POLICY ATTACHMENT 1101.2
CONTINUED BEHAVIORAL HEALTH HOSPITAL FACILITY OR BEHAVIORAL HEALTH INPATIENT FACILITY AUTHORIZATION CRITERIA

A person must meet ALL criteria in Sections A and E, at least ONE of the criteria in each of Sections B, C and must meet Section D for continued stay in a behavioral health hospital facility or behavioral health inpatient facility.

A. DIAGNOSIS
A specified behavioral health diagnosis is required to be documented at the time of discharge from inpatient services.

B. BEHAVIOR AND FUNCTIONING
1. Emergence or continued evidence of symptoms which reflect imminent risk of danger to self or others as a result of a behavioral health condition, as evidenced by:
   a. Current suicidal ideation, behavior or intent, or
   b. Current homicidal or significant assaultive ideation, behavior or intent, or
   c. Ongoing physiologic jeopardy; or

2. Continued disturbance of mood, thought or behavior which renders the person acutely incapable of developmentally appropriate self-care or self-regulation; or

3. Significant regression of the person’s condition is anticipated without continuity of this type of service.

C. INTENSITY OF SERVICE
There is documented evidence that the person requires at least one of the following:

1. Continued planned, comprehensive assessment or treatment involving close daily psychiatric supervision and 24 hour medical supervision. This may be as a result of a change in diagnosis, treatment failure, or newly-discovered aspect of the person’s case necessitating a significant change in the treatment plan; or

2. Close, continuous, 24 hour skilled medical/nursing supervision of the person’s behaviors, which are due to a behavioral health condition, in order to prevent injury to the person or others; or

3. Pharmacotherapy which requires continuous, skilled medical/nursing supervision for safe, effective use; or

4. Skilled nursing observation and care in the management of disturbances of mood, thought or behavior which cannot be provided by non-medical personnel; or

5. Repeated need for the use of physical restraint to ensure the safety of the person or facility staff; or

6. Behavioral Health Hospital Facility or Behavioral Health Inpatient Facility services may be continued if the person no longer requires the type of service provided in a behavioral health hospital facility or behavioral health inpatient facility but there is not an available lower intensity of services suitable to the behavioral health needs of the person or the person cannot return to the person’s residence because of a risk of harm to self or others.

Effective Date: 05/15/2015
Last Revision Date: 03/11/2015
D. EXPECTED RESPONSE
   There is documented evidence that:
   1. Active treatment is provided that is reducing the severity of disturbances of mood,
      thought or behavior which were identified as reasons for admission; or
   2. There has been a re-evaluation and subsequent change in the treatment plan.
   
   AND
   
   3. There is still an expectation that continued treatment in this type of service can
      reasonably be expected to improve or stabilize the patient’s condition so that this type of
      service will no longer be needed.
   
   OR
   
   4. There is no less restrictive type of service available to safely meet the person’s
      behavioral health needs.

E. DISCHARGE PLAN
   There is a written plan for discharge with specific discharge criteria and recommendations
   for aftercare treatment that comply with current standards for medically necessary covered
   services, cost effectiveness, and least restrictive environment. Discharge planning should
   be initiated at time of admission to ensure that all needs have been addressed to facility a
   safe discharge.

Effective Date: 05/15/2015
Last Revision Date: 03/11/2015