



State of Maryland Medical Necessity Criteria

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Acute Inpatient Mental Health Services - Adult

Inpatient Services Adult - When participants have a mental disorder that requires professional evaluation and treatment, they should be treated at the least intensive setting able to meet their medical needs. Acute inpatient psychiatric treatment is defined as a 24-hour inpatient level of care that provides highly skilled psychiatric services to adults with severe mental disorders. Satisfaction of all admission and continued care criteria must be documented in the clinical record based upon the conditions and factors identified below before treatment will be authorized.

Admission Criteria

- The participant must have a diagnosed or suspected mental disorder that can be expected to improve significantly through medically necessary treatment.
- The evaluation and assignment of the mental disorder diagnosis must take place in a face-to-face evaluation of the participant performed by an attending physician prior to, or within 24 hours following, the admission.
- Presence of the disorder(s) must be documented through the assignment of a DSM-5 code for the primary diagnosis.

Continuing Stay Criteria

The individual treatment plan should include documentation of diagnosis (DSM-5), discharge planning, individualized goals of treatment, and treatment modalities needed and provided on a two-hour basis. There should be daily progress notes documenting the provider's treatment and the participant's response to treatment. In addition to continuing to meet the criteria given above for admission, and continued evidence of active treatment, one of the criteria A-C, and D must be met for continued stay:

- A. Clinical evidence indicates that the persistence of the problems that caused the admission to the degree which would necessitate continued hospitalization, despite therapeutic efforts, or the emergence of additional problems consistent with the admission criteria and to the degree which would necessitate continued hospitalization.
- B. There is clinical evidence that there is a severe reaction to medication or need for further monitoring and adjustment of dosage in an inpatient setting.
- C. There is clinical evidence that disposition planning, progressive increases in hospital privileges, and/or attempts at therapeutic re-entry into the community have resulted in, or would result in, exacerbation of the psychiatric illness to the degree that would necessitate continued hospitalization.
- D. There is clinical evidence of symptom improvement. If there has been no improvement, the treatment plan should be reviewed and a second opinion considered.

Service Delivery

Criterion A must be met. In addition, B, C, D, or E must be met:

- A. PBHS specialty mental health DSM-5 diagnosis.
- B. The participant makes dire threats or there is a clear and reasonable inference of serious harm to him or herself, where suicidal precautions or observations on a 24-hour basis are required.
- C. The participant demonstrates violent, unpredictable, or uncontrolled behavior which represents potential serious harm to him or herself or others or there is reasonable inference of harm to self or others. This behavior must require intensive psychiatric and nursing treatment interventions on a 24-hour basis.
- D. The participant demonstrates severe psychiatric symptoms which cannot be safely treated in an outpatient setting or which are not able to be successfully treated in a lower level of care due to their severity. This care must require an individual plan of active psychiatric treatment which includes 24-hour need for, and access to, the full spectrum of psychiatric staffing and services.
- E. Where diagnostic assessment or treatment are not available or are unsafe on an outpatient basis (e.g., participant needs a somatic treatment, such as electroconvulsive therapy or medication management that can only be safely accomplished in a hospital setting with 24-hour psychiatric and nursing care).

Acute Inpatient Mental Health Services – Child and Adolescent

Inpatient Services – Child and Adolescent - When participants have a mental disorder that requires professional evaluation and treatment, they should be treated at the least intensive setting able to meet their medical needs. Acute inpatient psychiatric treatment is defined as a 24-hour inpatient level of care that provides highly skilled psychiatric services to adults with severe mental disorders.

Satisfaction of all admission and continued care criteria must be documented in the clinical record based upon the conditions and factors identified below before treatment will be authorized.

Admission Criteria

The following criteria are necessary for admission. All of the criteria below must be met:

- The participant must have a diagnosed or suspected mental disorder that can be expected to improve significantly through medically necessary treatment.
- The evaluation and assignment of the mental disorder diagnosis must take place in a face-to-face evaluation of the participant performed by an attending physician prior to, or within 24 hours following, the admission.
- Presence of the disorder(s) must be documented through the assignment of a DSM-5 code for the primary diagnosis.

Continuing Stay Criteria

The individual treatment plan should include documentation of diagnosis (DSM-5), discharge planning, individualized goals of treatment, and treatment modalities needed and provided on a two-hour basis. There should be daily progress notes documenting the provider's treatment and the participant's response to treatment.

In addition to continuing to meet the criteria given above for admission, and continued evidence of active treatment, one of criteria A-C, and D must be met for continued stay:

- A. Clinical evidence indicates that the persistence of the problems that caused the admission to the degree which would necessitate continued hospitalization, despite therapeutic efforts, or the emergence of additional problems consistent with the admission criteria and to the degree which would necessitate continued hospitalization.
- B. The physician documents in daily progress notes that there is a severe reaction to medication or need for further monitoring and adjustment of dosage in an inpatient setting.
- C. There is clinical evidence that disposition planning, progressive increases in hospital privileges, and/or attempts at therapeutic re-entry into the community have resulted in, or would result in, exacerbation of the psychiatric illness to the degree that would necessitate continued hospitalization.
- D. There is clinical evidence of symptom improvement. If there has been no improvement, the treatment plan should be reviewed and a second opinion considered.

Service Delivery

Criterion A must be met. In addition, B, C, D, or E must be met:

- A. PBHS specialty mental health DSM-5 diagnosis.
- B. The participant makes dire threats or there is a clear and reasonable inference of serious harm to him or herself, where suicidal precautions or observations on a 24-hour basis are required.
- C. The participant demonstrates violent, unpredictable, or uncontrolled behavior which represents potential serious harm to him or herself or others or there is reasonable inference of harm to self or others. This behavior must require intensive psychiatric and nursing treatment interventions on a 24-hour basis.
- D. The participant demonstrates severe psychiatric symptoms which cannot be safely treated in an outpatient setting or which are not able to be successfully treated in a lower level of care due to their severity. This care must require an individual plan of active psychiatric treatment which includes 24-hour need for, and access to, the full spectrum of psychiatric staffing and services.
- E. Where diagnostic assessment or treatment are not available or are unsafe on an outpatient basis (e.g., participant needs a somatic treatment, such as electroconvulsive therapy or medication management that can only be safely accomplished in a hospital setting with 24-hour psychiatric and nursing care).

Residential Treatment Centers – Child and Adolescent

Residential Treatment Centers - The purpose of this section is to define and clarify criteria for when a residential treatment center (RTC) level of care is a medically necessary treatment for children and adolescents with a DSM-5 mental health disorder, except for excluded diagnoses which are appended.

An RTC is defined as a psychiatric institution that provides campus-based intensive and extensive evaluation and treatment of children and adolescents with severe and chronic emotional disturbances who require a self-contained therapeutic, educational, and recreational program in a residential setting.

When a participant has a mental health disorder that requires professional evaluation and treatment, he or she should be treated in the least intensive, least restrictive setting available that is most appropriate and able to meet the participant's medical needs.

Satisfaction of all admission and continued care criteria must be documented in the clinical record based on the conditions and factors identified below before treatment will be authorized.

Admission Criteria

- Medical necessity for admission to an RTC level of care must be documented by the presence of all the criteria given below in Severity of Need and Intensity of Service.
- The child or adolescent must have a mental health disorder amenable to active clinical treatment. The evaluation and assignment of a DSM-5 diagnosis must result from a face-to-face psychiatric evaluation.

Continuing Stay Criteria

In addition to meeting all of the admission criteria on a continuing basis, and continued evidence of active treatment, criteria below must be met to satisfy the criteria for continued medical necessity for RTC:

- There must be evidence of the need for continued support 24 hours per day, seven days a week due to the degree of functional and/or behavioral health impairment.
- There is clinical evidence that the child or adolescent can continue to make measurable progress in the program, as demonstrated by a further reduction in psychiatric symptoms, or acquire requisite strengths in order to be transitioned from the program or moved to a less restrictive level of care.
- There must be a reasonable expectation by the family and treating clinician that if treatment services as currently provided in the plan of care were withdrawn, the child or adolescent's condition would deteriorate, relapse further, or require a move to a more restrictive level of care.
- For youth served in an RTC short-term, therapeutic visits home with the purpose of testing treatment efficacy and supporting the goal of eventual family reunification are not, in and of themselves, to be considered grounds for a denial of continued stay. However, therapeutic passes to home are to be considered an indicator of upcoming discharge to home.

Service Delivery

- Severity of Need
 - The child or adolescent has a PBHS specialty mental health DSM-5 diagnosis.
 - There must be clinical evidence the child or adolescent has:
 - A serious emotional disturbance (for children under 18)
 - A serious mental illness (for youth over age 18 but not yet 22)
 - Due to the serious emotional disturbance or serious mental illness, the child or adolescent exhibits a significant impairment in functioning, representing potential serious harm to him or herself or others, across settings, including the home, school, and community. The serious harm does not necessarily have to be of an imminent nature. The accessibility and/or intensity of currently available community supports and services are inadequate to meet these needs due to the severity of the impairment.
 - The child or adolescent requires services and supports to be available 24 hours a day, seven days a week to develop skills necessary for daily living; to assist with planning and arranging access to a range of educational and therapeutic services; and to develop the adaptive and functional behaviors that will allow him or her to remain successfully in the home and community and regularly attend and participate in work, school, or training. In particular, the child or

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adolescent requires the availability of crisis and/or mental health services 24 hours a day, seven days a week, with flexible scheduling and availability of other services and supports.

- Due to the serious emotional disturbance or serious mental illness, the child or adolescent also requires that there be a parent, guardian, individual, or organization that is responsible for the 24-hour care and supervision of that child or adolescent.
- Intensity of Service
 - RTC placement or community-based RTC level of care is considered medically necessary when all less intensive levels of treatment have been determined to be unsafe, unsuccessful, or unavailable.
 - The child or adolescent requires a 24-hour a day, seven day a week structured and supportive living environment.
 - The child or adolescent requires the provision of individualized, strengths-based services and supports that:
 - Are identified in partnership with the child or adolescent, if developmentally appropriate, and the family and support system to the extent possible
 - Are based on both clinical and functional assessments
 - Are clinically monitored and coordinated with 24-hour availability
 - Are implemented with oversight from a licensed mental health professional
 - Includes:
 - Assisting with the development of skills for daily living
 - Care coordination to plan and arrange access to a range of educational and therapeutic services
 - Services that support the development of adaptive and functional behaviors that will enable the child or adolescent to remain successfully in the home and community and regularly attend and participate in work, school, or training
 - When appropriate and relevant, psychotropic medications to be used with specific target symptoms identification, with medical monitoring by a psychiatrist and 24-hour psychiatric availability as needed by the client
 - Screening and assessment for current medical problems and concomitant substance use disorder issues
 - Coordination with the child or adolescent's community resources with the goal of transitioning the youth out of the program as soon as possible and appropriate.

Residential Crisis Services – Adult/Child and Adolescent

Residential Crisis Services are provided on a short-term basis in a community-based residential setting to prevent a psychiatric inpatient admission or the need for a prolonged acute hospitalization.

When participants have a mental disorder that requires professional evaluation and treatment, they should be treated at the least intensive setting able to meet their medical needs.

Satisfaction of all admission and continued care criteria must be documented in the clinical record based upon the conditions and factors identified below before treatment will be authorized.

Admission Criteria

- All of the following criteria are necessary for admission:
 - The participant has a PBHS specialty mental health DSM-5 diagnosis which requires, and is likely to respond to, therapeutic intervention.
 - The participant is at-risk for hospitalization or continued hospitalization.
 - There is a need for immediate intervention because the participant:
 - Is at-risk for harm of him or herself or others, or
 - Is experiencing rapid deterioration of functioning as a result of psychiatric symptoms
 - All less intensive levels of treatment have been determined to be unsafe or unsuccessful.

Continuing Stay Criteria

- All of the following criteria are necessary for continuing treatment at this level of care:
 - The participant continues to meet admission criteria.
 - Diversion from inpatient hospitalization continues to appear possible.
 - The participant's current available living environment is not suitable for stabilizing the participant during the crisis.
 - Progress in relation to specific symptoms/impairments/dysfunction is clearly evident and can be described in objective terms, but goals of treatment have not been achieved or adjustments in the treatment plan to address the lack of progress are evident.

Service Delivery

- Medical necessity for admission to residential crisis services must be documented by the presence of all of the criteria. Length of service varies based on medical necessity but is designed to be short-term. Active involvement of the participant, family, caregiver, or others involved in the individual's treatment should be sought.

