BHI UTILIZATION MANAGEMENT CRITERIA

ACUTE-INPATIENT HOSPITALIZATION

I. DEFINITION OF SERVICES:
A 24-hour secure and protected, medically staffed, psychiatrically supervised treatment environment, designed specifically for those patients who, as a result of a psychiatric disorder, are an acute and significant danger to themselves or others, or who are acutely and significantly disabled and/cannot meet their basic needs and role functions.

II. ADMISSION CRITERIA: (Must meet all the criteria below)

A. Presence of Medicaid Capitation covered DSM-IV diagnosis and ICD-9-CM diagnoses which is the cause of functional and psychosocial impairment significant enough to require 24-hour supervised and intensive care in an acute inpatient setting.

B. Clinical assessment which demonstrates that less restrictive services are not adequate due to a combination of consumer's level of functioning and the level available community/family resources (i.e., less restrictive services have been attempted or considered and ruled out as either unsafe or unsuccessful).

C. As a result of the consumer's clinical situation, presence of at least one of the following:
   1. Loss of ability to perform activities of daily living resulting in an immediate potential for serious harm.
   2. Danger to self or others.
   3. Diagnostic evaluation or treatment procedures which are inaccessible or unsafe without the intensive observation available in an acute inpatient setting.
   4. Despite active psychiatric treatment, the persistence of the problems which precipitated the admission, and necessitates ongoing care in an acute inpatient setting or the emergence of additional problems which necessitate treatment in an acute inpatient setting consistent with the admission criteria.

III. CONTINUED STAY CRITERIA:

A. Continued functional and psychosocial impairment, (either due to the original impairment or new impairment related to Medicaid Capitation covered DSM-IV diagnosis) significant enough to require 24-hour supervised care in a inpatient setting.

B. An expectation of improvement through the provision of such services.

C. Documentation of active psychiatric treatment, including:
   1. An initial treatment plan which includes an entire DSM-IV multi axial diagnosis, discharge criteria and plan, specific and individualized treatment goals, and proposed treatment modalities.

2. Adequate and timely implementation of treatment modalities, including a psychiatric evaluation and a physical examination within 24-hours after admission.
3. Daily progress notes documenting the treatment provided and the consumer's response to that treatment.
4. The consumer and family, to the extent possible, are involved in treatment and discharge planning. For children and adolescents, documentation of assertive efforts to engage family or caretakers at least 2 times per week is present unless specifically contraindicated.

IV. DISCHARGE CRITERIA:

A. No longer meets admission criteria or meets criteria for a less intensive level of care.

B. Plan for continuation of services at a lower level of care has been developed.

V. FREQUENCY OF REVIEW:

A. Daily for private hospitals. Daily for children, adolescents, 18-20 year olds and geriatrics in CMHI. No less than every three days for adults 21-64 in CMHI.

COMMUNITY-BASED ACUTE TREATMENT

I. DEFINITION OF SERVICES:
A 24-hour psychiatric treatment program that provides supervision in a safe environment that is medically staffed or has medical consultation available. These services are designed for residents with serious mental disorders who require coordinated, intensive, comprehensive psychiatric treatment.

II. CRITERIA FOR ADMISSION: (Must meet all the criteria below)
- A. Presence of Medicaid Capitation covered DSM-IV diagnosis which is the cause of functional and psychosocial impairment significant enough to require 24-hour supervised and intensive care in a non-secured community setting, without the need of seclusion, restraint or the other more restrictive precautions of an inpatient setting.
- B. Clinical assessment which demonstrates that less restrictive services are not adequate due to a combination of consumer's level of functioning and the level available community/family resources (i.e., less restrictive services have been attempted or considered and ruled out as either unsafe or unsuccessful).
- C. As a result of the consumer's clinical situation, presence of at least one of the following:
  1. Significant current risk of more restrictive care (e.g., inpatient hospitalization).
  2. Significant risk of harm to self or others.
  3. Risk of deterioration of functioning in the absence of Community-based Acute Treatment that would lead to either of the above factors.
- D. Ability to reliably comply with the rules of the program.

