depressive Disorder Single Episode, In Full Remission	A
296.20	Major Depressive Disorder Single Episode, Unspecified	A
296.31	Major Depressive Disorder Recurrent, Mild	A
296.32	Major Depressive Disorder Recurrent, Moderate	A
296.33	Major Depressive Disorder Recurrent, Severe Without Psychotic Features	A
296.34	Major Depressive Disorder Recurrent, Severe With Psychotic Features	A
296.35	Major Depressive Disorder Recurrent, In Partial Remission	A
296.36	Major Depressive Disorder Recurrent, In Full Remission	A
296.30	Major Depressive Disorder Recurrent, Unspecified	A
300.4	Dysthymic Disorder	A
311	Depressive Disorder NOS	A
<b>BIPOLAR DISORDERS</b>		
296.01	Bipolar I Disorder Single Manic Episode, Mild	A
296.02	Bipolar I Disorder Single Manic Episode, Moderate	A
296.03	Bipolar I Disorder Single Manic Episode, Severe Without Psychotic Features	A
296.04	Bipolar I Disorder Single Manic Episode, Severe With Psychotic Features	A
296.05	Bipolar I Disorder Single Manic Episode, In Partial Remission	A
296.06	Bipolar I Disorder Single Manic Episode, In Full Remission	A
296.00	Bipolar I Disorder Single Manic Episode, Unspecified	A
296.40	Bipolar I Disorder Most Recent Episode Hypomanic	A
296.41	Bipolar I Disorder Most Recent Episode Manic, Mild	A
296.42	Bipolar I Disorder Most Recent Episode Manic, Moderate	A
296.43	Bipolar I Disorder Most Recent Episode Manic, Severe Without Psychotic Features	A
296.44	Bipolar I Disorder Most Recent Episode Manic, Severe With Psychotic Features	A
296.45	Bipolar I Disorder Most Recent Episode Manic, In Partial Remission	A
296.46	Bipolar I Disorder Most Recent Episode Manic, In Full Remission	A
296.40	Bipolar I Disorder Most Recent Episode Manic, Unspecified	A
296.61	Bipolar I Disorder Most Recent Episode Mixed, Mild	A
296.62	Bipolar I Disorder Most Recent Episode Mixed, Moderate	A
296.63	Bipolar I Disorder Most Recent Episode Mixed, Severe Without Psychotic Features	A
296.64	Bipolar I Disorder Most Recent Episode Mixed, Severe With Psychotic Features	A
296.65	Bipolar I Disorder Most Recent Episode Mixed, In Partial Remission	A
296.66	Bipolar I Disorder Most Recent Episode Mixed, In Full Remission	A
296.60	Bipolar I Disorder Most Recent Episode Mixed, Unspecified	A
296.51	Bipolar I Disorder Most Recent Episode Depressed, Mild	A
296.52	Bipolar I Disorder Most Recent Episode Depressed, Moderate	A

296.53	Bipolar I Disorder Most Recent Episode Depressed, Severe Without Psychotic Features	A
296.54	Bipolar I Disorder Most Recent Episode Depressed, Severe With Psychotic Features	A
296.55	Bipolar I Disorder Most Recent Episode Depressed, In Partial Remission	A
296.56	Bipolar I Disorder Most Recent Episode Depressed, In Full Remission	A
296.50	Bipolar I Disorder Most Recent Episode Depressed, Unspecified	A
296.7	Bipolar I Disorder Most Recent Episode Unspecified	A
296.89	Bipolar II Disorder	A
301.13	Cyclothymic Disorder	B
296.80	Bipolar Disorder NOS	A
296.90	Mood Disorder NOS	A
ANXIETY DISORDERS		
300.01	Panic Disorder Without Agoraphobia	A
300.21	Panic Disorder With Agoraphobia	A
300.22	Agoraphobia Without History of Panic Disorder	A
300.29	Specific Phobia	B
300.23	Social Phobia	B
300.3	Obsessive-Compulsive Disorder	A
309.81	Posttraumatic Stress Disorder	A
308.3	Acute Stress Disorder	A
300.02	Generalized Anxiety Disorder	A
300.00	Anxiety Disorder NOS	A
SOMATOFORM DISORDERS		
300.81	Somatization Disorder	B
300.82	Undifferentiated Somatoform Disorder	B
300.11	Conversion Disorder	B
307.80	Pain Disorder Associated With Psychological Factors	B
307.89	Pain Disorder Associated With Both Psychological Factors and a General Medical Condition	B
300.7	Hypochondriasis	B
300.7	Body Dysmorphic Disorder	B
300.82	Somatoform Disorder NOS	B
FACTITIOUS DISORDERS		
300.16	Factitious Disorder With Predominantly Psychological Signs and Symptoms	B
300.19	Factitious Disorder With Predominantly Physical Signs and Symptoms	B
300.19	Factitious Disorder With Combined Psychological and Physical Signs and Symptoms	B
300.19	Factitious Disorder NOS	B
DISSOCIATIVE DISORDERS		
300.12	Dissociative Amnesia	B
300.13	Dissociative Fugue	B
300.14	Dissociative Identity Disorder	B
300.6	Depersonalization Disorder	B
300.15	Dissociative Disorder NOS	B
SEXUAL AND GENDER IDENTITY DISORDERS		
EATING DISORDERS		
307.1	Anorexia Nervosa	B