Residential Rehabilitation Program – General - Adult

Residential Rehabilitation Program (RRP) for adults provides support in a residence outside of the participant’s own home and provides needed resources and support not sufficiently available within the participants own existing social support system. RRP’s provide services based upon the participant’s needs in varying levels of support—general and intensive—and are subject to additional admission/continued stay criteria.

These services are to promote a participant’s ability to engage and participate in appropriate community activities and to enable the participant to develop the daily living skills that are needed for independent functioning.

RRP’s provide services based upon the participant’s needs in varying levels of support—general and intensive—and are subject to additional admission/continued stay criteria. Please see criteria for Residential Rehabilitation Program – Intensive - Adult.

General support staff is available on-call 24 hours a day, seven days a week and provides at a minimum, three face-to-face contacts per participant per week, or 13 face-to-face contacts per month.

When participants have a mental disorder that requires professional evaluation and treatment, they should be treated at the least intensive setting able to meet their medical needs.

Satisfaction of all admission and continued care criteria must be documented in the clinical record based upon the conditions and factors identified below before treatment will be authorized.

Admission Criteria

- All of the following criteria are necessary for admission:
 - The participant has a PBHS specialty mental health DSM-5 diagnosis, included in the priority population, which is the cause of significant functional and psychological impairment, and the participant’s condition can be expected to be stabilized through the provision of medically necessary supervised residential services in conjunction with medically necessary treatment, rehabilitation, and support.
 - The participant requires active support to ensure the adequate, effective coping skills necessary to live safely in the community, participate in self-care and treatment, and manage the effects of his/her illness. As a result of the participant’s clinical condition (impaired judgment, behavior control, or role functioning) there is significant current risk of one of the following:
 - Hospitalization or other inpatient care as evidenced by the current course of illness or by the past history of the illness.
 - Harm to him or herself or others as a result of the mental illness and as evidenced by the current behavior or past history.
 - Deterioration in functioning in the absence of a supported community-based residence that would lead to the other items.
 - The participant’s own resources and social support system are not adequate to provide the level of residential support and supervision currently needed as evidenced for example, by one of the following:
 - The participant has no residence and no social support.
 - The participant has a current residential placement, but the existing placement does not provide sufficiently adequate supervision to ensure safety and ability to participate in treatment.
 - The participant has a current residential placement, but the participant is unable to use the existing residence to ensure safety and ability to participate in treatment, or the relationships are dysfunctional and undermine the stability of treatment.
 - The participant is judged to be able to reliably cooperate with the rules and supervision provided and to contract reliably for safety in the supervised residence.
 - All less intensive levels of treatment have been determined to be unsafe or unsuccessful.

The specific diagnostic criteria may be waived for the following two conditions:

- A participant committed as not criminally responsible who is conditionally released from a BHA facility;
Or
- A participant in a BHA facility or a BHA-funded inpatient psychiatric hospital that requires community services. This excludes participants eligible for Developmental Disabilities Administration’s residential services.

Continuing Stay Criteria

- All of the following criteria are necessary for continuing treatment at this level of care:

- The participant continues to meet admission criteria.
- There is continued risk of deterioration in functioning that may lead to inpatient admission or harm to him or herself and/or others.
- There is evidence that the resources and social support system, which are available to the participant outside the supervised residence, continue to be inadequate to provide the level of residential support and supervision currently needed for safety, self-care or effective treatment despite current treatment, rehabilitation and discharge planning.
- Progress in relation to specific symptoms/impairments/dysfunction is clearly evident and can be described in objective terms, but goals of treatment have not been achieved or adjustments in the treatment plan to address the lack of progress are evident and/or a second opinion on the treatment plan has been considered.
- There is documented active planning for transition to a less intensive level of care.

Service Delivery

- Medical necessity for admission to community-based mental health residential care must be documented by the presence of all of the criteria. Location and length of service varies based on the participant's needs and medical necessity. Active involvement of the participant, family, or significant others involved in the participant's treatment should be sought.

Residential Rehabilitation Program – Intensive - Adult

Residential Rehabilitation Program (RRP) for adults provides support in a residence outside of the participant's own home and provides needed resources and support not sufficiently available within the participants own existing social support system. RRP's provide services based upon the participant's needs in varying levels of support—general and intensive—and are subject to additional admission/continued stay criteria.

Intensive support staff provides services daily onsite in the residence, with a minimum of 40 hours per week, up to 24 hours a day, seven days a week.

Participants must meet all community-based mental health residential care criteria and additional medically necessity criteria to qualify for RRP. When participants have a mental disorder that requires professional evaluation and treatment, they should be treated at the least intensive setting able to meet the participants' medical needs.

Satisfaction of all admission and continued care criteria must be documented in the clinical record based upon the conditions and factors identified below before treatment will be authorized.

Admission Criteria

- All of the following criteria are necessary for admission:
 - The participant has a Public Behavioral Health System (PBHS) specialty mental health DSM-5 diagnosis which is the cause of significant functional and psychological impairment, and the participant's condition can be expected to be stabilized through the provision of medically necessary supervised residential services in conjunction with medically necessary treatment, rehabilitation, and support.
 - The participant meets diagnostic criteria as defined in BHA's priority population.
 - The participant has a history of at least one of the following:
 - Criminal behavior
 - Treatment and/or medication non-compliance
 - Substance use
 - Aggressive behavior
 - Psychiatric hospitalizations
 - Psychosis
 - Poor reality testing

AND

- Current presentation of at least one of the following behaviors or risk factors that require daily structure and support in order to manage:
 - Safety risk
 - Active delusions
 - Active psychosis
 - Poor decision making skills
 - Impulsivity
 - Inability to perform ADL skills to maintain tasks necessary to live in the community environment
 - Impaired judgment, including social boundaries
 - Inability to self-protect in community situations
 - Inability to safely self-medicate or otherwise self-manage the illness
 - Aggression
 - Inability to access community resources necessary for safety
 - Impaired community living skills
- The participant requires active support to ensure the adequate, effective coping skills necessary to live safely in the community, participate in self-care and treatment, and manage the effects of his/her illness. As a result of the participant's clinical condition (impaired judgment, behavior control, or role functioning) there is significant current risk of one of the following:
 - Hospitalization or other inpatient care as evidenced by the current course of illness or by the past history of the illness.

- Harm to him or herself or others as a result of the mental illness and as evidenced by the current behavior or past history, or deterioration in functioning in the absence of a supported community-based residence that would lead to the other items.
- The participant's own resources and social support system are not adequate to provide the level of residential support and supervision currently needed as evidenced for example, by one of the following:
 - The participant has no residence and no social support.
 - The participant has a current residential placement, but the existing placement does not provide sufficiently adequate supervision to ensure safety and ability to participate in treatment.
 - The participant has a current residential placement, but the participant is unable to use the existing residence to ensure safety and ability to participate in treatment, or the relationships are dysfunctional and undermine the stability of treatment.
- The participant is judged to be able to reliably cooperate with the rules and supervision provided and to contract reliably for safety in the supervised residence.
- The participant must also be receiving psychiatric rehabilitation program (PRP) services.
- Priority for this level of care is given to participants currently hospitalized in state psychiatric hospitals that are ready for discharge and for participants at risk of hospitalization or due to the need for mental health support and treatment are at risk for incarceration or homelessness.
- All less intensive levels of treatment have been determined to be unsafe or unsuccessful.

The specific diagnostic criteria may be waived for the following two conditions:

- A participant committed as not criminally responsible who is conditionally released from a BHA facility;
Or
- A participant in a BHA facility or a BHA-funded inpatient psychiatric hospital that requires community services. This excludes participants eligible for Developmental Disabilities Administration's residential services.

Continuing Stay Criteria

- All of the following criteria are necessary for continuing treatment at this level of care:
 - The participant continues to meet admission criteria.
 - There is continued risk of deterioration in functioning that may lead to inpatient admission or harm to self and/or others.
 - There is evidence that the resources and social support system, which are available to the participant outside the supervised residence, continue to be inadequate to provide the level of residential support and supervision currently needed for safety, self-care or effective treatment despite current treatment, rehabilitation and discharge planning.
 - Progress in relation to specific symptoms/impairments/dysfunction is clearly evident and can be described in objective terms, but goals of treatment have not been achieved or adjustments in the treatment plan to address the lack of progress are evident and/or a second opinion on the treatment plan has been considered.
 - There is documented active planning for transition to a less intensive level of care.

Service Delivery

- Medical necessity for admission to community-based mental health residential care must be documented by the presence of all of the criteria. Location and length of service varies based on the participant's needs and medical necessity. Active involvement of the participant, family, or significant others involved in the participant's treatment should be sought.

Psychiatric Partial Hospitalization Services (PHPs) provide the nature and intensity of services that would be provided in a hospital (including medical and nursing supervision and interventions) for at least four hours/days, but the participant is not involved in a 24-hour/day program including a stay overnight. When participants have a mental disorder that require professional evaluation and treatment, they should be treated at the least intensive setting able to meet their medical needs.

Satisfaction of all admission and continued care criteria must be documented in the clinical record based upon the conditions and factors identified below before treatment will be authorized.

Admission Criteria

- All of the following criteria are necessary for admission:
 - The participant has a PBHS specialty mental health DSM-5 diagnosis, and the participant's condition can be expected to be stabilized at this level of care.
 - There is clinical evidence that the participant would be at-risk to him or herself or others if the participant was not in a partial hospitalization program.
 - There is clinical evidence that the participant will be safe in a structured environment under clinical supervision for part of the day, and has a suitable environment for the rest of the time, and that a partial hospitalization program can safely substitute for or shorten a hospital stay to prevent deterioration that would lead to a re-hospitalization.
 - All less intensive levels of treatment have been determined to be unsafe or unsuccessful.

Continuing Stay Criteria

- All of the following criteria are necessary for continuing treatment at this level of care:
 - The participant continues to meet admission criteria. Progress in relation to specific symptoms/impairments/dysfunction is clearly evident and can be described in objective terms, but goals of treatment have not been achieved or adjustments in the treatment plan to address the lack of progress are evident and/or a second opinion on the treatment plan has been considered. (There should be daily progress notes that document treatment and the participant's response to treatment.)
 - Clinical attempts at therapeutic re-entry into a less restrictive level of care have, or would, result in exacerbation of the mental disorder to the degree that would warrant the continued need for partial hospitalization services.
 - There is evidence that the participant, family, caretaker or significant other is involved in treatment in the frequency and manner indicated by the treatment plan.
 - There is documented active planning for transition to a less intensive level of care.

Service Delivery

- Medical necessity for admission to a PHP must be documented by the presence of all of the criteria. The length of the program varies based on the participant's needs and medical necessity.
- Evidence of a stable and safe living environment and participant safety during non-treatment hours is imperative to meet criteria and distinguish it from inpatient services. Active involvement of the participant, family, caretakers, or significant others involved in the participant's treatment should be sought.

Enhanced Support Services

Enhanced Support Services are short-term, in-home, one-to-one services to provide supervision and assistance to a participant experiencing an increase or instability of psychiatric symptoms, or participants transitioning from an inpatient level of care. This service is only provided by a provider of psychiatric rehabilitation program (PRP), residential rehabilitation program (RRP), or mobile treatment services (MTS).

Admission Criteria

- All of the following criteria are necessary for admission:
 - The participant either has Medicaid, is PBHS-eligible Medicare, or is uninsured eligible. The participant has a PBHS specialty mental health DSM-5 diagnosis which requires, and is likely to respond to, therapeutic intervention.
 - The participant's functioning is seriously disrupted and threatens the safety of the participant, family, community, or in-home placement.
 - The participant/family has the capacity and is willing to actively participate in this intervention.
 - There are multiple systemic problems that may require in-home intervention up to several hours per week.

Continuing Stay Criteria

- All of the following criteria are necessary for continuing treatment at this level of care:
 - The participant continues to meet admission criteria but has not reached the maximum episodic or annual limitations.
 - Progress in relation to specific symptoms/impairments/dysfunction is clearly evident and can be described in objective terms, but goals of treatment have not been achieved or adjustments in the treatment plan to address the lack of progress are evident.
 - There is documented active planning for transition to a less intensive level of care.

Service Delivery

- Enhanced support services will be reimbursed for a maximum of ten days per episode/30 days per calendar year. Enhanced support services cannot be authorized in conjunction with respite services.