III. CONTINUED STAY CRITERIA:
- A. Continued functional and psychosocial impairment, (either due to the original Admission impairment or new impairment die to Medicaid Capitation covered DSM-IV diagnosis) significant enough to require 24-hour supervised care in a community setting.
- B. An expectation of improvement through the provision of such services.
- C. As a result of the consumer's clinical situation, continued presence of at least one of the following:
  1. Significant current risk of more restrictive care (e.g., inpatient hospitalization).
  2. Significant risk of harm to self or others.
  3. Risk of deterioration of functioning in the absence of Community based Acute Treatment that would lead to either of the above factors.
- D. Consumer and family, to the extent possible and indicated, are involved in treatment and discharge planning
- E. Inability of the consumer to be safely treated at a less intensive level of care. There must be a specific goal in the treatment plan which addresses discharge criteria and a plan for achieving these.

F. Clinical assessment of inability of the consumer to be safely treated at a less intensive level of care.

IV. DISCHARGE CRITERIA:

A. No longer meets admission criteria or meets criteria for a more or less intensive level of care.

B. Plan for continuation of services at a lower or higher level of care has been implemented.

C. Resident is non-compliant with treatment plan, program rules and/or procedures.

V. FREQUENCY OF REVIEW:

A. Every three days

ACUTE PARTIAL HOSPITIALIZATION

I. DEFINITION OF SERVICES:

Acute partial hospitalization is relatively short-term treatment modality (1-6 weeks) designed to provide acute stabilization of a psychiatric crisis outside an inpatient setting. This modality may be used as an alternative to inpatient hospitalization or as a "step down" from an inpatient stay. Program length is typically from 4-12 hours per day and may be appropriate for 7 day per week attendance. Program components include individual, group, and family therapies, medication stabilization and monitoring, case management, and the participation in a therapeutic milieu. The therapeutic milieu has a strong focus on providing safety and emphasizes active involvement of the family to provide support and structure while the consumer is not on- site. For children and adolescents, acute partial hospitalization has a strong educational component, coordinating educational issues with the home school district.

SPECIFICATION:
Partial Hospitalization - Partial day, up to four hours
Partial Hospitalization - Full day, more than four hours

II. ADMISSION CRITERIA: (Must meet all of the criteria below)

A. Presence of Medicaid Capitation covered DSM-IV diagnosis which is the cause of significant psychological, vocational/educational, social or life skills impairment, as in, but not limited to the following examples:
   1. Inability to care for own physical needs in an age appropriate manner;
   2. Impairment of judgment, thought disorganization, impulse control, cognitive abilities, or affect modulation;
   3. Problems functioning at work and/or school;
   4. Impaired interpersonal, familial and/or other inappropriate social functioning;
   5. Inability to establish, maintain or successfully access an adequate social support system;
   6. Requires assistance in basic living skills.

B. Clinical assessment which demonstrates that less intensive services are not adequate due to a combination of consumer's level of functioning and the level of available community/family resource (i.e., less restrictive services have been attempted or considered and ruled out), as demonstrated by one of the following:
   1. For consumers with persistent or recurrent disorders, less intensive treatment was not sufficient (in either the current situation or similar past situations) to stabilize the disorder, support effective rehabilitation or prevent deterioration requiring a more intensive level of care.

2. For consumers with an acute disorder or those transitioning from a more intensive level of care, there is a clinical assessment that less intensive treatment will not be sufficient to stabilize the disorder, support effective rehabilitation or prevent deterioration requiring a more intensive level of care.

C. As a result of the consumer's clinical situation, presence of at least one of the following:

1. Significant current risk of more restrictive cares (e.g., inpatient, residential or acute partial hospitalization treatment).
2. Risk of harm to self or others.
3. Significant and immediate risk to school, employment or other life role functioning.
4. Need to have an intensive evaluation of consumer's functioning (e.g., cognition, school functioning, social interactions, and compliance with authority) in a structured setting (e.g., independent of the family, in the presence of enhanced supported).
5. Need for medication stabilization and monitoring where routine outpatient visits would be inadequate.
6. Risk of deterioration of functioning in the absence of intensive outpatient services that would lead to either of the above factors.

D. Clinical assessment that the consumer will be safe in an intensive clinical environment for part of the day in addition to one of the below:

1. The consumer will be in an adequate environment for the part of the day not in the intensive outpatient setting; or
2. The consumer is deemed capable or seeking additional assistance (either independently or with the assistance of a caregiver) when not in the partial hospital setting.

E. Ability to reliably comply with the rules of the program.

F. Ability to reliably comply with the program goals goals.

III. CONTINUED STAY CRITERIA:

A. Clinical assessment of the persistence of the problems which necessitated treatment or the emergence of additional problems consistent with admission criteria.

B. Progress notes document both treatment and the consumer's response to treatment. There must be specific documentation in the treatment plan which addresses discharge planning and coordination with appropriate service agencies (e.g., school district, DSS, etc.).