307.51	Bulimia Nervosa	B
307.50	Eating Disorder NOS	B
ADJUSTMENT DISORDERS		
309.0	Adjustment Disorder With Depressed Mood	B
309.24	Adjustment Disorder With Anxiety	B
309.28	Adjustment Disorder With Mixed Anxiety and Depressed Mood	B
309.3	Adjustment Disorder With Disturbance of Conduct	B
309.4	Adjustment Disorder With Mixed Disturbance of Emotions and Conduct	B
309.9	Adjustment Disorder Unspecified	B
PERSONALITY DISORDERS		
301.0	Paranoid Personality Disorder	B
301.20	Schizoid Personality Disorder	B
301.22	Schizotypal Personality Disorder	B
301.7	Antisocial Personality Disorder	B
301.83	Borderline Personality Disorder	B
301.50	Histrionic Personality Disorder	B
301.81	Narcissistic Personality Disorder	B
301.82	Avoidant Personality Disorder	B
301.6	Dependent Personality Disorder	B
301.4	Obsessive-Compulsive Personality Disorder	B
301.9	Personality Disorder NOS	B

**b. Additional Criteria for Diagnosis B:**

An individual with a “B” diagnosis must meet at least one of the following criteria to be considered for a level of care placement decision. Behaviors/symptoms must be the result of a mental illness.

[Please note: CGAS is generally not considered valid for children under the age of six. The DC03 may be substituted. Children under six are exempted from Axis V scoring. Very young children in need of mental health care may not readily fit diagnostic criteria. The degree of functional impairment related to the symptoms of an emotional disorder or mental illness should determine eligibility. Functional impairment for very young children is described in the last bullet.]

- i. High Risk Behavior demonstrated during the previous ninety days – aggressive and/or dangerous, puts self or others at risk of harm, is at risk of severe functional deterioration, is at risk of hospitalization or at risk of loss of current placement due to

mental illness or at risk of out of home placement due to the symptoms of an emotional disorder or mental illness.

- ii. At risk of escalating symptoms due to repeated physical or sexual abuse or neglect and there is significant impairment in the adult caregiver's ability to adequately address the child's needs.
- iii. Two or more hospital admissions due to a mental health diagnosis during the previous two years.
- iv. Psychiatric hospitalization or residential treatment due to a mental health diagnosis of more than six months duration in the previous year OR is currently being discharged from a psychiatric hospitalization.
- v. Received public mental health treatment on an outpatient basis within the GCBH system during the previous ninety days and will deteriorate if services are not resumed (crisis intervention is not considered outpatient treatment).
- vi. Child is under six years of age and there is a severe emotional abnormality in the child's overall functioning as indicated by one of the following:
  - Atypical behavioral patterns as a result of an emotional disorder or mental illness (odd disruptive or dangerous behavior which is aggressive, self injurious, or hypersexual; display of indiscriminate sociability/excessive familiarity with strangers).
  - Atypical emotional response patterns as a result of an emotional disorder or mental illness which interferes with the child's functioning (e.g. inability to communicate emotional needs; inability to tolerate age-appropriate frustrations; lack of positive interest in adults and peers or a failure to initiate or respond to most social interaction; fearfulness or other distress that doesn't respond to comfort from caregivers).

## **2. GOAL OF SERVICE PROVISION:**

Level Two is authorized for children with multisystem needs or for children who are high utilizers of services from multiple agencies. EPSDT children authorized for this level will be referred to and may require an individual treatment team in accordance with the EPSDT Plan.

Children eligible for Level Two EPSDT services in the 1992 EPSDT plan are defined as needing longer term, multi-agency services designed to meet the complex needs of an individual child and family.