Intensive Outpatient Program – Adult/Child and Adolescent

Intensive Outpatient (IOP) is a program of intense treatment involving multiple treatment services on multiple days provided by a multidisciplinary team. An IOP program provides a minimum of three hours of therapeutic services per day, which includes at least two group therapies. The treatment constellation can include participant, group, or family therapy and medication management.

When a participant has a mental health disorder that requires professional evaluation and treatment, he or she should be treated in the least intensive setting able to meet their medical needs.

Satisfaction of all admission and continued care criteria must be documented in the clinical record based on the conditions and factors identified below before treatment will be authorized.

Admission Criteria

- All of the following criteria are necessary for admission:
 - The participant has a PBHS specialty mental health DSM-5 diagnosis and the participant's impairment(s) can be expected to be stabilized at this level of care.
 - The participant is experiencing acute symptoms of a mental health diagnosis which requires more specialized, intensive therapy than could be provided by only individual, group, or family therapy on an outpatient basis.
 - The participant does not require a more intensive level of care.

Continuing Stay Criteria

- All of the following criteria are necessary for continuing treatment at this level of care:
 - The participant continues to meet admission criteria.
 - Clinical evidence indicates that the therapeutic re-entry into a less intensive level of care would result in exacerbation of the symptoms of the participant's mental health disorder.
 - Progress in relation to specific symptoms/impairments/dysfunction is clearly evident and can be described in objective terms, but goals of treatment have not been achieved or adjustments in the treatment plan to address the lack of progress are evident and/or a second opinion on the treatment plan has been considered. (There should be daily progress notes that document treatment and the participant's response to treatment.)
 - There is evidence that the participant, family, caregiver, or significant other is involved in treatment in the frequency and manner indicated by the treatment plan.
 - There is documented active planning for transition to a less intensive level of care.

Service Delivery

- Medical necessity admission to an IOP must be documented by the presence of all of the criteria. The length of the program varies based on the participant's needs and medical necessity. IOP is less intensive than partial hospitalization services but is intended for participants whose condition is not likely to respond to traditional outpatient services and requires an integrated program of coordinated and structured multidisciplinary services at least three hours a day. Active involvement of the participant, family, caregivers, or significant others involved in the participant's treatment should be sought.

Psychiatric Rehabilitation Program - Adult

Psychiatric Rehabilitation Program (PRP) services facilitate the individual's recovery and develop or restore a participant's independent living and social skills, including the individual's ability to make decisions regarding: self-care management of illness, life, work and community participation; and promote the use of resources to integrate the individual into the community. Services may be provided in an onsite facility, or in a setting most conducive to promoting the participation of the individual in community life.

When an individual has a mental disorder that requires professional evaluation and treatment, he/she should be treated at the least intensive setting. Psychiatric rehabilitation should only be considered when traditional medication and therapy interventions are not providing sufficient support or skills development to ensure successful community tenure.

Satisfaction of all admission and continued care criteria must be documented in the clinical record based upon the conditions and factors identified below before treatment will be authorized.

Admission Criteria

- All of the following criteria are necessary for admission:
 - The individual meets participant has a PBHS specialty mental health DSM-5 diagnosis included in the Priority Population (either Category A or Category B):
 - A. Category A Diagnoses **
 - Schizophrenia
 - Schizophreniform Disorder
 - Schizoaffective Disorder, Bipolar Type
 - Schizoaffective Disorder, Depressive Type
 - Major Depressive Disorder, Recurrent Episode, w/ Psychotic Features
 - Bipolar I Disorder, Current or Most Recent Episode Manic, Severe, w/ Psychotic Features.
 - Bipolar I Disorder, Current or Most Recent Episode Depressed, Severe, w/ Psychotic Features
 - Other Specified Schizophrenia Spectrum and Other Psychotic Disorder
 - Unspecified Schizophrenia Spectrum and Other Psychotic Disorder
 - Delusional Disorder

** The specific diagnostic criteria may be waived for one of the following two conditions:

- 1. An individual found not competent to stand trial or not criminally responsible due to a mental disorder pursuant to Criminal Procedure, § 3-101 et. seq, Annotated Code of Maryland, and receiving services recommended by a Behavioral Health Administration/Maryland Department of Health evaluator or facility or court order.
- 2. An individual in a Maryland State psychiatric facility with a length of stay of more than 3 months who requires Residential Rehabilitation Program (RRP) services upon discharge. This excludes individuals eligible for Developmental Disabilities Administration Services.
 - OR
 - B. Category B Diagnoses
 - Major Depressive Disorder, Recurrent Episode, Severe
 - Bipolar I Disorder, Current or Most Recent Episode, Manic, Severe
 - Bipolar I Disorder Current or Most Recent Episode, Depressed. Severe
 - Bipolar I Disorder, Current or Most Recent Episode Hypomanic
 - Bipolar I Disorder, Current or Most Recent Episode Hypomanic, Unspecified
 - Bipolar I Disorder, Current or Most Episode Unspecified
 - Bipolar II Disorder
 - Borderline Personality Disorder

Category A Diagnoses must meet either C or D. Category B diagnoses must meet criteria in D.

- C. The individual is currently enrolled in SSI or SSDI
- D. The individual demonstrates impaired role functioning for at least two years. To be considered evidence of impaired role functioning at least three of the following must have been present on a continuing or intermittent basis:

- Marked inability to establish or maintain independent competitive employment, characterized by an established pattern of unemployment, underemployment, or sporadic employment that is primarily attributable to a diagnosed serious mental illness, which requires intervention by the behavioral health system beyond what is available to the individual from by mainstream workforce development, educational, faith-based, community or social service organizations. This does not include limitations due to factors such as geographic location, poverty, lack of education, availability of transportation, or loss of driver's license due to legal problems.
- Marked inability to perform instrumental activities of daily living (shopping, meal preparation, laundry, basic housekeeping, medication management, transportation, and money management) that is primarily attributable to a diagnosed serious mental illness, which requires intervention by the behavioral health system beyond what is available to the individual from by mainstream workforce development, educational, faith-based, community or social service organizations. This does not include limitations due to factors such as geographic location, poverty, lack of education, availability of transportation, or loss of driver's license due to legal problems.
- Marked inability to establish or maintain a personal support system, characterized by social withdrawal or isolation, interpersonal conflict, or social behavior (other than criminal behavior) that is not easily tolerated in the community and primarily attributable to a diagnosed serious mental illness, and which requires intervention by the behavioral health system beyond what is available to the individual from by mainstream workforce development, educational, faith-based, community or social service organizations. This does not include limitations due to factors such as geographic location, poverty, lack of education, availability of transportation, or loss of driver's license due to legal problems.
- Marked or frequent deficiencies of concentration, persistence or pace that is primarily attributable to a serious mental illness resulting in a failure to complete in a timely manner tasks commonly found in work, school, or home settings, which requires intervention by the behavioral health system beyond what is available to the individual from by mainstream workforce development, educational, faith-based, community or social service organizations.
- Marked inability to perform or maintain self-care (hygiene, grooming, nutrition, medical care, personal safety) that is primarily attributable to a serious mental illness, and which requires intervention by the behavioral health system beyond what can be reasonably provided by mainstream workforce development, educational, faith-based, community or social service organizations.
- Marked deficiencies in self-direction, characterized by an inability to independently plan, initiate, organize, and carry out goal-directed activities that is primarily attributable to a serious mental illness, and which requires intervention by the behavioral health system beyond what can be reasonably provided by mainstream workforce development, educational, faith-based, community or social service organizations.
- Marked inability to procure financial assistance to support community living, which inability is primarily attributable to a serious mental illness, and which requires intervention by the behavioral health system beyond what can be reasonably provided by mainstream workforce development, educational, faith-based, community or social service organizations. This does not include limitations due to factors such as geographic location, poverty, lack of education, availability of transportation, or loss of driver's license due to legal problems.

AND

- The nature of the individual's functional impairments and/or skill deficits can be effectively remediated through specific, focused skills-training activities designed to develop and restore (and maintain) independent living skills to support the individual's recovery.
- The individual must be concurrently engaged in outpatient mental health treatment.
- All individuals residing in an RRP must have PRP services available.
- The Individual does not require a more intensive level of care.
- All less intensive levels of treatment have been determined to be unsafe or unsuccessful
- Peer or natural support alternatives have been considered or attempted, and/or are insufficient to meet the need for specific, focused skills training to function effectively.
- E. Individuals meeting the criteria in Category D who do not yet have two years of impaired functioning may be considered for PRP if they have new onset category A diagnosis and PRP services would be considered the most effective means to diminish the risk.
- Severity of Need and Intensity of Service
 - Medical necessity for admission to Psychiatric Rehabilitation Program services must be documented by the presence of all of the criteria. The length and frequency of the services varies based on the individual's needs and medical necessity. Professional and/or social support must be identified and available to the individual outside of program hours, and the individual must be capable of seeking them as needed. Active involvement of the Individual, family, caretakers, or significant others involved in the individual's psychiatric rehabilitation shall be sought.

Exclusionary Criteria

- Individual's level of cognitive impairment, current mental status, or developmental level cannot be reasonably accommodated within the psychiatric rehabilitation service such that the severity of impairment precludes the individual from benefiting from psychiatric rehabilitation services.
- The individual meets eligibility for full funding for Developmental Disability Administration services.
- The primary etiology of the individual's dysfunction is related to an organic process or syndrome, intellectual disability, neurodevelopmental disorder, or neurocognitive disorder.
- The individual meets criteria for a higher level of care and cannot be safely or effectively served in psychiatric rehabilitation services.
- The individual can be effectively served with less intensive formal services, or with natural supports, such as peers and family.
- As of July 1, 2020, PRP may not be provided in conjunction with:
 - Mobile Treatment Services (MTS)/Assertive Community Treatment (ACT) -Adult
 - Adult Targeted Case Management (TCM)
 - Inpatient
 - MH-Residential Treatment Center (RTC)
 - Residential SUD Treatment Level 3.3 and higher
 - SUD IOP/2.1
 - MH IOP/PHP
 - Residential Crisis

Continued Stay Criteria

- All of the following criteria are necessary for continuing service at this level of care:
 - The individual continues to meet admission criteria.
 - Clinical evidence indicates that the therapeutic re-entry into a less intensive level of care would result in exacerbation of the symptoms of the individual's mental disorder.
 - There is an individualized rehabilitation plan justifying ongoing services that details the services and interventions to be provided. Progress in relation to specific symptoms/impairments/dysfunction is clearly evident and can be described in objective terms, but rehabilitation goals have not been achieved or adjustments in the rehabilitation plan to address the lack of progress are evident and/or a second opinion on the rehabilitation plan has been considered. (There should be daily progress notes that document psychiatric rehabilitation interventions and the individual's response to the interventions.)
 - There is evidence that the individual, family, caretaker, or significant other is involved in psychiatric rehabilitation in the frequency and manner indicated by the rehabilitation plan.
 - There is documented active planning for the transition to a less intensive level of care
 - The individual must be engaged in mental health treatment with an outpatient clinician that does not work in or receive remuneration in any form from the PRP Intermittent periods of disengagement secondary to the psychiatric disability may occur and shall not be construed to exclude the individual from services, if evidence exists that assertive and motivational strategies are being employed to re-engage the individual in treatment, and there is documented communication between the PRP and clinician.

Discharge Criteria

- The individual has achieved maximum rehabilitative benefit from the psychiatric rehabilitation service and is assessed to no longer require this level of care to apply skill gains in natural, community settings.
- The individual has achieved self-identified rehabilitation goals and is not at risk of further skill deterioration due to withdrawal of service.
- The individual has not demonstrated significant improvement in functioning and requires a higher level of care or reassessment to identify a more effective service setting or modality. A time-limited authorization may be granted to facilitate this assessment and transition.
- The individual can be effectively served with less intensive formal services, or with natural supports, such as peers and family.
- Individuals no longer wishing to receive services should be assisted with referrals to other providers whenever possible.

Service Delivery

- Medical necessity for admission to PRP services must be documented by the presence of all of the criteria. The length and frequency of the services varies based on the participant's needs and medical necessity. Professional and/or social supports must be identified and available to the participant outside of program hours, and the participant must be capable of seeking them as needed. Active involvement of the participant, family, caretakers, or significant others involved in the participant's treatment should be sought.

