



**NARBHA AUTHORIZATION CRITERIA FOR  
LEVEL III RESIDENTIAL TREATMENT ADULT-  
Excluding Substance Abuse Residential  
PM Attachment 3.14.9**

**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 Adult Recovery 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: Adult Clinical Team note, updated treatment plan with detailed discharge plan, and Level III facility monthly clinical summary.

**Length of Authorization:** valid for 60 days

**Continued Stay:** valid for 60 days

**Diagnostic Criteria:** The member 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 member has a risk of harm to self or others or disturbance of mood, thought or behavior which renders him/her incapable of developmentally-appropriate self-care or self-regulation as evidenced by:

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

1. Some suicidal/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 change, chronically disrupted sleep, water intoxication, medication side effects or toxicity; **or**
4. Moderate risk of physical or sexual acting-out behavior with poor judgment.

**A.2 Functioning**

Moderate functional impairment that is not developmentally appropriate for self-care or self-regulation as evidenced by:

1. Limited ability self-administer medically necessary psychotropic medications despite interventions such as education, regimen simplification, daily outpatient dispensing, long-acting injectable medications; **or**
2. Limited ability to attend to majority of basic needs such as personal safety, hygiene, nutrition or medical care; **or**
3. History of inpatient psychiatric admissions or legal involvement due to lack of insight or judgment from psychotic or affective/mood symptoms or major psychiatric disorders.

**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 adult 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 member'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**



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

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

**D. EXPECTED RESPONSE**

Active treatment with the services available at this level of care can reasonably be expected to improve the member'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 Adult Clinical 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. 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 member'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 and recovery needs of the member



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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**
2. The treatment is empowering the member to gain skills to successfully function in his/her family and community; **and**
3. The Adult Clinical 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 member'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 member and the member's Adult Clinical 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.