

Policy Attachment 1101.4
ADHS/DBHS BEHAVIORAL HEALTH INPATIENT FACILITY
(FORMERLY LICENSED AS LEVEL I RESIDENTIAL TREATMENT FACILITIES)
CONTINUED STAY AUTHORIZATION CRITERIA

A. PURPOSE

Behavioral Health Inpatient Facility services provide treatment for children and adolescents who demonstrate severe and persistent psychiatric disorders, when outpatient services (ambulatory care) in the community do not meet their treatment needs and they require services under the direction of a psychiatrist at a Behavioral Health Inpatient Facility. These services are designed for children and adolescents who have significant deficits in social, behavioral, psychiatric, and psychological functioning and who require active treatment in a controlled environment with a high degree of psychiatric oversight, 24 hour nursing presence, effective program and treatment availability and continuous supervision provided by professional behavioral health staff.

Continued stays in a Behavioral Health Inpatient Facility are not emergent or urgent and are always prior authorized.

Such admissions are only appropriate where outpatient care has failed or where the child's/adolescent's psychiatric treatment needs are so intense that they can only be met by the degree of specialized professional treatment available in a Behavioral Health Inpatient Facility. Active treatment focuses on specific targeted goals identified by the Child and Family Team, and are designed to enable the child/adolescent to be discharged from the Behavioral Health Inpatient Facility at the earliest possible time. A lack of available outpatient services is not in and of itself the sole criterion for continued stay at a Behavioral Health Inpatient Facility. If a child/adolescent receiving services no longer requires this level of care, but services suitable to meet his/her behavioral health needs are not available or he/she cannot return to his/her previous residence because of a risk of harm to self or others, services may continue to be authorized with an, active attempt to secure a suitable discharge placement or residence.

Determination of the need for services is based on the federal regulations in 42 CFR:

§ 441.152 Certification of need for services.

(a) *A team specified in § 441.154 must certify that—*

- (1) *Ambulatory care resources available in the community do not meet the treatment needs of the recipient;*
- (2) *Proper treatment of the recipient's psychiatric condition requires services on an inpatient basis under the direction of a physician; and*
- (3) *The services can reasonably be expected to improve the recipient's condition or prevent further regression so that the services will no longer be needed.*

§ 441.154 Active treatment.

Inpatient psychiatric services must involve "active treatment", which means implementation of a professionally developed and supervised individual plan of care, described in § 441.155 that is—

- (a) *Developed and implemented no later than 14 days after admission; and*
- (b) *Designed to achieve the recipient's discharge from inpatient status at the earliest possible time.*

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B. BEHAVIOR AND FUNCTIONING REQUIRED FOR CONTINUED STAY:

- 1) The symptoms or functional impairments of the individual's psychiatric condition are of a severe and persistent nature

- 2) In addition, **all** of the following must be met to ensure appropriate, cost-effective and least restrictive care in this setting:
 - a) Ambulatory care resources (outpatient medically necessary behavioral health services) in the community do not meet the treatment needs of the child/adolescent;
 - b) The child/adolescent does not require a level of medical or professional behavioral health supervision that surpasses that which is available at a Behavioral Health Inpatient Facility. For example, children/adolescents actively showing signs of danger to self or danger to others may require behavioral health inpatient treatment at an acute psychiatric hospital;
 - c) The continued stay is not used primarily and in a clinically inappropriate manner as:
 - i) An alternative to incarceration, preventative detention, or as a means to ensure community safety in a child/adolescent exhibiting primarily delinquent/antisocial behavior;
 - ii) The equivalent of child protection, safe housing, permanency placement, or
 - iii) An alternative to parents'/guardian's or other agency's capacity to provide for child or adolescent; or
 - iv) An intervention when other outpatient care is available and not being utilized.

C. EXPECTED IMPROVEMENT DUE TO ACTIVE TREATMENT

The child/adolescent is receiving services which are improving his/her psychiatric condition in order to achieve discharge from inpatient status at the earliest possible time and facilitate his/her return to outpatient care and/or family living.

The professionally developed and supervised individual service plan has been changed (revised) if necessary to respond to any identified lack of progress .

D. DISCHARGE PLAN

There is a written plan for discharge with specific discharge criteria and recommendations for aftercare treatment that includes involvement of the Child and Family Team and complies with current standards for medically necessary covered behavioral health services, cost effectiveness, and least restrictive environment and is in conformance with 42 CFR. ¹ Discharge planning should start at time of admission to ensure all needs have been addressed to prepare for a safe and supported transition to lower level services.

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¹ **§ 441.155 Individual plan of care.**

(a) "Individual plan of care" means a written plan developed for each recipient in accordance with §§ 456.180 and 456.181 of this chapter, to improve his condition to the extent that inpatient care is no longer necessary. (b) The plan of care must— (1) Be based on a diagnostic evaluation that includes examination of the medical, psychological, social, behavioral and developmental aspects of the recipient's situation and reflects the need for inpatient psychiatric care; (2) Be developed by a team of professionals specified under § 441.156 in consultation with the recipient; and his parents, legal guardians, or others in whose care he will be released after discharge; (3) State treatment objectives; (4) Prescribe an integrated program of therapies, activities, and experiences designed to meet the objectives; and (5) Include, at an appropriate time, post-discharge plans and coordination of inpatient services with partial discharge plans and related community services to ensure continuity of care with the recipient's family, school, and community upon discharge. (c) The plan must be reviewed every 30 days by the team specified in § 441.156 to— (1) Determine that services being provided are or were required on an inpatient basis, and (2) Recommend changes in the plan as indicated by the recipient's overall adjustment as an inpatient. (d) The development and review of the plan of care as specified in this section satisfies the utilization control requirements for— (1) Recertification under §§ 456.60(b), 456.160(b), and 456.360(b) of this subchapter; and (2) Establishment and periodic review of the plan of care under §§ 456.80, 456.180, and 456.380 of this subchapter.