SUPPLEMENTAL GUIDELINES FOR MENTAL HEALTH UTILIZATION MANAGEMENT AND TREATMENT PLANNING

Produced for the Magellan Mental Health Guidelines for the Pennsylvania HealthChoices Project

Magellan Behavioral Health of Pennsylvania, Inc. (Magellan)
An affiliate of Magellan Healthcare, Inc.

Pennsylvania Department of Human Services
HealthChoices Behavioral Health Medical Necessity Criteria

The Pennsylvania Department of Human Services (PA DHS) publishes and maintains the following Behavioral Health Medical Necessity Criteria for the Pennsylvania HealthChoices Project. The actual Criteria can be found on PA DHS' website under HealthChoices' Program Standards and Requirements' Appendix T.

magellanofpa.com/documents/2021/07/psr-appendices-012021.pdf/

Adult Psychiatric Inpatient Services

Adult Partial Hospitalization

Adult Psychiatric Outpatient Clinic

Adult Targeted Case Management Services

Child & Adolescent Psychiatric Inpatient Hospitalization

Child & Adolescent Residential Treatment

Child & Adolescent Psychiatric Partial Hospitalization

Child & Adolescent Psychiatric Outpatient Treatment

Child & Adolescent Home/Community Services

Child & Adolescent Family Based Services

Child & Adolescent Targeted Case Management Services

Magellan Behavioral Health of Pennsylvania, Inc.

Utilization Management Guidelines
For
Mental Health

MAGELLAN BEHAVIORAL HEALTH OF PENNSYLVANIA, INC.
MENTAL HEALTH GUIDELINES FOR HEALTHCHOICES

I STRUCTURED SUBACUTE INPATIENT

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
Structured Subacute is 24-hour mental health treatment provided in an inpatient subacute treatment setting. Services are similar to those provided in residential treatment and are directed toward those who present with significant, but not imminent risk, who require less active medical monitoring, have a pattern of difficulty reaching stabilization, and may require a secure unit. **Common Settings:** • Inpatient Structured Subacute	**Magellan Specifications** There is regular medical monitoring and treatment is provided under the supervision of a physician. Medical and nursing back up is available via call on a 24-hour basis. **Admission Service Components - (Must meet *all* of the following)** 1. Professional staff consisting of a multi-disciplinary treatment team to include: a. Board-eligible or certified psychiatrist, medical and nursing consultation available as needed. b. Program managed by a certified or licensed mental health professional. c. Psychologists, social workers, educational specialists and other mental health professionals and ancillary staff as needed.	**Admission Criteria - (Must meet *all* of the following)** 1. Validated principal DSM-5 diagnosis as part of a complete diagnostic evaluation. 2. Treatment at a lower level of care has been attempted or given serious consideration. 3. Level of stability - (Must meet two of the following) a. Moderate to high risk for victimization or placing self at risk through impulsive behavior or exercising poor judgment without 24-hour supervised behavior management program. b. Individual has the ability to engage in activities of daily living but lacks adequate social and familial support to address mental health symptoms or problems in developing age-appropriate cognitive, social and emotional processes. c. Individual is medically stable but may require occasional medical observation and care. 4. Degree of Impairment - (Must meet a, and either b or c)

I STRUCTURED SUBACUTE INPATIENT

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	2. Individualized, strengths-based, active and timely treatment plan directed toward the alleviation of the impairment that caused the admission (completed by 3rd hospital day), within the context of a highly structured program of care that is based upon a comprehensive individual assessment, including the evaluation of possible substance abuse. For children and adolescents, treatment is performed on a unit dedicated to child or adolescent populations whenever possible. 3. Level of skilled intervention consistent with individual risk. 4. Active discharge planning initiated upon admission to program. 5. Individual receiving psycho educational services including an assessment and remediation program, if clinically indicated. 6. Family system receiving evaluation and intervention to the extent possible.	a. Individual has insufficient or severely limited skills necessary to maintain an adequate level of functioning outside of the treatment program and has impairment of judgment, impulse control and/or cognitive/perceptual abilities, arising from a psychiatric condition, a serious emotional disturbance, or an acute exacerbation of a chronic psychiatric condition which may indicate the need for the continuous monitoring and intervention of awake 24-hour, supervised Program in order to stabilize or reverse the dysfunction. b. Social/Interpersonal/Familial - Significantly impaired interpersonal, social, and/or familial functioning arising from a psychiatric condition, a serious emotional disturbance, or an acute exacerbation of a chronic psychiatric condition which requires active treatment to achieve or resume an adequate level of functioning. OR c. Educational/Occupational - Significantly impaired educational or occupational functioning arising from a psychiatric condition, a serious emotional