C. Consumer and family are involved in treatment and discharge planning to the extent possible and indicated. Documentation in clinical record of family or caretakers' involvement at least two times per week is present, unless specifically contraindicated.

D. The consumer continues to require the integrated activities of the multidisciplinary team at a level of intensity of at least 12 hours per week in a milieu setting.

IV. DISCHARGE CRITERIA:

A. No longer meets admission criteria or meets criteria for more or less intensive level of care.

B. Plan for continuation of services at a lower or higher level of care has been implemented.

C. Consumer is unwilling to comply with program expectations and requirements.

B. Consumer is not making progress toward treatment plan goals.

V. FREQUENCY OF REVIEW

A. Daily

RESIDENTIAL TREATMENT FOR ADULTS

I. DEFINITION OF SERVICES:

BHI residential services include a continuum of structured, supervised residential care which includes room and board and varying levels of clinical services. Program components include individual, group, and family therapies, medication stabilization and monitoring, case management, and the participation in a therapeutic milieu. These services are available to residents either on-site at the residential placement or through outpatient treatment sites. Facilities are staffed by full time employees who provide coverage on a variable basis, up to 24-hours per day. Length of stay varies by program and individual need.

II. ADMISSION CRITERIA: (Must meet all the criteria below):

A) Presence of Medicaid Capitation covered DSM-IV diagnosis and ICD-9-CM diagnoses which is the cause of functional and psychosocial impairment significant enough to prevent the consumer from living independently in the community.

B) Clinical assessment which demonstrates that less restrictive services are not appropriate due to a combination of consumer's level of functioning and the level or adequacy of available community/family resources (i.e., less restrictive services have been attempted or considered and ruled out as either unsafe or unsuccessful).

C) As a result of the consumer's clinical condition, presence of one of the following:

i) Impairment in the performance of daily activities to the degree that supervised care in a residential facility is required

ii) Emerging risk of harm to self or others, manageable within residential setting and not requiring higher level of care.

iii) Risk of deterioration of functioning in the absence of Residential Treatment that would lead to requiring a higher level of care.

D) No presence of a major medical need requiring intensive medical and/or nursing care.

E) Ability and willingness to comply with the rules of the program with an expectation for safety of self and others while in the program

III. CONTINUED STAY CRITERIA: (Must meet all the criteria below):

A) Clinical assessment of the persistence of the problems which necessitated treatment or the emergence of additional problems consistent with admission criteria.

B) Presence of a specific goal in the treatment plan that addresses discharge criteria and a plan for achieving these

IV. DISCHARGE CRITERIA:

A) No longer meets admission criteria or meets criteria for a more or less intensive level of care.
B) Resident is non-complaint with treatment plan, program rules and /or procedures.

V. FREQUENCY OF REVIEW:

A. No less frequent than every 30 days

RESIDENTIAL TREATMENT FOR CHILDREN and ADOLESCENTS

Definition: Psychiatric Residential Treatment Facilities (PRTF) and Therapeutic Residential Child Care Facilities (TRCCF) are facilities licensed by State Child Welfare as a Residential Care Facility (RCCF) and certified as a Residential Treatment Center by State Medicaid. PRTF's and TRCCF's provide 24-hour care in a group milieu environment providing intensive individual, group and family interventions out side of the home setting. Residential Treatment is appropriate for the rapid stabilization of acute issues, followed by the resumption of community based treatments for persistent individual and family therapeutic issues. The active involvement of biological or adoptive families wherever possible and appropriate is a fundamental necessary component of successful residential treatment for children and adolescents.

A. **Initial Authorization Criteria** (Must meet all of the criteria below)

1. Presence of covered DSM-IV diagnosis that is the cause of functional impairment significant enough to require 24-hour supervised residential care in a community setting.
2. PRTF and TRCCF placement is medically necessary – that is, a less intensive, less restrictive clinical environment is not adequate for the mental health needs of the child. The rationale for why lower levels of care would be inadequate must be specifically documented and clinically justified.
3. An expectation of improvement through the provision of such services.
4. Placement in a PRTF or a TRCCF is clinically appropriate for the mental health and developmental needs of the child.
5. Parent/guardian consents to placement and agrees to participate in treatment, as determined to be clinically necessary.

