



PM ATTACHMENT 3.14.5
NARBHA AUTHORIZATION CRITERIA FOR
LEVEL II RESIDENTIAL TREATMENT - CHILD/ADOLESCENT

NARBHA Determination Timeline: Determination of prior authorization for Level II Residential Treatment must occur prior to admission to a Level II facility. NARBHA determines medical necessity within seven (7) days of receipt of required documentation.

Documentation Required Prior to Determination:

Initial authorization: NARBHA requires the Responsible Agency (RA) to submit prior to admission an updated treatment plan indicating the goal of the Level II Residential Treatment, a recent psychiatric evaluation that reflects current behaviors and functioning and diagnoses, and a Child Family Team (CFT) note indicating the team's recommendations.

Re-authorizations: NARBHA requires the Responsible Agency (RA) to submit seven days prior to the expiration of the current authorization, the following: CFT note, updated treatment plan with detailed discharge plan, and Level II monthly clinical summary.

Length of Authorization: up to sixty days maximum

Diagnostic Criteria: Child/adolescent must have a current DSM diagnosis consistent with a DSM IV-TR diagnosis (within the range of 290 through 316.99) which reflects the symptoms and behaviors precipitating the request for residential treatment.

ADMISSION CRITERIA

A. BEHAVIOR AND FUNCTIONING (*must meet one of A.1 or A.2 criteria*)

As a result of a DSM-IV-TR diagnosis, the child /adolescent has a significant risk of harm to self or others or disturbance of mood, thought or behavior which renders the child /adolescent incapable of developmentally-appropriate self-care or self-regulation as evidenced by:

A.1 –Risk Behaviors:

Significant risk of harm within the past three months as evidenced by:

1. Significant suicidal/ aggressive/ self-harm/ homicidal thoughts or behaviors; **or**
2. Significant impulsivity with poor judgment/insight and a clear and persistent inability of environmental supports to safely maintain the individual despite adequately intensive outpatient services/supports; **or**

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3. Risk of physiologic jeopardy which threatens health and functioning, such as significant weight changes, chronically disrupted sleep, medication side effects or toxicity due to psychiatric condition; **or**
4. Risk of significant physical or sexual acting-out behavior with poor judgment and insight.

A.2- Functioning:

Moderate functional impairment of self-care or self-regulation as evidenced by the documentation of psychiatric symptoms that clearly impair functioning, persist in the absence of stressors, and impair recovery from the presenting problem.

B. INTENSITY OF SERVICE (*must meet all criteria*)

1. Level II residential behavioral health services or therapeutic group homes (TGH) provided in a facility licensed per 9 A.A.C. 20 and Title XIX certified by ADHS/ALS/OBHL that provides a structured treatment setting with 24 hour supervision and counseling or other therapeutic activities for persons who do not require on-site medical services. There is continuous onsite or on-call availability of a behavioral health professional; and continuous treatment to the individual who is experiencing a behavioral health issue that limits the individual's independence but who is able to participate in all aspects of treatment and to meet the individual's basic physical and age-appropriate needs.
2. Treatment should be at the least restrictive level of care consistent with the individual's need and therefore should not be instituted unless there is documentation of a failure to respond to, or professional judgment of, an inability to be safely managed in a less restrictive level of care.

C. EXCLUSION CRITERIA

The Level II admission is not used primarily, and therefore clinically inappropriately, as:

1. An alternative to preventative detention, or as a means to ensure community safety in a individual exhibiting conduct disordered behavior; or
2. The equivalent of safe housing, permanency placement, or an alternative to parents'/guardians' or other agencies' capacity to provide for the child/adolescent; **or**
3. A behavioral health intervention when other less restrictive alternatives are available and meet the child's/adolescent's treatment needs; **or**

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4. An intervention for runaway behavior.

D. EXPECTED RESPONSE

Active treatment with the services available at this level of care can reasonably be expected to improve the child/adolescent's condition in order to achieve discharge from the residential treatment facility at the earliest possible time and to facilitate his/her return to outpatient care and/or family living.

E. DISCHARGE CRITERIA HAVE BEEN DEVELOPED

There is a written plan for discharge with specific discharge criteria with behaviorally measurable goals, and with recommendations for aftercare treatment that includes involvement of the Child Family Team and complies with current standards for medically necessary covered behavioral health services, cost effectiveness, and least restrictive environment and is in conformance with federal and state clinical practice guidelines.

CONTINUED STAY CRITERIA

A. BEHAVIOR AND FUNCTIONING (*must meet one criterion*)

1. Emergence or continuance of recent, recurring, or intermittent episodes of risk of harm; or continued moderate functional impairment with disturbance of mood, thought or behavior which substantially impairs developmentally appropriate self-care or self-regulation; **or**
2. Significant regression of the child/adolescent's condition is anticipated without continuity at this level of care; **or**
3. The above criteria are not met, but efforts to secure a less restrictive placement suitable to the behavioral health needs of the child/adolescent have been exhausted and none are available.

B. EXPECTED RESPONSE TO LEVEL II RESIDENTIAL TREATMENT OF INTENSITY OF SERVICE:

There is documented evidence that:

1. Active treatment, with direct supervision/oversight by professional behavioral health staff only available at this level of care is being provided by the residential facility on a 24 hour basis, is reducing the severity of disturbances of mood, thought or behavior which were identified as reasons for admission; **and**

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2. The treatment is empowering the child/adolescent to gain skills to successfully function in his/her family and community; **and**
3. The Child Family Team is meeting at least monthly or more frequently, as clinically indicated, to review progress, and has revised the service plan to respond to any lack of progress; **and**
4. There is an expectation that continued treatment can reasonably be expected to improve or stabilize the child/adolescent's condition so that this type of service will no longer be needed.

C. DISCHARGE PLAN

There is a written plan for discharge with specific discharge criteria, written as behaviorally measurable goals, and with recommendations for aftercare treatment that includes involvement of the Child Family Team. The plan complies with current standards for medically necessary covered behavioral health services, cost effectiveness, and least restrictive environment and is in conformance with federal and state clinical practice guidelines.