I STRUCTURED SUBACUTE INPATIENT

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	Continued Stay Service Components - (Must meet *all* of the following) Levels of Care 1. Initial discharge plan has been formulated and is in the process of implementation. 2. Active treatment is focused upon stabilizing or reversing symptoms necessitating admission. 3. Level of skilled intervention is consistent with current individual risk factors. 4. Treatment plan has been modified to reflect individual's progress and/or new information that has become available during the residential treatment. 5. Routine assessments and treatment progress updates are completed. 6. Individual and family, to the extent possible, are involved in treatment and discharge planning.	disturbance, or an acute exacerbation of a chronic psychiatric condition which requires active treatment to achieve or resume an adequate level of functioning. **Continued Stay Criteria - (Must meet 1, 2, 3, and either 4 or 5)** 1. Validated DSM-5 diagnosis which remains the principal diagnosis. 2. The reasonable likelihood of substantial benefit in the individual's mental health condition as a result of active intervention of the 24-hour supervised program. 3. Individual and family, to the extent possible, are involved in treatment and discharge planning. 4. Continuation of symptoms and/or behaviors that required admission (and continue to meet admission guidelines) or a less intensive level of care would be insufficient to stabilize the individual's condition. or, OR

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		5. Appearance of new problems meeting admission guidelines. **Discharge Criteria - (Must meet 1, 2, & either 3 or 4)** 1. The symptoms/behaviors that precipitated admission have sufficiently improved so that the individual can be maintained at a lesser level of care and individual will not be compromised with treatment being given at a less intensive level of care. 2. A comprehensive discharge plan has been developed in consideration of the individual's; a. Strengths b. past treatment c. social and/or familial support system d. resources and skills e. identification of triggers for relapse; and other factors/obstacles to improvement, and

I STRUCTURED SUBACUTE INPATIENT

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		f. living arrangements (when needed) 3. Arrangements for follow-up care have been made including a scheduled appointment within one week of discharge. OR 4. Structured Subacute is discontinued because: a. A diagnostic evaluation and/or a medical treatment has been completed when one of these constitutes the reason for admission; or b. The individual withdraws from treatment against advice and does not meet criteria for involuntary commitment; or c. The individual is transferred to another facility/unit for continued inpatient care.

II-1 RESIDENTIAL TREATMENT FACILITY FOR ADULTS

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
Residential Treatment Facilities for Adults (RTFA) provide a highly structured therapeutic mental health treatment facility designed to serve persons eighteen (18) years of age or older who do not need hospitalization at either the acute or sub-acute level of care and for whom other community-based treatment services would not adequately support continued recovery, but who require mental health treatment and supervision on an ongoing (24 hour per day) basis. Typically the length of stay is less than eight (8) days. Admissions are on a voluntary basis only. The goal of a RTFA is to provide psychiatric stabilization that will facilitate reintegration into the community. **Common Settings:** • Residential Treatment Facilities for Adults	**Admission Service Components - (Must meet *all* of the following)** 1. Professional staff consisting of a multi-disciplinary treatment team to include: a. Board-eligible or certified psychiatrist, medical and nursing consultation available twenty-four (24) hours per day, seven (7) days per week. b. Program managed by a certified or licensed mental health professional. c. Psychologists, social workers, educational specialists and other mental health professionals and ancillary staff as needed. 2. Comprehensive individual assessment including psychiatric consultation, psychological evaluation, nursing assessment, social evaluation, and other evaluations used to develop an individualized strengths based treatment plan to be completed within 24 hours of admission. A clear and detailed program of care with	**Admission Criteria - (Must meet *all* of the following)** 1. Validated principal DSM-5 diagnosis with the following: a. A complete face-to-face diagnostic examination (intellectual disability or substance abuse cannot stand alone) by a psychiatrist. b. Residential Treatment Facility for Adults (RTFA) is prescribed by the diagnosing psychiatrist as appropriate to the accreditation of the facility, indicating that this is the most appropriate, least restrictive service to meet the mental health needs of the consumer. c. Documentation in the current psychiatric/psychological evaluation that the treatment, 24-hour supervision, and observation, provided in the RTFA setting, are necessary as a result of: 1) severe mental illness or emotional disorder, and/or