Psychiatric Rehabilitation Program – Child and Adolescent

Psychiatric Rehabilitation Program (PRP) services are for children and adolescents with serious mental illness of emotional disturbance who have been referred by a licensed professional of the healing arts based on a screening, assessment, or ongoing treatment of the participant. The services must be goal-directed and outcome-focused. The services are time-limited interventions provided only as long as they continue to be medically necessary to reduce symptoms of the youth's mental illness and to restore the individual to an appropriate functional level.

When an individual has a mental disorder that requires professional evaluation and treatment, he/she should be treated at the least intensive setting able to meet individual's medical needs.

Satisfaction of all admission and continued care criteria must be documented in the clinical record based upon the conditions and factors identified below before treatment will be authorized and is subject to review by audit.

Admission Criteria

- All of the following criteria are necessary for admission:
 - The youth has a PBHS specialty mental health DSM-5 diagnosis, and the youth's impairment(s) and functional behavior can reasonably be expected to be improved or maintained by using these services.
 - The youth's mental illness is the cause of serious dysfunction in one or more life domains (home, school, community).
 - The impairment as a result of the youth's mental illness results in:
 - A clear, current threat to the youth's ability to be maintained in his/her customary setting
 - An emerging/pending risk to the safety of the youth and others
 - Other evidence of significant psychological or social impairments, such as inappropriate social behavior, causing serious problems with peer relationships and/or family members
 - The youth, due to the dysfunction, is at-risk for requiring a higher level of care, or is returning from a higher level of care.
 - The youth's condition requires an integrated program of rehabilitation services to develop and restore independent living skills to support the youth's recovery.
 - The youth does not require a more intensive level of care and is judged to be in enough behavioral control to be safe in the rehabilitation program and benefit from the rehabilitation provided.
 - A documented crisis response plan for the participant is in progress or completed.
 - All PRP services will be rendered by staff that are supervised by a licensed mental health professional.
 - And Either
 - There is clinical evidence that the current intensity of outpatient treatment will not be sufficient to reduce the youth's symptoms and functional behavioral impairment resulting from the mental illness and restore him/her to an appropriate functional level, or prevent clinical deterioration, or avert the need to initiate a more intensive level of care due to current risk to the youth or others,
 - Or alternatively
 - Youth transitioning from an inpatient, day hospital or residential treatment setting to a community setting there is clinical evidence that PRP services will be necessary to prevent clinical deterioration and support successful transition back to the community, or avert the need to initiate or continue a more intensive level of care.
 - There is evidence that the use of pharmacotherapy, if deemed appropriate, has been considered by the primary treating clinician.

Continuing Stay Criteria

- All of the following criteria are necessary for continuing treatment at this level of care:
 - The youth continues to meet admission criteria.
 - Clinical evidence indicates that the therapeutic into a less intensive level of care would result in exacerbation of the symptoms of the youth's mental disorder.
 - Progress in relation to specific symptoms/impairments/dysfunction is clearly evident and can be described in objective terms, but goals of treatment have not been achieved or adjustments in the treatment plan to address the lack of progress is evident. The PRP provider is responsible for ensuring daily progress notes clearly document services provided and the youth's response to said services.

- A Plan of Treatment/Rehabilitation is reviewed with the parent/guardian and the primary treating (i.e. the referring clinician) clinician with each concurrent review.
- There is evidence that the youth, family, caretaker or significant other is involved in treatment in the frequency and manner indicated by the treatment plan.
- There is verifiable evidence of ongoing and active participation in routine outpatient treatment including pharmacotherapy if deemed appropriate by primary clinician.
- There is documented active planning for transition to a less intensive level of care.

Exclusionary Criteria

- Individual's level of cognitive impairment, current mental status, or developmental level cannot be reasonably accommodated within the psychiatric rehabilitation service such that the severity of impairment precludes the individual from benefiting from psychiatric rehabilitation services.
- The individual meets eligibility for full funding for Developmental Disability Administration services.
- The primary etiology of the individual's dysfunction is related to an organic process or syndrome, intellectual disability, neurodevelopmental disorder, or neurocognitive disorder.
- The individual meets criteria for a higher level of care and cannot be safely or effectively served in psychiatric rehabilitation services.
- The individual can be effectively served with less intensive formal services, or with natural supports, such as peers and family.
- As of July 1, 2020, PRP may not be provided in conjunction with:
 - Mobile Treatment Services (MTS)/Assertive Community Treatment (ACT) -Adult
 - Adult Targeted Case Management (TCM)
 - Inpatient
 - MH-Residential Treatment Center (RTC)
 - Residential SUD Treatment Level 3.3 and higher
 - SUD IOP/2.1
 - MH IOP/PHP
 - Residential Crisis

Service Delivery

- Medical necessity for admission to PRP services must be documented by the presence of all of the criteria. The length and frequency of the services varies based on the needs of the youth and medical necessity. Professional and/or social supports must be identified and available to the youth outside of program hours and the youth or the youth's parent/caretaker must be capable of seeking them as needed. Active engagement of the youth, family, caretakers, or significant others involved in the participant's treatment should be sought.

Mobile Treatment Services - Adult

Mobile Treatment Services (MTS) are designed for adults with serious mental disorders who exemplify a lack of adherence to traditional services and vulnerability. MTS provides treatment in the least intensive setting that is able to meet the participant's clinical needs. These services are provided by a multidisciplinary treatment team and are available to the participant on a 24/7 basis. When participants have a mental disorder that requires professional evaluation and treatment, they should be treated in the least intensive setting able to meet their medical needs. Satisfaction of all admission and continued care criteria must be documented in the clinical record based upon the conditions and factors identified below before treatment will be authorized.

Admission Criteria

- All of the following criteria are necessary for admission:
 - The participant has a PBHS specialty mental health DSM-5 diagnosis included in the priority population, which is the cause of significant psychological, personal care, and social impairment.
 - The impairments result in at least one of the following:
 - A clear, current threat to the participant's ability to live in his/her customary setting, or the participant is homeless and would meet the criteria for a higher level of care if mobile treatment services were not provided; or is in a state institution or inpatient psychiatric facility and with the introduction of mobile treatment level of care would be able to return to living in his/her customary setting.
 - An emerging risk to self, property, or others, or the participant would experience heightened risk in these areas if mobile treatment services were not provided.
 - Inability to engage in, participate in, and benefit from traditional outpatient treatment.
 - Inability to form a therapeutic relationship on an ongoing basis as evidenced by one or more of the following:
 - Frequent use of emergency rooms/crisis services for psychiatric reasons;
 - A pattern of repeated psychiatric inpatient facility admissions or long-standing psychiatric hospitalizations; or
 - Arrest for reasons associated with the participant's mental illness.

The specific diagnostic criteria may be waived for the following two conditions:

- A participant committed as not criminally responsible who is conditionally released from a BHA facility;
- Or
- A participant in a BHA facility or a BHA-funded inpatient psychiatric hospital that requires community services. This excludes participants eligible for Developmental Disabilities Administration's residential services.

Continuing Stay Criteria

- One of the following is necessary for continuing treatment at the level of care:
 - The participant continues to meet the admission criteria despite documented efforts to engage and support the participant in treatment and rehabilitation, or there is an emergence of additional problems consistent with admission criteria.
 - There is clinical evidence of symptom or functional improvement; however,
 - The participant continues to be at-risk for a higher level of care based on the participant's response to attempts to reduce the frequency or intensity of services in a planned way
 - Or
 - There is documented evidence that the participant is at risk due to the tenuous nature of clinical or functional gains.
 - There is documented evidence that the participant has either:
 - Had limited or no progress toward goals and there are changes to the treatment plan and interventions
 - Or
 - Had progress toward goals and there are changes to the treatment plan to support the participant's transition to traditional outpatient services (i.e. scheduling and assisting participant with appointments, assisting participant with using public transportation independently, supporting participant's efforts to actively participate in treatment, etc.).

Discharge Criteria

- I or (II, III and IV) are necessary and sufficient for planned transition from MTS/ACT services:
 - I: A period of transition (as evidenced by overlapping authorizations between MTS/ACT and a less intensive service) has demonstrated the consumer's ability to engage, participate in, and benefit from less intensive services
 - Or
 - II: There is little to no threat of hospitalization or incarceration as evidenced by both:
 - No significant psychological, personal care, or social impairment
 - No significant threat to self, property, or others
 - And
 - III: There has been no emergency department utilization and no mental health crisis services (as evidenced by services provided by the MTS/ACT during evening or weekend hours) in the last six months
 - And
 - IV: The consumer no longer requires an intensive, assertive, multidisciplinary treatment team to develop/restore specific independent living skills

Service Delivery

- The participant's condition requires intensive, comprehensive, integrated assertive mental health treatment, somatic treatment, and psychiatric rehabilitative services provided by a multidisciplinary team providing a minimum of weekly face to face contact to develop and restore independent living skills to support a participant's recovery.

Mobile Treatment Services – Child and Adolescent

Mobile Treatment Services (MTS) Child and Adolescent are designed for children and adolescents with serious mental disorders which are exemplified by non-compliance and vulnerability to provide treatment in the least intensive setting that is able to meet the participant's clinical needs. These services are provided by a multidisciplinary treatment team and are available to the participant on a 24/7 basis.

Admission Criteria

- All of the following criteria are necessary for admission:
 - The participant has a primary DSM-5 diagnosis that is the cause of significant psychological impairment.
 - The participant is at-risk for out-of-home placement and either:
 - The participant has not maintained, on a continuous basis, community mental health services that are prescribed
 - The participant is exhibiting behavior that is a risk of harm or self-harm
 - The primary caretaker:
 - Has the goal of maintaining the child or adolescent safely in the home
 - Agrees to participate in MTS

Continuing Stay Criteria

- All of the following criteria are necessary for continuing treatment at this level of care:
 - The participant continues to meet admission criteria despite treatment efforts or there is emergence of additional problems consistent with the admission criteria.
 - Documentation exists of failed attempts to integrate the participant into traditional outpatient treatment.
 - There is clinical evidence of symptom improvement using the service. If there is no improvement, there is documentation of treatment plan changes and/or a second opinion of the treatment plan.
 - The primary caretaker continues to support in-home placement and the MTS.

Discharge Criteria

- I or (II, III and IV) are necessary and sufficient for planned transition from MTS/ACT services:
 - I: A period of transition (as evidenced by overlapping authorizations between MTS/ACT and a less intensive service) has demonstrated the consumer's ability to engage, participate in, and benefit from less intensive services
 - Or
 - II: There is little to no threat of hospitalization or incarceration as evidenced by both:
 - No significant psychological, personal care, or social impairment
 - No significant threat to self, property, or others
 - And
 - III: There has been no emergency department utilization and no mental health crisis services (as evidenced by services provided by the MTS/ACT during evening or weekend hours) in the last six months
 - And
 - IV: The consumer no longer requires an intensive, assertive, multidisciplinary treatment team to develop/restore specific independent living skills.

Service Delivery

- The participant's condition must require intensive, assertive mental health treatment and supportive services delivered by a multidisciplinary team, providing a minimum of weekly face-to-face contact.

Therapeutic Behavioral Services – Child and Adolescent

Therapeutic Behavioral Services – Child and Adolescent is a rehabilitative referred service for children and adolescents under 21 years of age. It is designed to provide rehabilitative treatment interventions to reduce or ameliorate the target maladaptive behavior(s) appropriately through restoration of a participant to his/her best possible functional level. When participants have a mental disorder that requires professional evaluation and treatment, they should be treated at the least intensive setting able to meet their medical needs. Satisfaction of all admission and continued care criteria must be documented in the clinical record based upon the conditions and factors identified below before treatment will be authorized.

Admission Criteria

- All of the following criteria are necessary for admission:
 - The participant has a PBHS specialty mental health DSM-5 diagnosis with maladaptive behaviors or symptoms relating to that diagnosis.
 - There is clinical evidence that the behaviors or symptoms place the participant's current living arrangement at risk and create a risk for a more restrictive placement, or prevent transition to a less restrictive placement.
 - The services required are rehabilitative, not habilitative, custodial or activities of daily living.
 - The participant's behaviors or symptoms can be safely and effectively treated in the community.
 - The participant requires on-site one-to-one behavioral assistance and intervention in order to accomplish outcomes specified in the behavioral plan.