B. **Continued Stay Authorization Criteria** (Must meet all of the criteria below)

1. Continued functional impairment (either due to the original admission impairment or new impairment due to a covered DSM-IV diagnosis) significant enough to require 24-hour supervised care in a community setting.
2. An expectation of improvement through the provision of such services.
3. Progress in relation to specific symptoms or impairments is evident and can be described in objective terms, but goals of treatment have not yet been achieved. Alternatively, adjustments in the treatment plan to address lack of progress are evident.
4. Unless contraindicated, family, guardians, and/or custodians are actively involved along with the child in the treatment. This involvement must be included in the treatment plan, with specific goals included for the family that relate to the overall goals for the child. There is documentation in the clinical record of family or caretakers' substantive involvement in the treatment process at least one time per week, or documentation of the contraindications for this involvement.
5. There must be a specific goal in the treatment plan that addresses discharge criteria and a plan for achieving these.
6. Lack of placement following discharge cannot be a reason for continued stay at the PRTF or TRCCF level of care.

7. Continued intensive, residential treatment-level services are being continuously provided. These services include, but are not limited to appropriate staffing patterns 24/7; active and intensive therapeutic services to the child, parents and family; continued revision/refinement of diagnostic formulation and treatment plan; ongoing liaison with the BHO, Center, and all other relevant agencies involved in the placement of the child.
8. Residential care must be supported by the need for intensive treatment in order to be authorized. Examples of a lack of support for this level of care include using a PRTF or TRCCF as a "holding environment" in lieu of an alternative clinically adequate out-of-home placement such as foster care; for "time out" or respite; and while disposition is sought after medical necessity criteria have been resolved.

C. **Criteria For Termination of Authorization** (Any one of the following criteria are sufficient for termination of authorization from this level of care.)

1. Child or adolescent no longer meets criteria for continued stay.
2. Impairment due to the mental health diagnosis has decreased to a level that no longer requires 24-hour supervised residential care.
3. An appropriate, less restrictive treatment setting is available.
4. Treatment goals have been achieved, or significant progress has been made toward their achievement such that additional work on these goals can be continued in a less restrictive level of care.
5. Discharge criteria, as identified in the treatment plan, have been met.
6. An aftercare plan, agreed upon by the parent/guardian and follow-up treatment provider, has been developed and can be implemented immediately following discharge from residential treatment.

D. **Exclusion Criteria** (Any of the following criteria are sufficient for exclusion from this level of care)

1. The child/adolescent exhibits severe, imminent suicidal or homicidal ideation, or acute mood symptoms/thought disorder, which require inpatient psychiatric hospitalization History of or recent psychiatric hospitalization does not, in the absence of other exclusionary criteria, preclude admission to residential treatment.
2. Parent/guardian does not voluntarily consent to admission or treatment. The child/adolescent can be safely maintained and effectively treated at a less intensive level of care.
3. The child/adolescent has medical conditions or impairments that would prevent beneficial utilization of services.
4. The primary problem is social, economic (i.e. housing, family, conflict, etc.), or one of physical health without a concurrent major psychiatric episode meeting criteria for this level of care, or admission is being used as an alternative to incarceration.
5. Evidence that the need for residential treatment is the result of developmental disabilities (Mental Retardation, Pervasive Developmental Disorders, and other developmental disorders; Traumatic Brain Injuries; genetically-based and neurologically-based Organic Brain Syndromes), substance abuse, or the need for treatment of sexual offenses.

DAY TREATMENT

I. DEFINITION OF SERVICES

Day treatment is a modality designed to provide treatment in a structured therapeutic environment for a relatively longer period of time (usually 6 weeks or longer). Program length varies, but must include programming 2-8 hours per day, 3-5 days per week. The program focuses on providing a structured milieu with strong family involvement and support. Day treatment has a strong educational component for school-aged children and adolescents, coordinating care with home school district. Program components include individual, group, and family therapies, medication management, case management, and existence of a therapeutic milieu. Activities focus on social skill building, safety, anger management, etc.

SPECIFICATION

Partial Care - Short Day, up to four hours

Partial Care Sustaining - Long Day, more than four hours

II. ADMISSION CRITERIA: (Must meet all of the criteria below)

A. Presence of Medicaid Capitation covered DSM-IV diagnosis which is the cause of significant psychological, vocational/educational, social or life skills impairment, as in, but not limited to the following examples:
   1. Impairment of judgment, thought disorganization, impulse control, cognitive abilities, or affect modulation;
   2. Inability to function in a school or work setting
   3. Impaired interpersonal, familial and/or other inappropriate social functioning;
   4. Inability to establish, maintain or successfully access an adequate social support system;
   5. Requires assistance in basic living skills.