II-1 RESIDENTIAL TREATMENT FACILITY FOR ADULTS

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	progressively lower levels of structure should be developed as a discharge plan. 3. Level of skilled intervention consistent with individual risk. 4. Active discharge planning initiated upon admission to program. 5. Individual receiving psycho educational services including an assessment and planned remediation program, if clinically indicated. 6. Family system receiving evaluation and intervention to the extent possible. **Continued Stay Service Components - (Must meet *all* of the following)** 1. Initial discharge plan has been formulated and is in the process of implementation. 2. Active treatment is focused upon implementing the program of care developed from the comprehensive assessment.	2) behavioral disorder indicating a risk for safety to self/others; 2. Level of Stability - (Must meet all of the following) a. Moderate to high risk for victimization or placing self at risk through impulsive behavior or exercising poor judgment without 24-hour supervised behavior management program. b. Individual has the ability to engage in activities of daily living, but lacks adequate social and familial support to address mental health symptoms or problems in developing cognitive, social and emotional processes. c. Individual is medically stable, but may require occasional medical observation and care. d. Individual does not exhibit behaviors requiring physical restraints and/or seclusion. e. Individual does not present an imminent danger to him/herself or others.

II-1 RESIDENTIAL TREATMENT FACILITY FOR ADULTS

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	3. Level of skilled intervention is consistent with current individual risk factors. 4. Treatment plan has been modified to reflect individual's progress and/or new information that has become available during the residential treatment. 5. Routine assessments and treatment progress updates are completed. Although consumer is making <u>*progress toward goals*</u> in the expected treatment process, further progress must occur before transition to a lesser level of care is clinically safe and appropriate. 6. Individual and family, to the extent possible, are involved in treatment and discharge planning.	3. Reasonable, documented treatment within a less restrictive setting has been provided by a mental health professional, *and/or* careful consideration of treatment within a less restrictive environment than that of a Residential Treatment Facility for Adults, *and* the direct reasons for its rejection, have been documented. 4. Degree of Impairment - (Must meet a, and either b or c) a. Individual has insufficient or severely limited skills necessary to maintain an adequate level of functioning outside of the treatment program and has impairment of judgment, impulse control and/or cognitive/perceptual abilities, arising from a psychiatric condition, a serious emotional disturbance, or an acute exacerbation of a chronic psychiatric condition which may indicate the need for the continuous monitoring and intervention of awake 24-hour, supervised program in order to stabilize or reverse the dysfunction. b. Social/Interpersonal/Familial- Significantly impaired interpersonal, social and/or familial functioning arising from a psychiatric

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		condition, a serious emotional disturbance, or an acute exacerbation of a chronic psychiatric condition which requires active treatment to achieve or resume an adequate level of functioning. OR c. Educational/Occupational- Significantly impaired educational or occupational functioning arising from a psychiatric condition, a serious emotional disturbance, or an acute exacerbation of a chronic psychiatric condition which requires active treatment to achieve or resume an adequate level of functioning. **Continued Stay Criteria - (Must meet 1, 2, 3, and either 4 or 5)** 1. Validated principal DSM-5 diagnosis with the following: a. The initial evaluation and diagnosis is updated weekly and revised by the treatment team.

II-1 RESIDENTIAL TREATMENT FACILITY FOR ADULTS

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		b. Less restrictive treatment environments have been considered in consultation with the Treatment Team. 2. The reasonable likelihood of substantial benefit in the individual's mental health condition as a result of active intervention of the 24-hour supervised program. 3. Individual and family, to the extent possible, are involved in treatment and discharge planning. 4. Continuation of symptoms and/or behaviors that required admission or although consumer is making *progress toward goals* in the expected treatment process, further progress must occur before transition to a lesser level of care is clinically safe and appropriate. The necessary changes must be identified in an updated treatment plan. OR 5. Appearance of new problems meeting admission guidelines.

II-1 RESIDENTIAL TREATMENT FACILITY FOR ADULTS

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		Discharge Criteria (Must meet 1, 2, and either 3 or 4) 1. The symptoms/behaviors that precipitated admission have sufficiently improved so that the individual can be maintained at a lesser level of care and individual will not be compromised with treatment being given at a less intensive level of care. 2. A comprehensive discharge plan has been developed in consideration of the individual's: a. Strengths b. past treatment c. social and/or familial support system d. resources and skills e. identification of triggers for relapse; and other factors/obstacles to improvement 3. Arrangements for follow-up care have been made including a scheduled appointment within one week of discharge.

II-1 RESIDENTIAL TREATMENT FACILITY FOR ADULTS

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		OR 4. A consumer not meeting criteria in Continued Stay Criteria must be discharged.