Continuing Stay Criteria

- All of the following criteria are necessary for continuing treatment at this level of care:
 - The participant continues to meet admission criteria despite treatment efforts, or there is emergence of additional problems consistent with the admission criteria.
 - The target outcomes have not yet been reached.
 - The services have been decreased proportionally when indicated by the participant's progress.
 - There is clinical evidence of symptom improvement using the service. If there is no improvement:
 - The participant was reassessed for new target symptoms, and
 - The treatment plan has been reviewed and/or a second opinion of the treatment plan.

Discharge Criteria

- Any of the following criteria are necessary and sufficient for planned discharge from TBS services:
 - The consumer turns 21 years old.
 - The current behaviors no longer put the consumer at risk of out of home placement.
 - The consumer (consumer's family) has reached maximum benefit from TBS services as evidenced by the current care being more habilitative (rather than rehabilitative), custodial, or more focused on activities of daily living.
 - The parent, guardian or the individual who customarily provides care is no longer a pivotal part of the behavioral plan, or when the care giver fails to participate as outlined in the behavioral plan.
 - The parent, guardian or the individual who customarily provides care has learned to implement the behavioral plan and can continue to independently do so with consultation as needed from an outpatient therapist.
 - TBS has proven inadequate in addressing the consumer's needs. Therefore, additional or more intensive services are clinically indicated.
 - TBS services are no longer medically necessary.

Service Delivery

- Medical necessity for admission to TBS Care must be documented by the presence of all of the criteria. Length and frequency of service varies based on the participant's needs and medical necessity. Although TBS shall be decreased proportionally when indicated by the participant's progress, TBS will continue to be authorized when it is medically necessary. A parent, guardian or the participant who customarily provides care must be present during the provision of services to participate in the behavioral plan unless there are clinical goals specifically addressed in the behavior plan that require that the parent, guardian or participant who customarily provides care not be present.

Outpatient Services

Outpatient Mental Health Services are less intensive than partial hospitalization and intensive outpatient treatment. Outpatient treatment is expected to be participant and family driven and recovery-oriented. When participants have a mental disorder that requires professional evaluation and treatment, they should be treated in the least intensive setting able to meet their medical needs.

Satisfaction of all admission and continued care criteria must be documented in the clinical record based upon the conditions and factors identified below before treatment will be authorized.

Admission Criteria

- Both of the following criteria are necessary for admission:
 - The participant has a PBHS specialty mental health DSM-5 diagnosis with at least mild symptomatic distress and/or impairment in functioning due to the psychiatric symptoms and an appropriate description of the symptoms consistent with the diagnosis.
 - The participant's behaviors or symptoms can be safely and effectively treated while living independently in the community.

Continuing Stay Criteria

- All of the following criteria are necessary for continuing treatment at this level of care:
 - The participant continues to meet admission criteria despite treatment efforts, or there is emergence of additional problems consistent with the admission criteria.
 - The target outcomes have not yet been reached.
 - Progress in relation to specific symptoms/impairments/dysfunction is clearly evident and can be described in objective terms, but goals of treatment have not been achieved or adjustments in the treatment plan to address the lack of progress are evident and/or a second opinion on the treatment plan has been considered.

Service Delivery

- Medical necessity for admission to outpatient mental health services must be documented by the presence of all of the criteria. Length and frequency of service varies based on the participant's needs and medical necessity. Active involvement of the participant, family, caretakers, or significant others involved in the participant's treatment should be sought.

Occupational Therapy Services

Occupational Therapy Services involve a performance-based assessment and services relating to participant's functioning in activities of daily living, cognitive skills, sensory-motor skills, and psycho-social skills. The goal of occupational therapy is to maximize the participant's functional independence.

Occupational therapy performed in an inpatient unit by a hospital-based partial hospitalization program, or a hospital-based outpatient program, is provided as medically necessary, and does not require authorization.

Occupational therapy services are not included in the daily rate for private psychiatric hospitals (Institutes of Mental Disease). Consequently, occupational therapy services provided in private psychiatric hospitals must be billed by a professional or professional group.

Occupational therapy performed in an outpatient setting requires authorization and is subject to medical necessity criteria.

When participants have a mental disorder that requires professional evaluation and treatment, they should be treated in the least intensive setting able to meet their medical needs.

Satisfaction of all admission and continued care criteria must be documented in the clinical record based upon the conditions and factors identified below before treatment will be authorized.

Admission Criteria

- All of the following criteria are necessary for admission:
 - The participant either has Medicaid, is PBHS-eligible Medicare, or uninsured eligible. The participant has a PBHS specialty mental health DSM-5 diagnosis.
 - The eligible participant has a co-morbid medical condition which requires, and is likely to respond to, outpatient occupational therapy services.
 - The service is provided by an occupational therapist actively licensed by the Maryland Board of Occupational Therapy Practice and demonstrates by training and experience the competency to provide occupational therapy to participants with mental illness, who also have a signed provider agreement with MDH.

Continuing Stay Criteria

- Both of the following criteria are necessary for continuing treatment at this level of care:
 - The participant continues to meet admission criteria and continues to be treated in an outpatient setting.
 - Progress in relation to specific symptoms/impairments/dysfunction is clearly evident and can be described in objective terms, but goals of treatment have not been achieved or adjustments in the treatment plan to address the lack of progress are evident.

Service Delivery

- Occupational therapy may be needed in any service setting in conjunction with other treatment modalities. The severity determination is made in an integrated fashion between the properly licensed and experienced occupational therapist. Length of treatment will vary depending on clinical status and is subject to medical necessity review.

Respite Care – Child and Adolescent

Respite Care – Child and Adolescent should be considered a necessary level of care to provide support to family caregivers and maintain participants under age 18 in the current, least restrictive necessary level of care and to prevent escalation to more intensive levels. This service is intended to support caregivers for participants living in the home environment.

Participants already in out-of-home placements, such as group homes or other congregate facilities, are not appropriate for referral. Families whose ability to function is affected by the duties of childcare constitute the families to be referred for this service.

When a participant has a mental disorder that requires professional evaluation and treatment, they should be treated at the least intensive setting able to meet their medical needs. Satisfaction of all admission and continued care criteria must be documented in the clinical record based upon the conditions and factors identified below before treatment will be authorized.

Admission Criteria

- All of the following criteria are necessary for admission:
 - The participant has a PBHS specialty mental health DSM-5 diagnosis and has emotional and/or behavioral problems which stress the ability of the caregiver to provide for the individual in the home.
 - The family or caregiver's ability to participate in normal activities of daily life in the community, including employment, training opportunities, other family obligations, and social connection is compromised as a result of caring for the individual.
 - The additional stress on the caregiver of caring for the participant puts the participant at-risk of out-of-home placement.

Continuing Stay Criteria

- The following criterion is necessary for continuing treatment at this level of care:
 - The participant continues to meet all admission criteria.

Service Delivery

- Medical necessity for the use of respite care must be documented by the presence of all of the criteria. When an Individual has a mental disorder that requires professional evaluation and treatment, caring for this Individual can create a burden on caregivers. As a result, the level of burden on the family caregivers is as important a dimension in determining medical necessity as the clinical status of the individual.

Respite Care - Adult

Respite Care - Adult is provided when the caregiver, family member, or participant requires another environment on a short-term basis to support the participant in order to prevent escalation to more intensive levels of care.

In addition to the home environment, respite is an option when participants who live in congregate setting need a hiatus from the interactions with roommates in order to maintain their living environment.

When an individual has a mental disorder that requires professional evaluation and treatment, he/she should be treated in the least intensive setting able to meet the individual's medical needs. Satisfaction of all admission and continued care criteria must be documented in the clinical record based upon the conditions and factors identified below before treatment will be authorized.

Admission Criteria

- All of the following criteria are necessary for admission:
 - The participant has a PBHS specialty mental health DSM-5 diagnosis and has emotional and/or behavioral problems which stress the ability of the caregiver to provide for the individual in the home.
 - The family or caregiver's ability to participate in normal activities of daily life in the community, including employment, training opportunities, other family obligations, and social connection is compromised as a result of caring for the individual.
 - The additional stress on the caregiver of caring for the participant puts the participant at-risk of out-of-home placement, homelessness, or a higher level of care.

Continuing Stay Criteria

- The following criterion is necessary for continuing treatment at this level of care:
 - The participant continues to meet all admission criteria.

Service Delivery

- Medical necessity for the use of respite care must be documented by the presence of all of the criteria. Respite care can be used in a variety of settings to de-escalate situations that put the individual at risk of losing his/her placement or needing higher levels of care.

Supported Employment - Adult

Supported Employment - Adult (Ages 26 and above)

Supported employment (SE) provides individualized job development, job coaching, and ongoing employment support services to adults with serious mental illness for whom competitive employment has not occurred, has been interrupted, or has been intermittent. Services are designed to enable participants to choose, obtain, maintain, or advance within competitive employment, within a community-integrated work environment, consistent with their interests, preferences, and skills.

Satisfaction of all admission and continued care criteria must be documented in the clinical record based upon the conditions and factors identified below before services will be authorized.

Admission Criteria

- The following criteria are necessary for admission:
 - The participant has one of the following specialty mental health diagnoses in the modified priority population:
 - Schizophrenia
 - Schizophreniform Disorder
 - Schizoaffective Disorder, Bipolar Type
 - Schizoaffective Disorder, Depressive Type
 - Other Specified Schizophrenia Spectrum and Other Psychotic Disorder
 - Unspecified Schizophrenia Spectrum and Other Psychotic Disorder
 - Delusional Disorder
 - Major Depressive Disorder
 - Unspecified Depressive Disorder
 - Bipolar I Disorder, Current or Most Recent Episode Manic
 - Bipolar I Disorder, Current or Most Recent Episode Depressed
 - Bipolar I Disorder, Current or Most Recent Episode Hypomanic
 - Bipolar I Disorder, Current or Most Recent Episode Unspecified
 - Other Specified Bipolar and Related Disorder
 - Unspecified Bipolar and Related Disorder
 - Bipolar II Disorder
 - Schizotypal Personality Disorder
 - Borderline Personality Disorder

WHICH:

- a. May include other specifiers WITH THE EXCEPTION OF “single episode”, “in partial remission”, or “in full remission”; and
- b. May co-occur with an intellectual disability or neurodevelopmental disorder (i.e., communication disorder, autism spectrum disorder, attention deficit/hyperactivity disorder, motor disorder, or other neurodevelopmental disorder), provided that the co-occurring diagnosis does not meet eligibility criteria for Developmental Disability Administration services and the most prominent symptoms, behavior, or functional impairments are primarily attributable to a diagnosed serious mental illness and NOT primarily attributable to an intellectual disability or neurodevelopmental disorder;

AND

- Have demonstrated impaired role functioning, on a continuing or intermittent basis, for at least two years, comprising three serious functional impairments including:
 - a. Marked inability to maintain independent employment, characterized by an established pattern of unemployment, underemployment, or sporadic employment, which requires intervention by the behavioral health system beyond what is typically available in mainstream workforce development or social service organizations, and which is primarily attributable to symptoms, behavior or other functional limitations primarily associated with a diagnosed serious mental illness and NOT primarily associated with an intellectual disability or neurodevelopmental disorder; and
 - b. Two or more of the following functional limitations:
 - Social behavior that results in interventions by the behavioral health system;
 - Inability, due to cognitive disorganization, to procure financial assistance to support living in the community;
 - Severe inability to establish or maintain a personal support system; or

Note: These criteria are mandated by the State of Maryland

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- Need for assistance with basic living skills.

AND

- Express the desire to work in competitive, integrated employment.

The specific diagnostic criteria may be waived if the individual is not otherwise eligible for Developmental Disability Administration (DDA) services and is a participant:

- Committed as not criminally responsible who is conditionally released from a BHA facility;
Or
- In a BHA facility or a BHA-funded inpatient psychiatric hospital that requires community services.

Continuing Stay Criteria

- The following criteria are necessary for continuing treatment at this level of care:
 - The participant expresses the desire to receive supported employment services; AND
 - The participant continues to meet admission criteria and requires supported employment interventions to choose, obtain, maintain, or advance within competitive employment, within a community-integrated work environment;
OR
 - The individual requires supported employment interventions to change jobs, increase hours of employment or advance within his or her career.

Supported Employment – Transition Age Youth or Young Adult

Supported Employment - Transition Age Youth or Young Adult (Ages 16 to 24)

Supported employment (SE) provides individualized job development, job coaching, and ongoing employment support services to transition-age youth and young adults with serious mental illness or emotional disturbance for whom competitive employment has not occurred, has been interrupted, or has been intermittent. Services are designed to enable participants to choose, obtain, maintain, or advance within competitive employment, within a community-integrated work environment, consistent with their interests, preferences, and skills.