### 3. SERVICES PROVIDED:

- a. Access to the following modalities is based on clinical assessment, medical necessity and individual need. Individuals may be referred for the following treatment:
  - i. Brief Intervention Treatment
  - ii. Medication Management
  - iii. Psychoeducation
  - iv. Group Treatment
  - v. Family Supports
  - vi. Individual Treatment
  - vii. Medication Monitoring
  
- b. The full scope of available treatment modalities may be provided based on clinical assessment, meeting the Level of Care Criteria and individual need. These modalities may also include:
  - i. Crisis services
  - ii. Day support
  - iii. Free standing E&T
  - iv. High Intensity treatment
  - v. Intake evaluation
  - vi. Residential
  - vii. Peer Support (for families)
  - viii. Rehabilitation case management
  - ix. Psychological Assessment
  - x. Therapeutic psycho-education
  - xi. Respite care
  - xii. Medicaid Personal Care (if eligible)
  - xiii. Mental health services in a residential setting

### 4. PERIOD OF AUTHORIZATION:

The period of authorization may be up to six months of care **OR** may be up to twelve months of care when an individual is receiving long term/low intensity treatment.

#### a. CONTINUING STAY CRITERIA:

- i. **High Intensity-** A child or youth in the Brief Intervention/ Short Term Crisis Resolution category are eligible to receive to 6 months in each service episode. If further treatment is required to maintain the gains made in treatment and/or to prevent deterioration they the person is referred to Long Term/Low Intensity Treatment. *For those children or youths requiring continued services, but who do not meet the continued stay*

*criteria for High Intensity, the involved clinician will facilitate a transition to either Level I Low Intensity/Long Term services or Level II Long-Term services. The differentiating factor between these selections will be the member's need for a service available only under Level II (i.e. Medication Monitoring, Peer Support and/or Individual Treatment).*

ii. **Long Term Treatment** – A child or youth in the Level II Long Term Treatment category are initially eligible to receive up to 12 months or until other necessary supports can be developed. Continued treatment at this level can be based if:

- This level of treatment is required to prevent deterioration of the gains (or stability) achieved through provided services;
- The treatment needs exceed those that can be provided under Level I Long Term/Low Intensity Services.
  - That in addition to the member requiring the prescribing and/or administering and reviewing of medications and their side effects (*Medication Management*), they also require cueing, observing, and encouragement to ensure that medications are taken as prescribed (and that there is reporting back to persons licensed to perform medication management services for the benefit of the consumer) (*Medication Monitoring*).

**OR**

- That the member requires peer support to achieve or maintain their stability.

**OR**

- The member requires a set of treatment activities designed to help them attain goals as prescribed in their individual treatment plan (*individual treatment*).
- Services provided through other supports within the individual's community are not sufficient to maintain the gains (or stability) achieved through provided services;
- When applicable, appropriate psychopharmacological intervention has been prescribed and/or evaluated.
- Treatment planning is individualized and appropriate to the individual's changing condition with realistic and specific goals and objectives stated. Treatment planning should include active family or other support systems, social, occupational and interpersonal assessment with involvement unless contraindicated.

- o The person continues to participate in treatment as provided.

*For those children or youths requiring continued services, but who do not meet the continued stay criteria for Level II Long Term Services, but who do meet the criteria for Level I Low Intensity/Long Term services, the involved clinician will assist in the reassignment to this lower level of services. The differentiating factor between these selections will be the member's need for a service available only under Level II (i.e. Medication Monitoring, Peer Support and/or Individual Treatment).*

## 5. DISCHARGE CRITERIA:

- a. **High Intensity-** A child or youth in the High Intensity category will have their case inactivated after any of the following:
  - i. They have met treatment goals and do not require either Level II Long Term Services **or** Level I Long Term/ Low Intensity Services to maintain the gains achieved through treatment, **or**
  - ii. Their treatment needs can be met through other services available within their support system (PCP, support groups, etc.), or
  - iii. They are requesting inactivation.
  - iv. They are not participating in treatment and are not appropriate for involuntary treatment.
  
- b. **Long Term Treatment** – A child or youth in the Long Term Low Intensity Treatment category will have their case inactivated after any of the following:
  - i. They have met treatment goals and do not require either Level II Long Term Treatment or Level I Long Term/ Low Intensity Services to maintain the gains achieved through treatment, **or**
  - ii. Their treatment needs can be met through other services available within their support system (PCP, support groups, etc.), or
  - iii. They are requesting inactivation.
  - iv. They are not participating in treatment and are not appropriate for involuntary treatment.

### APPROVAL

/S/ Kenneth Roughton  
Kenneth Roughton, Ph.D  
Director

05/06/10  
Date