B. Clinical assessment which demonstrates that less intensive services are not adequate due to a combination of consumer's level of functioning and the level available community/family resources (i.e., less restrictive services have been attempted or considered and ruled out), as demonstrated by one of the following:
   1. For consumers with persistent or recurrent disorders, less intensive treatment was not sufficient (in either the current situation or similar past situations) to stabilize the disorder, support effective rehabilitation or prevent deterioration requiring a more intensive level of care.

For consumers with an acute disorder or those transitioning from a more intensive level of care, there is a clinical assessment that outpatient treatment will not be sufficient to stabilize the disorder, support effective rehabilitation or prevent deterioration requiring a more intensive level of care.

C. As a result of the consumer's clinical situation, presence of at least one of the following:
   1. Significant current risk of more restrictive care (e.g., inpatient, residential or acute partial hospitalization treatment).
   2. Emerging risk of harm to self or others.
   3. Significant and immediate risk to school, employment or other life role functioning.
   4. Risk of deterioration of functioning in the absence of day treatment that would lead to any of the above factors.

D. Clinical assessment that the consumer will be safe in an intensive clinical environment for part of the day in addition to one of the below:
   1. The consumer will be in an adequate environment during the part of the day not in the partial setting; or
   2. The consumer is deemed capable or seeking additional assistance (either independently or with the assistance of a caregiver) when not in the day treatment setting.

E. Ability to reliably comply with the program rules.

III. CONTINUED STAY CRITERIA:

A. Clinical assessment of the persistence of the problems which necessitated treatment or the emergence of additional problems consistent with admission criteria.

B. Progress notes should document both treatment and the consumer's response to treatment.

C. Consumer and family, to the extent possible and indicated, are involved in treatment and discharge planning. There is documentation of family or caretakers' involvement at least weekly, unless specifically contraindicated.

IV. DISCHARGE CRITERIA:

A. No longer meets admission criteria or meets criteria for more or less intensive level of care.

B. Plan for continuation of services at a lower or higher level of care has been identified.

C. Consumer is unwilling to comply with program expectations and requirements.

D. Consumer is not making progress toward treatment plan goals.

V. FREQUENCY OF REVIEW

A. Monthly

OUTPATIENT SERVICES

I. DEFINITIONS OF SERVICES

Outpatient Services are generally rendered by the mental health center or an Independent Network Provider in an office or home environment though may also be rendered in a school or vocational setting. The focus of treatment is highly variable and depends upon the consumer's diagnosis and presenting symptoms. Outpatient Services included individual, family, group, respite, case management, medication management, and other alternative treatment modalities which contribute to problem solutions, symptom resolution, stabilization or prevention of movement to a higher level of care.

II. ADMISSION CRITERIA:

A. Presence of Medicaid Capitation covered DSM-IV diagnosis.

B. A description of psychiatric symptoms and/or functional impairment consistent with DSM-IV diagnosis.

C. At least mild symptomatic distress or functional impairment due to psychiatric symptoms on either vocational/educational or social/familial settings, evidence by a specific clinical description of the symptoms or impairment.

D. A treatment plan consistent with the above described symptoms and/or functional impairment that includes each of the following:

1. Therapeutic goals specified in measurable terms.
2. Specific interim goals and/or criteria for the end of treatment sufficient to determine that treatment is progressing and when treatment is no longer needed.
3. The methods of treatment to be provided, including treatment modality (e.g., individual, group, family, medication management), treatment frequency and estimate of treatment duration.

III. CONTINUED STAY CRITERIA

A. Presence of Medicaid Capitation covered DSM-IV diagnosis.

B. A description of psychiatric symptoms ad/or functional impairment consistent with DSM-IV diagnosis.

C. Clinical assessment of one of the following:

1. Persistence of the problems which necessitated or emergence of additional problems consistent with the initial treatment.
2. Interim goals have been met or sufficient progress has been made toward these goals, but criteria for ending current episode of treatment have not been met.
3. The consumer has a persistent DSM-IV disorder for which maintenance treatment is required to maintain optimal symptom relief and/or functioning.