Satisfaction of all admission and continued care criteria must be documented in the clinical record based upon the conditions and factors identified below before services will be authorized.

Admission Criteria

- The following criteria are necessary for admission:
 - Have one of the following DSM-5 priority population diagnoses:
 - Schizophrenia
 - Schizophreniform Disorder
 - Schizoaffective Disorder, Bipolar Type
 - Schizoaffective Disorder, Depressive Type
 - Other Specified Schizophrenia Spectrum and Other Psychotic Disorder
 - Unspecified Schizophrenia Spectrum and Other Psychotic Disorder
 - Delusional Disorder
 - Disruptive Mood Dysregulation Disorder
 - Major Depressive Disorder
 - Unspecified Depressive Disorder
 - Bipolar I Disorder, Current or Most Recent Episode Manic
 - Bipolar I Disorder, Current or Most Recent Episode Depressed
 - Bipolar I Disorder, Current or Most Recent Episode Hypomanic
 - Bipolar I Disorder, Current or Most Recent Episode Unspecified
 - Other Specified Bipolar and Related Disorder
 - Unspecified Bipolar and Related Disorder
 - Bipolar II Disorder
 - Schizotypal Personality Disorder
 - Borderline Personality Disorder
 - Social Anxiety Disorder
 - Panic Disorder
 - Agoraphobia
 - Generalized Anxiety Disorder
 - Obsessive Compulsive Disorder
 - Posttraumatic Stress Disorder

WHICH:

- a. May include other specifiers; and
- b. May co-occur with an intellectual disability or neurodevelopmental disorder (i.e., communication disorder, autism spectrum disorder, attention deficit/hyperactivity disorder, motor disorder, or other neurodevelopmental disorder), provided that the co-occurring diagnosis does not meet eligibility criteria for Developmental Disability Administration services and the most prominent symptoms, behavior, or functional impairments are primarily attributable to the priority population diagnosis and NOT primarily attributable to an intellectual disability or neurodevelopmental disorder.

AND

- 1. Have demonstrated impaired role functioning, comprising three serious functional impairments, including:
 - a. Marked inability to negotiate the developmental tasks of emerging adulthood and to assume normative adult roles, characterized by a pattern of disruption in the developmentally appropriate exploration of opportunities for employment, school, and social relationships, which requires intervention by the behavioral health system in facilitating life course decisions beyond what is typically required by youth and young adults in general; and

- b. Marked inability to function in a work or school setting due to delayed or impaired psychological, emotional, social or cognitive skill development which is primarily attributable to symptoms, behavior or other functional limitations primarily associated with a diagnosed mental illness and NOT primarily associated with an intellectual disability or neurodevelopmental disorder; and
- c. One or more of the following functional impairments:
 - Need for frequent assistance with performing developmentally appropriate self-care tasks or maintaining one’s personal environment;
 - Marked impairment in impulse control, emotional regulation, or judgment;
 - Persistent inability to effectively manage the symptoms of one’s illness;
 - Persistent inability to modulate one’s behavior, not otherwise manifested by criminal behavior, in response to social cues and societal or cultural norms;
 - Marked or persistent inability to independently initiate and complete tasks or to sustain effort and perseverance; or
 - Marked impairments in reality testing or social behavior associated with psychosis;
- AND
- 2. Express the desire to work in competitive, integrated employment.

The specific diagnostic criteria may be waived if the individual is not otherwise eligible for Developmental Disability Administration (DDA) services and:

- Is transitioning from a Residential Treatment Center (RTC); or
- Has a history of two or more inpatient psychiatric hospitalizations; or
- Is receiving Home and Community-Based Services: Intensive Behavioral Health Services for Children, Youth, and Families – 1915(i); or
- Is receiving specialty behavioral health services from a BHA-designated Transition-Age Youth program.

Continuing Stay Criteria

- The following criteria are necessary for continuing treatment at this level of care:
 - The participant expresses the desire to receive supported employment services; AND
 - The participant continues to meet admission criteria and requires supported employment interventions to choose, obtain, maintain, or advance within competitive employment, within a community-integrated work environment;
- OR
- The individual requires supported employment interventions to change jobs, increase hours of employment or advance within his or her career.

Targeted Case Management - Adult

Targeted Case Management - Adult services are provided to assist participants in gaining access to needed medical, mental health, social, educational, and other services.

When participants have a mental disorder that requires professional evaluation and treatment, they should be treated at the least intensive setting able to meet their medical needs.

Satisfaction of all admission and continued care criteria must be documented in the clinical record based upon the conditions and factors identified below before treatment will be authorized.

Admission Criteria

- The following criteria are necessary for admission:
 - The participant has a PBHS specialty mental health DSM-5 diagnosis which requires, and is likely to respond to, therapeutic intervention;
And Either
 - The participant is at-risk of or needs continued community treatment to prevent inpatient psychiatric treatment;
Or
 - The participant is at-risk of or needs community treatment to prevent being homeless;
Or
 - The participant is at-risk of incarceration or will be released from a detention center or prison.

The specific diagnostic criteria may be waived for the following two conditions:

- A participant committed as not criminally responsible who is conditionally released from a BHA facility;
Or
- A participant in a BHA facility or a BHA-funded inpatient psychiatric hospital that requires community services. This excludes participants eligible for Developmental Disabilities Administration's residential services.

Continuing Stay Criteria

- The following criteria are necessary for continuing treatment at this level of care:
 - The participant continues to meet admission criteria;
And
 - The participant is reassessed every six months after the initial assessment;
And Either
 - The participant's current/available living environment continues to present barriers to stabilizing them;
Or
 - Progress toward initial mental health, medical, social, and educational goals has not facilitated transition to another mental health service and the care plan reflects the necessary changes to address the lack of progress;
Or
 - There is evidence that case management services continue to plan for linkage to specific entitlements and/or services that will meet the ongoing needs of the participant.

Service Delivery

- Medical necessity for admission to targeted case management services must be documented by the presence of all of the criteria. Active involvement of the participant, family, caretaker, or others involved in the participant's treatment should be sought. Levels of service include:
 - Level I – General: Is based on the severity of the participant's mental illness and if the participant meets at least one of the following conditions:
 - Not linked to mental health and medical services
 - Lacks basic supports for shelter, food, and income
 - Transitioning from one level of care to another
 - Needs to maintain community-based treatment and services

- Level 2 – Intensive: Is based on the severity of the participant’s mental illness, and if the participant urgently meets more than one of the following conditions:
 - Not linked to mental health and medical services
 - Lacks basic supports for shelter, food, and income
 - Transitioning from one level of care to another
 - Needs to maintain community-based treatment and services.

Targeted Case Management – Child and Adolescent

Targeted Case Management - Child and Adolescent are care coordination services are provided to assist participants in gaining access to needed medical, mental health, social, educational and other services.

When participants have a mental disorder that requires professional evaluation and treatment, they should be treated at the least intensive setting able to meet their medical needs.

Satisfaction of all admission and continued care criteria must be documented in the clinical record based upon the conditions and factors identified below before treatment will be authorized.

Admission Criteria

- All of the following criteria are necessary for admission:
 - The participant has a PBHS specialty mental health DSM-5 diagnosis which requires, and is likely to respond to, therapeutic intervention.
 - The participant is at-risk of, or needs continued community treatment to prevent inpatient psychiatric treatment.
 - The participant is at-risk of, or needs continued community treatment to prevent treatment in a residential treatment center (RTC).
 - The participant is at-risk of and out of home placement due to multiple behavioral health stressors.
 - The participant requires community treatment and support in order to prevent or address emergency room utilization due to multiple behavioral health stressors; or
 - The participant requires community treatment and support in order to prevent or address homelessness or housing instability, or otherwise lacking in permanent, safe housing; or
 - The participant requires community treatment and support in order to prevent or address arrest or incarceration due to multiple behavioral health stressors.

Continuing Stay Criteria

- All of the following criteria are necessary for continuing treatment at this level of care:
 - The participant continues to meet admission criteria.
 - The participant is reassessed every six months after the initial assessment.
 - The participant's current available living environment is not suitable for stabilizing the participant during the crisis.
 - Progress in relation to specific symptoms/impairments/dysfunction is clearly evident and can be described in objective terms, but goals of treatment have not been achieved or adjustments in the care plan to address the lack of progress are evident.
 - There is documented active planning for transition to a less intensive level of care.

Service Delivery

- Medical necessity for admission to care coordination services must be documented by the presence of all of the criteria. Active involvement of the participant, family, caretaker or others involved in the participant's treatment should be sought. Levels of service include:
 - Level I - General: Based on the severity of the participant's mental illness, and the participant meets at least two of the following conditions:
 - Not linked to behavioral health, health insurance, or medical services.
 - Lacks basic supports for education, income, shelter, or food.
 - Transitioning from one level of intensity to another level of intensity of services.
 - Needs care coordination services to obtain and maintain community-based treatment and services.
 - The participant is currently enrolled in Level II or III care coordination services and has stabilized to the point that Level I is most appropriate.
 - Level 2 - Moderate: Based on the severity of the participant's mental illness, and the participant urgently meets three or more of the following conditions:
 - Not linked to behavioral health services, health insurance or medical services
 - Lacks basic supports for education, income, food or transportation
 - Homeless or at-risk for homelessness

- Transitioning from one level of level of intensity to another level of intensity including out of inpatient psychiatric or substance use services; RTC; or intensive behavioral health services
- Multiple behavioral health stressors within past 12 months, such as history of psychiatric hospitalizations, repeated visits or admissions to emergency room psychiatric units, crisis beds, or inpatient psychiatric units
- Needs care coordination services to maintain community-based treatment and services
- The target populations may include participants transitioning to a community setting and case management services will be made available for up to 180 consecutive days of the covered stay in the institution
- The participant is currently enrolled in Level III care coordination services and has stabilized to the point that Level II is most appropriate
- The participant is currently enrolled in Level I care coordination and has experienced one of the following adverse childhood experiences during the preceding six months:
 - Emotional, physical, or sexual abuse
 - Emotional or physical neglect
 - Significant family disruption or stressors
- Level 3 – Intensive: Based on the severity of the participant’s mental illness the participant urgently meets at least one of the following conditions:
 - Has been enrolled in the 1915(i) for six months or less
 - The participant is currently enrolled in Level I or Level II targeted case management and has experienced one of the following adverse childhood experiences during the preceding six months:
 - Emotional, physical, or sexual abuse
 - Emotional or physical neglect
 - Significant family disruption or stressors
 - Meets the following conditions:
 - Has a behavioral health disorder amenable to active clinical treatment
 - Has a serious emotional disorder and continues to meet the service intensity needs and medical necessity criteria for the duration of their enrollment
 - Has been assessed by a licensed mental health professional that finds a significant impairment in functioning representing potential serious harm to him or herself or others, across settings
 - Scores 4 or 5 on the ECSII (Early Childhood Services Intensity Instrument); or 5 or 6 on the CASII (Child and Adolescent Service Intensity Instrument)
 - Youth with a score of 5 on the CASII shall also meet one of the following criteria to be eligible:
 - Transitioning from an RTC
 - Living in the community:
 - Be at least age 13 and older and have:
 - Three or more inpatient psychiatric hospitalizations in the past 12 months
 - Been in an RTC within the past 90 calendar days
 - Be age 6-12 years old and have:
 - Two or more inpatient psychiatric hospitalizations in the past 12 months
 - Been in an RTC within the past 90 calendar days
 - Youth who are younger than six years of age who have a score of 4 on the ECSII shall either:
 - Be referred directly from an inpatient hospital
 - If living in the community, have two or more hospitalizations in the past 12 months.

Psychological And Neuropsychological Testing

Psychological and Neuropsychological Testing involves the administration of reliable and valid psychological and neuropsychological tests for the purpose of answering specific questions about the participant's diagnosis and the development of clinically appropriate treatment recommendations. Psychological and neuropsychological testing should not be considered as a routine or normal procedure in a participant's treatment. Specific testing procedures selected by the psychologist should clearly relate to the questions listed on the request for psychological and neuropsychological testing.

When participants have a mental disorder that requires professional evaluation and treatment, they should be treated in the least intensive setting able to meet their medical needs.

Satisfaction of all admission and continued care criteria must be documented in the clinical record based upon the conditions and factors identified below before treatment will be authorized.

