



**NARBHA AUTHORIZATION CRITERIA FOR
LEVEL III RESIDENTIAL TREATMENT CHILD/ADOLESCENT-
Excluding Substance Abuse Residential
PM Attachment 3.14.6**

NARBHA Determination Timeline: Determination of prior authorization for Level III Residential Treatment must occur prior to admission to the 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 III Residential Treatment, a recent psychiatric evaluation that reflects current behaviors and functioning and diagnoses, and a Child Family Team note indicating the team's recommendations.

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

Initial Admission: valid for 60 days

Continued stay: valid for 60 days

Individuals referred for primary substance abuse treatment are exempt from prior authorization criteria listed below.

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 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 :

Risk of harm within the past three months as evidenced by:

1. Some suicidal/ aggressive/ homicidal thoughts or behaviors; **or**

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2. Moderate 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**
3. Moderate 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.
4. Moderate risk of significant physical or sexual acting-out behavior with poor judgment.

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*)

Level III residential behavioral health services 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 other therapeutic activities. A Level III facility provides treatment to an individual who is experiencing a behavioral health issue that limits his/her independence but who is able to participate in all aspects of treatment.

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 III 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 an 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**
4. An intervention for runaway behavior

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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 III 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.