D. An update of the treatment plan consistent with the above described symptoms and/or functional impairment, with the expectation of either:

1. Alleviation of the distress and/or dysfunction necessitating treatment; or

2. Achievement of appropriate maintenance goals for a persistent illness,

E. The treatment plan update must include:

1. Updated DSM-IV diagnosis, symptoms, and/or impairments necessitating treatment.
2. Review of the course of treatment to date, current mental status, and psychological/physical health changes.
3. Updated therapeutic goals, specified in measurable terms and including specific interim goals and/or criteria for the end of treatment sufficient to determine that treatment is progressing and when treatment is no longer needed.
4. Updated methods of treatment to be provided, including treatment modality (e.g., individual, group, family, medication management), treatment frequency and estimate of treatment duration.

V. DISCHARGE CRITERIA:

A. No longer meets admission criteria or meets criteria for a more intensive level of care.
B. Consumer fails to make progress toward treatment goals and does not meet criteria for a higher level of care.
D. Consumer has met treatment goals.

VI. FREQUENCY OF REVIEW

A. A minimum of every 6 months.
B. Medication Management: A minimum of every 12 months.

EMERGENCY SERVICES

I. Definition of Services:

Emergency services are appropriate when there is a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in: A) placing the health of the individual (or for a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; B) serious impairment to body functions; or C) serious dysfunction of any bodily organ or part."

II. Initial Authorization Criteria

A. Emergency services are not subject to prior authorization.
B. Emergency services are provided when they are needed to evaluate or stabilize an emergency medical condition.

PSYCHOLOGICAL TESTING

I. Principles:

A. The clinical interview and review of clinical records serve as the primary assessment tools.

B. An interview(s) occurs with any individual or treating entity that can provide pertinent history and information relevant to the case.

C. Psychological Testing will be considered medically necessary when such information is expected to result in a substantial change in treatment direction and cannot be obtained through the diagnostic interview and review of available records or information.

D. All testing requires preauthorization.

II. Initial Authorization Criteria

A. Cognitive Functioning:

This type testing is used to:

1. Assess a consumer's functioning with respect to activities of daily living.
2. Determine the consumer's potential response to specific treatment modalities.
3. Identify the need for specialized services or determine placement for the developmentally disabled.
4. If the consumer is school age, the testing responsibility falls within the purview of the public school system.

B. Projective Testing

1. This type testing is used for diagnostic clarification and identification of underlying psychological traits that are relevant to treatment planning strategies and expected outcomes.

C. Neuropsychological Testing

1. This specialized testing will be provided to consumers who elicit emotional/behavioral disturbances that appear to interfere with broad aspects of functioning and which are not due to a medical condition.
2. Typically, a neurological consult precedes any authorization for Neurological Testing.

If the Psychological Testing reveals a need for further clarification and additional testing, the BHI Chief Psychologist will review the request and make a determination regarding medical necessity.

ELECTROCONVULSIVE THERAPY (ECT)

I. Principles

ECT is utilized when alternative forms of treatment for serve illness have failed, are contraindicated, or are unlikely to be successful, or when ECT is highly likely to achieve the most rapid therapeutic response in a severe illness, and/or avert prolonged illness and the subsequent need for other intensive services. All inpatient and out patient ECT requires preauthorization. ECT is authorized telephonically with a utilization reviewer and routinely reviewed by the attending Behavioral HealthCare Medical Director who may wish to review the case with the attending psychiatrist. Written information regarding current consumer functioning and results of prior treatment approaches may be required.

II. Initial Authorization Criteria:

A. Presence of a Medicaid Capitation covered DSM-IV diagnosis which is the cause of significant/serve psychosocial impairment and which is known to be highly responsive to ECT.

B. Clinical assessment which demonstrates that adequate medication trials and other treatment strategies have been conducted without adequate results, or that a severe life-threatening condition exists for which ECT is considered the best treatment .

C. Clinical assessment which demonstrates that a comprehensive case review has occurred, and that co-morbid conditions and/or ECT contraindications have been considered and addressed/ruled out. Examples include:

- Substance abuse disorder;
- Personality disorder;
- Ongoing psychological stressors;

D. An expectation of improvement with such services.

E. Authorization for concurrent inpatient care must meet criteria for acute hospitalization, and would not be considered automatically part of the ECT authorization.

III. Continued Authorization Criteria:

A Continued functional and psychosocial impairment due to the original DSM-IV diagnosis.

B An expectation of improvement through the provision of such services, as evidenced by an initial therapeutic response to the initial series of treatments.

C. Documentation of active psychiatric treatment, including other aspects of treatment plan (e.g., pharmacological, psychosocial, behavioral, medical), and criteria for ECT treatment.

D. Authorization for ongoing inpatient care in the context of a course of ECT treatments will be considered based on meeting criteria for continued authorization.