Specific Medical Necessity Criteria for Psychological and Neuropsychological Testing

- Testing request must not be solely for the purpose of vocational or educational assessments.
- Testing request should be considered when other interventions are not successful in providing sufficient information with which to establish a diagnosis or to develop an appropriate plan of treatment or prior treatment has not been clinically effective.
 - Participants should have already had a thorough diagnostic evaluation by a licensed mental health professional.
- Testing for a medical condition (e.g., stroke, brain tumor, epilepsy, anoxia, head injury, etc.) is the responsibility of the Managed Care Organization (MCO) and should be referred to the MCO for authorization when the primary reason for the request is due to a medical diagnosis.

Electroconvulsive Therapy

Electroconvulsive therapy (ECT) is a procedure during which an electric current is passed briefly through the brain, via electrodes applied to the scalp, to induce generalized seizure activity. The participant receiving treatment is placed under general anesthesia and muscle relaxants are given to prevent body spasms. The ECT electrodes can be placed on both sides of the head (bilateral placement) or on one side of the head (unilateral placement).

The number of sessions undertaken during a course of ECT usually ranges from six to 12. ECT is most commonly performed at a schedule of three times per week. Continuation and maintenance ECT are most commonly administered at one- to four-week intervals.

The decision to recommend the use of ECT derives from a risk/benefit analysis for the specific participant. This analysis considers the diagnosis of the participant and the severity of the presenting illness, the participant's treatment history, the necessary speed of action and efficacy of ECT, the medical risks, and anticipated adverse side effects. These factors should be considered against the likely speed of action, efficacy, and medical risks of alternative treatments in making a determination to use ECT.

ECT can be safely administered at multiple levels of care including the outpatient setting. The least restrictive setting possible should be utilized. The medical necessity criteria for the requested setting should be utilized to determine level of care for delivery of the ECT.

The medical necessity determination for ECT should be independent of the determination for the level of care. A medical necessity review should be done for the appropriateness of ECT. A separate medical necessity review should be done for the appropriateness of level of care based on the applicable criteria (e.g. inpatient, outpatient, etc.). ECT should not be given at a higher level of care solely for convenience, due to dispositional factors, transportation issues, or due to provider protocols unless medical necessity is independently established for that level of care.

Psychosocial, Occupational, and Cultural and Linguistic factors may change the risk assessment and should be considered when making level of care decisions. Licensure and credentialing requirements specific to facilities and individual practitioners do apply and are found in our provider manual/credentialing information.

Admission Criteria

- The following criterion is necessary for admission:
 - The participant has been evaluated by a licensed psychiatrist and demonstrates severe symptomatology consistent with a DSM-5 primary diagnosis of major depression, bipolar disorder, mania, schizophrenia, or related psychotic disorder, which requires, and can reasonably be expected to, respond to ECT.
- In addition, one of the following must be present:
 - The participant has the immediate need for a rapid or high probability of response due to the existence of severe unstable medical illness or significant risk to him or herself or other and other somatic treatments would potentially put the participant at significant risk due to the slower onset of action.
 - The participant has failed to respond to at least two adequate trials of pharmacotherapy.
 - The participant is at significant risk of relapse or reoccurrence of a major mental illness that was successfully treated with ECT in the past.

Continuing Stay Criteria

- All of the following criteria are necessary for continuing treatment:
 - Treatment planning is individualized and appropriate to the participant's changing condition with realistic and specific goals and objectives stated. This process should actively involve family, guardian, and/or other natural support systems unless contraindicated.
 - All services and treatment are carefully structured to achieve optimum results in the most time-efficient manner possible consistent with sound clinical practice.
 - Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms but goals of treatment have not yet been achieved; or adjustments in the treatment plan to address lack of progress evident.

Note: These criteria are mandated by the State of Maryland

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- Care is rendered in a clinically appropriate manner and focused on the participant's behavioral and functional outcomes as described in the discharge plan. The provider documents that there is careful monitoring of mood, psychosis, cognitive factors, and physical symptoms between treatments.
- The total number of treatments administered should be a function of both the degree and rate of clinical improvement and the severity of adverse side effects. The typical course of treatment is between six to 12 sessions. In the absence of significant clinical improvement after six to 10 sessions, the indication for continued ECT should be reassessed. Partial response must be evident to extend authorization beyond 10 sessions.
- The participant is actively participating in the plan of care and treatment to the extent possible consistent with his/her condition.
- Unless contraindicated, the family, guardian, and/or natural supports are actively involved in the treatment as the treatment plan requires or there are active efforts being made and documented to involve them.
- A thorough evaluation of the use of any psychopharmacological agents has been completed. This could include the concurrent use of medications or the requirement for discontinuation.
- There is documented active discharge planning from the beginning of treatment.
- There is documented active coordination of care with other behavioral health providers, the PCP, and other services and state agencies. If coordination is not successful, the reasons are documented and efforts to coordinate care continue.

Discharge Criteria

- Any one of the following criteria is sufficient for discharge from this level of care:
 - Treatment plan goals and objectives have been substantially met, and/or a safe, continuing care program can be arranged and deployed.
 - The participant, family, and/or legal guardian are competent but not engaged in treatment or in following program rules and regulations. The lack of engagement is of such a degree that treatment at this level of care becomes ineffective or unsafe, despite multiple, documented attempts to address engagement issues.
 - Consent for treatment is withdrawn and, either it has been determined that involuntary ECT treatment is not a valid legal option.
 - The participant is not making progress toward treatment goals, and there is no reasonable expectation of progress, nor is ECT required to maintain the current level of functioning.
 - The participant's physical or psychiatric condition necessitates discontinuation of ECT.

Exclusions

- One of the following criteria is sufficient for exclusion from this level of care:
 - The participant can be safely maintained and effectively treated with a less intrusive therapy
 - Although there are no absolute medical contraindications to ECT, there are specific conditions that may be associated with substantially increased risk and therefore may exclude a specific participant from this level of care. Such conditions include but are not limited to:
 - Unstable or severe cardiovascular conditions such as recent myocardial infarction, congestive heart failure, and severe valvular cardiac disease
 - Aneurysm or vascular malformation that might be susceptible to rupture with increased blood pressure
 - Increased intracranial pressure, as may occur with some brain tumors or other space-occupying lesions
 - Recent cerebral infarction
 - Pulmonary conditions such as severe chronic obstructive pulmonary disease, asthma, or pneumonia
 - Anesthetic risk rated as American Society of Anesthesiologists level 4 or 5.

Acute Neurobehavioral Unit – Inpatient Mental Health

Acute Inpatient Psychiatric Treatment is defined as 24-hour inpatient level of care that provides highly skilled psychiatric services to participants with severe mental disorders.

When participants have a mental health disorder that requires professional evaluation and treatment, they should be treated in the least intensive setting able to meet their medical needs.

Satisfaction of all admission and continued care criteria must be documented in the clinical record based upon the conditions and factors identified below before treatment will be authorized.

Admission Criteria

- All of the following criteria are necessary for admission:
 - The participant must have a diagnosed or suspected mental disorder/ serious emotional disturbance, with maladaptive behaviors or symptoms relating to that disorder.
 - The participant's symptoms and/or behaviors can be expected to improve significantly through medically necessary treatment. Symptoms and/or behaviors that are not improving or likely to improve are considered habilitative and do not meet admission criteria.
 - The evaluation and assignment of the mental disorder/serious emotional disturbance must take place by a face to face evaluation of the participant and performed by an attending physician prior to, or within 24 hours following an admission.
 - Presence of a mental disorder/serious emotional disturbance must be documented through the assignment of DSM-5 codes.

Continuing Stay Criteria

- The individual treatment plan should include documentation of diagnosis (DSM-5), documentation of ongoing caregiver behavioral plan training, discharge planning, individualized goals of treatment and treatment modalities needed and provided on a 24 hour basis. There should be daily progress notes documenting the provider's treatment and the participant's response to treatment.
- All of criteria A, B, and C must be met. Evidence must also exist for meeting at least one of criteria D-F:
 - A. The participant continues to meet admission criteria despite treatment efforts.
 - B. There is clinical evidence of symptom improvement or behavior reduction using the service. If there has been no improvement, the treatment plan has been reviewed and/or a second opinion of the treatment plan has been obtained. Lack of evidence of improvement or behavior reduction is grounds for reconsideration of admission and reassessment of habilitative nature of symptomatology.
 - C. There is documented evidence that disposition planning, including plans to train after-care providers (home, school etc.) on behavioral strategies and interventions, is begun from the time of admission and continues throughout the hospitalization.
 - D. The targeted outcome of 75 percent reduction in seriously unsafe behaviors has not yet been reached.
 - E. The physician documents in daily progress notes that there is a severe reaction to medication or need for further monitoring and adjustment of dosage in an inpatient setting.
 - F. The emergence of additional problems or behaviors which are consistent with the admission criteria and to the degree that would necessitate continued hospitalization.

Discharge Criteria

- Any of the following criteria are sufficient for discharge from this level of care:
 - Reduction of targeted behaviors (those which led to hospitalization) by 75 percent.
 - Extended lack of evidence of improvement or behavior reduction despite multiple re-evaluations of treatment plan and second opinions. Per admission criterion, needs to be re-assessed to determine if symptomatology is habilitative in nature.
 - Identification of a safe, continuing care program which can be arranged and deployed at a lower level of care. Follow-up aftercare should continue to further develop and implement behavioral treatment plans developed on the neurobehavioral unit. Development of such a treatment plan and basic training of primary caretakers is sufficient for discharge.

- The participant no longer meets admission criteria or meets criteria for a less intensive level of care.
- The participant, family, legal guardian, and/or custodian are competent but non-participatory in treatment or in following program rules and regulations; the non-participation is of such a degree that treatment at this level of care is rendered ineffective or unsafe, despite multiple, documented attempts to address non-participation issues.

Service Delivery

- In addition to the Admission and Discharge Criteria, Criterion A below must be met, and one of B-D must also be met:
 - A. PBHS specialty mental health DSM-5 diagnosis.
 - B. The participant's behaviors make direct and significant harm to him or herself, or there is a clear and reasonable inference of serious harm to him or herself, requiring intervention and observation on a 24-hour basis. This behavior must require intensive psychiatric and nursing treatment interventions on a 24-hour basis.
 - C. The participant demonstrates violent, unpredictable or uncontrolled behavior which represents potential serious harm to others. This behavior must require intensive psychiatric and nursing treatment interventions on a 24-hour basis.
 - D. The participant demonstrates severe psychiatric symptoms which cannot be safely treated in an outpatient setting or which are not able to be successfully treated in a lower level of care due to their severity. This care must require a participant plan of active psychiatric treatment which includes 24-hour need for, and access to, the full spectrum of psychiatric staffing and services.

Intensive Behavioral Health Services For Child, Youth, And Families 1915(i)

The term “1915(i)” refers to the 1915(i) intensive behavioral health services for children, youth, and families program described in COMAR 10.09.89, building upon the prior 1915(c) RTC waiver that allowed states to provide home and community-based care to participant’s that would otherwise be institutionalized.

Included in the 1915(i) program are an array of diagnostic and therapeutic mental health services, including 24-hour availability of mental health and/or crisis services, which are provided to the child or adolescent and family using a wraparound approach that includes intensive care coordination with an individualized plan of care. Specialized services not otherwise available through the Medicaid program include mobile crisis stabilization, respite services, intensive in home services, expressive and experiential behavioral services, and family and peer support services. (Please see COMAR 10.09.89.09-14).

When participants have a mental health disorder that require professional evaluation and treatment, they should be treated in the least intensive, least restrictive setting available that is most appropriate and able to meet their medical needs. Satisfaction of all admission and continued care criteria must be documented in the clinical record based upon the conditions and factors identified below before treatment will be authorized.

Admission Criteria

- Medical necessity for admission to the 1915(i) services must be documented by the presence of all the criteria given below in eligibility, as well as meeting the medical necessity criteria defined for intensive care coordination (defined in COMAR 10.09.90).
 - For a participant to be considered meeting the medical necessity criteria for 1915(i) services documentation must be provided to demonstrate meeting the following conditions:
 - Has a behavioral health disorder amenable to active clinical treatment resulting from a face to face psychiatric evaluation;
 - Has a serious emotional disorder and continues to meet the service intensity needs and medical necessity criteria for the duration of their enrollment;
 - Has been assessed by a licensed mental health professional that finds a significant impairment in functioning representing potential serious harm to self or others, across settings;
 - Scores 4 or 5 on the ECSII (Early Childhood Services Intensity Instrument); or 5 or 6 on the CASII (Child and Adolescent Service Intensity Instrument).
- Participant with a score of 5 on the CASII shall also meet one of the following criteria to be eligible:
 - Transitioning from an RTC;
 - Living in the community:
 - Be at least age 13 and older and have:
 - Three or more inpatient psychiatric hospitalizations in the past 12 months
 - Been in an RTC within the past 90 calendar days
 - Be age 6-12 years old and have:
 - Two or more inpatient psychiatric hospitalizations in the past 12 months
 - Been in an RTC within the past 90 calendar days
- Participants who are younger than six years of age who have a score of 4 on the ECSII shall either:
 - Be referred directly from an inpatient hospital
 - If living in the community, have two or more hospitalizations in the past 12 months.

Participant Eligibility

- For a participant to be eligible for 1915(i) services, the participant shall meet all of the following:
 - The participant shall be younger than 18 years old at the time of enrollment.
 - The participant shall reside in a home and community-based setting that is:
 - Located in the 1915(i) service area
 - Not any of the following excluded settings:
 - Therapeutic group home
 - Psychiatric respite care facility located on the grounds of an IMD for the purpose of placement.
 - Residential program for adults with serious mental illness

- Group residential facility licensed through other agencies (MSDE, DSS, DDA, etc.)
- The family or medical guardian of the participant shall give consent to participate in the 1915(i), with consent given by participant upon reaching age 18.
- The participant shall:
 - Have a face-to-face psychiatric evaluation completed or updated within 30 days of submission of the enrollment application that:
 - Assigns a DSM-5 behavioral health diagnosis
 - Determines the participant to be amenable to active clinical treatment
 - Is conducted by a provider not associated with the CCO by which the participant may eventually be served; and
 - Meets the medical necessity criteria for Intensive Level care coordination
- The accessibility or intensity of currently available community supports and services are inadequate to meet the participant’s needs due to the severity of the impairment without the provision of one or more of the services contained in the 1915(i) benefit.
- The participant may not be served in a health home while enrolled in the 1915(i)
- Eligible for Medicaid
 - Categorically needy – eligible for Medicaid or MCHIP and family income <150 percent federal poverty line
 - Optional categorically needy if receiving services through an existing 1915(c) HCBS waiver program.

Termination of Participant Enrollment

- A participant shall be disenrolled from the 1915(i), as of the date established by the Department, if the participant:
 - No longer meets all of the criterion for 1915(i)
 - Voluntarily chooses to dis-enroll from the benefit, if the participant is 18 years old, or the participant’s family or medical guardian chooses to do so on behalf of a participant who is younger than 18 years old or in the custody of the State, or both
 - Is hospitalized for longer than 30 days
 - Moves out of the service area and cannot reasonably access services and supports
 - Is admitted to and placed in an RTC for longer than 60 days
 - Is admitted to and placed in a therapeutic group home
 - Is placed in a psychiatric respite care program located on the grounds of an IMD primarily for the purpose of placement
 - Loses eligibility for Maryland Medicaid
 - Turns 22 years old
 - Is detained, committed to a juvenile justice or correctional facility, or incarcerated for longer than 60 days
 - Does not meet medical re-certification criterion criteria;
 - Does not participate in a child and family team (CFT) meeting within 90 days
 - Is no longer actively engaged in ongoing behavioral health treatment with a licensed mental health professional
 - Is placed in a group residential facility licensed through an outside agency (MSDE, DSS, DDA, etc.).
 - A participant who is not receiving 1915(i) services continuously after reaching age 18 is ineligible to enroll in the program at a later date.
 - Is no longer actively engaged in ongoing behavioral health treatment with a licensed mental health professional
 - Is placed in a group residential facility licensed through an outside agency (MSDE, DSS, DDA, etc.).
 - A participant who is not receiving 1915(i) services continuously after reaching age 18 is ineligible to enroll in the program at a later date.

Repetitive Transcranial Magnetic Stimulation

Repetitive Transcranial Magnetic Stimulation (rTMS) is a noninvasive method of brain stimulation. In rTMS, an electromagnetic coil is positioned against the individual's scalp near his or her forehead. A Magnetic Resonance Imaging (MRI)-strength, pulsed, magnetic fields then induce an electric current in a localized region of the cerebral cortex, which induces a focal current in the brain and temporary modulation of cerebral cortical function. Capacitor discharge provides electrical current in alternating on/off pulses. Depending on stimulation parameters, repetitive TMS to specific cortical regions can either decrease or increase the excitability of the targeted structures. rTMS does not induce seizures or involve complete sedation with anesthesia in contrast to the Electroconvulsive Therapy (ECT). The Food and Drug Administration (FDA) approval for this treatment modality was sought for patients with treatment resistant depression. Additionally, the population for which efficacy has been shown in the literature is that with treatment resistant depression. Generally speaking, in accordance with the literature, individuals would be considered to have treatment resistant depression if their current episode of depression was not responsive to two trials of medication in different classes for adequate duration and with treatment adherence. rTMS is usually administered four to six times per week and for six weeks or less. It is typically performed in an outpatient office. rTMS is not considered proven for maintenance treatment. The decision to recommend the use of rTMS derives from a risk/benefit analysis for the specific member. This analysis considers the diagnosis of the member and the severity of the presenting illness, the member's treatment history, any potential risks, anticipated adverse side effects and the expected efficacy. Licensure and credentialing requirements specific to facilities and individual practitioners do apply and are found in our provider manual/credentialing information.

Admission Criteria

- All of the following criteria must be met:
 - The member must be at least 18 years of age.
 - The individual demonstrates behavioral symptoms consistent with unipolar Major Depression Disorder (MDD), severe degree without psychotic features, either single episode, or recurrent, as described in the most current version of the DSM, or corresponding ICD, and must carry this diagnosis.
 - Depression is severe as defined and documented by a validated, self-administered, evidence-based monitoring tool (i.e. Inventory of Depressive Symptomatology Self-Report, Quick Inventory of Depressive Symptomatology (QID), Patient Health Questionnaire (PHQ-9), Hamilton Depression Rating Scale (HAM-D) or Beck Depression Scale (BDI), etc.).
 - The diagnosis of MDD cannot be made in the context of current or past history of manic, mixed or hypomanic episode.
 - The member has no active (within the past year) substance use or eating disorders.
 - The member must exhibit treatment-resistant depression in the current treatment episode with all of the following:
 - Lack of clinically significant response (less than 50% of depressive symptoms);
 - Documented symptoms on a valid, evidence-based monitoring tool;
 - Medication adherence; and
 - Lack of response to at least 2 psychopharmacologic trials in the current episode of treatment at the minimum dose and from 2 different medication classes.
 - rTMS is administered by a US Food and Drug Administration (FDA) cleared device for the treatment of MDD in a safe and effective manner according to the manufacturer's user manual and specified stimulation parameters.
 - The order for treatment is written by a physician who has examined the Member and reviewed the record, has experience in administering rTMS therapy and directly supervises the procedure (on site and immediately available).
- The following criteria may apply:
 - History of response to TMS in a previous depressive episode as evidenced by a greater than 50% response in standard rating scale for depression (e.g., Geriatric Depression Scale (GDS), Personal Health Questionnaire Depression Scale (PHQ-9), Beck Depression Scale (BDI), Hamilton Rating Scale for Depression (HAM-D), Montgomery Asberg Depression Rating Scale (MADRS), Quick Inventory of Depressive Symptomatology (QIDS), or the Inventory for Depressive Symptomatology Systems Review (IDS-SR).

Continuing Stay Criteria

- All of the following criteria must be met:
 - The member continues to meet admission criteria;
 - An alternative treatment would not be more appropriate to address the members ongoing symptoms;
 - The member is in agreement to continue rTMS treatment and has been adherent with treatment plan;
 - Treatment is still necessary to reduce symptoms and improve functioning;

Note: These criteria are mandated by the State of Maryland

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- There is evidence of objective progress in relation to specific symptoms, or treatment plan has been modified to address a lack of progress;
- Treatment is to continue within the authorization period only when continued significant clinical benefit is achieved (evidenced by scales referenced throughout this document) and treatment outweighs any adverse effects;
- There is documented coordination with family and community supports as appropriate; and
- Medication assessment has been completed when appropriate and medication trials have been initiated or ruled out.

Discharge Criteria

- Any one of the following criteria:
 - The member has achieved adequate stabilization of the depressive symptoms;
 - Member withdraws consent for treatment;
 - The member no longer meets authorization criteria and/or meets criteria for another level of care, either more or less intensive;
 - The member is not making progress toward treatment goals, as demonstrated by the absence of any documented meaningful (i.e., durable and generalized) measurable improvement (e.g. validated rating scale and behavioral description) and there is no reasonable expectation of progress; or
 - The member experiences a worsening of depressive symptoms such as increased suicidal thoughts/behaviors or unusual behaviors.

Exclusion Criteria

- The member must not meet any of the exclusionary criteria below.
- Any of the following criteria are sufficient for exclusion from this level of care:
 - The member has medical conditions or impairments that would prevent beneficial utilization of services;
 - The member requires the 24-hour medical/nursing monitoring or procedures provided in a hospital setting;
 - The safety and effectiveness of rTMS has not been established in the following member populations or clinical conditions through a controlled clinical trial, therefore the following are exclusion criteria;
 - Members who have a suicide plan or have recently attempted suicide;
 - Members who do not meet current DSM criteria for major depressive disorder;
 - Members younger than 18 years of age or older than 70 years of age;
 - Members with recent history of active of substance abuse, obsessive compulsive disorder or post-traumatic stress disorder;
 - Members with a psychotic disorder, including schizoaffective disorder, bipolar disease, or major depression with psychotic features;
 - Members with neurological conditions that include epilepsy, cerebrovascular disease, dementia, Parkinson's disease, multiple sclerosis, increased intracranial pressure, having a history of repetitive or severe head trauma, or with primary or secondary tumors in the CNS;
 - The presence of vagus nerve stimulator leads in the carotid sheath;
 - The presence of metal or conductive device in their head or body that is contraindicated with rTMS. For example, metals that are within 30cm of the magnetic coil and include, but are not limited to, cochlear implant, metal aneurysm coil or clips, bullet fragments, pacemakers, ocular implants, facial tattoos with metallic ink, implanted cardioverter defibrillator, metal plates, vagus nerve stimulator, deep brain stimulation devices and stents;
 - Members with vagus nerve stimulators or implants controlled by physiologic signals, including pacemakers, and implantable cardioverter defibrillators;
 - rTMS is not indicated for maintenance treatment There is insufficient evidence to support the efficacy of maintenance therapy with rTMS; or
 - rTMS for maintenance treatment of major depressive disorder is experimental / investigational due to the lack of demonstrated efficacy in the published peer reviewed literature.

Medical Necessity Criteria For ASAM Level 4.0 Medically Monitored Intensive Inpatient Services

Please apply The ASAM Criteria.

References

Maryland Behavioral Health Administration. (2023). Retrieved at: <https://health.maryland.gov/bha/Pages/Index.aspx>

Revision History

Date	Summary of Changes
01/01/2020	Annual Review
01/01/2021	Annual Review
06/2023	New document template; no changes to content

Appendix: Therapeutic Leave Of Absence Documentation

Therapeutic Leave Of Absence Documentation

- The criteria below for therapeutic leave of absence (TLOA) are a more detailed elaboration of the above definition for the purposes of establishing medical necessity for these health care services.

Definition

- TLOA is any leave from a facility which is ordered by a physician, medically necessary, and not supervised by staff. A leave for medical reasons, e.g., consultations, evaluations, office visits, and treatments, is excluded from this definition.

Documentation Guidelines

- To ensure that a TLOA is recognized as meeting the above definition, the medical record must contain the following information:
 - A physician must order each TLOA, identify it as a TLOA, and specify the number of leave hours approved.
 - Therapeutic rationale must be included in the ITP's, and/or physician progress notes, and/or social worker notes.
 - The nurse, physician, or social worker must document the outcome of the TLOA in the medical record.

Medical Necessity

- While these guidelines address the documentation of TLOA, the medical necessity of each leave of absence continues to be determined by the application of the psychiatric hospitalization criteria. TLOAs are not reimbursed by the PBHS.