II-2 RESIDENTIAL CRISIS

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
Residential Crisis Services are provided on a short-term basis in a community based residential setting to prevent a psychiatric inpatient admission. **Common Settings:** • Residential Facility	**Admission Service Components - (Must meet *all* of the following)** 1. Professional staff consisting of a multi-disciplinary treatment team to include: a. Board-eligible or certified psychiatrist, medical and nursing consultation available 24 hours per day, 7 days per week. b. Program managed by a certified or licensed mental health professional. c. Psychologists, social workers, educational specialists and other mental health professionals and ancillary staff as needed. 2. Comprehensive individual assessment including psychiatric consultation, psychological evaluation, nursing assessment, social evaluation, and other evaluations used to develop an individualized strengths based treatment plan to be completed within 24 hours of admission. A clear and detailed program of care with	**Admission Criteria – (Must meet *all* of the following)** 1. Medical necessity for admission of a child, adolescent, or adult to Residential crisis must be documented by presence of all the criteria below (a - d). a. Has a primary DSM-5 diagnosis of a mental disorder; b. Is at risk for hospitalization; c. Has need of immediate intervention because the individual is: 1) Exhibiting behaviors that are threatening to self or others, or 2) Experiencing rapid deterioration of functioning as a result of psychiatric symptoms; and d. Is able to benefit from the intervention because the individual: 1) Can respond to short-term therapeutic intervention, and

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	progressively lower levels of structure should be developed as a discharge plan. 3. Level of skilled intervention consistent with individual risk. 4. Active discharge planning initiated upon admission to program. 5. Individual receiving psycho educational services including an assessment and remediation program, if clinically indicated. 6. Family system receiving evaluation and intervention to the extent possible. **Continued Stay Service Components - (Must meet *all* of the following)** 1. Initial discharge plan has been formulated and is in the process of implementation. 2. Active treatment is focused upon stabilizing or reversing identified problem areas.	2) Does not have a current living environment that is suitable to stabilize the individual during the crisis. **Continued Stay Criteria - (Must meet *all* of the following)** 1. Authorization for continued services is based on documentation that Continuation of Residential crisis services is appropriate for children, adolescents, and adults who meet all of the outlined below: a. Clinical evidence indicated the persistence of the problem that necessitated residential crisis services; b. Diversion from inpatient hospitalization continues to appear possible, and; c. The individual's current available living environment is not suitable for stabilizing the individual during the crisis.

II-2 RESIDENTIAL CRISIS

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	3. Level of skilled intervention is consistent with current individual risk factors. 4. Treatment plan has been modified to reflect individual's progress and/or new information that has become available during the residential treatment. 5. Routine assessments and treatment progress updates are completed. Although consumer is making *progress toward goals* in the expected treatment process, further progress must occur before transition to a lesser level of care is clinically safe and appropriate. 6. Individual and family, to the extent possible, are involved in treatment and discharge planning.	**Discharge Criteria (Must meet *all* of the following)** 1. Discharge from supervised residential services is appropriate for adults who meet all of the criteria outlined below: a. The individual no longer requires supervision and 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. There is no significant current risk of one of the following: 1) Hospitalization or other inpatient care, or; 2) Harm to self or others b. The individual's own resources and social support system are currently adequate to provide the level of support and supervision currently necessary for community reentry. c. Arrangements for follow-up care have been made including a scheduled appointment within one week of discharge.

III INTENSIVE OUTPATIENT

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
Intensive Outpatient is a form of outpatient treatment for mental health problems that requires extraordinary treatment intensity of 3 hours or more per week and is delivered to prevent the need for a more restrictive level of care or to sustain the gains of a more restrictive site of care which cannot be accomplished in either regular outpatient care or community support services. Program description to include recovery principles. **Common Settings:** • Office based: frequent med checks post hospital for 1-2 weeks to adjust to newly started medications. • Extended Group Treatment • Extended Family Treatment	**Admission Service Components – (Must meet *all* of the following)** 1. Professional staff. a. Must be licensed or certified at the independent practice level. b. If unlicensed must be license eligible, and must be supervised at least weekly by an appropriately licensed professional; all documentation should be counter-signed by the licensed supervisor. c. Services provided must be within the therapist's scope of training and license. d. Licensed mental health professional on call 24 hours/day seven days per week for emergencies. 2. Complete biopsychosocial assessment including, but not limited to relevant history, previous treatment, current medical conditions including medications, substance abuse history, lethality assessment and complete mental status exam.	**Admission Criteria – (Must meet *all* of the following)** 1. Valid principal DSM-5 diagnosis as part of a complete diagnostic evaluation. 2. Treatment at a lower level of care has been attempted or given serious consideration. 3. Level of stability (Must meet all the following) a. Risk to self, others, property, if present, can be managed within setting of multiple weekly therapeutic contacts. b. Support of Intensive Outpatient necessary to attain/maintain stability. c. Individual is sufficiently medically stable to participate safely in program 4. Degree of Impairment - (Must meet a, and either b or c) a. Individual has, on either an acute or on-going basis, insufficient or severely limited resources or skills necessary to maintain an adequate level of functioning outside of the treatment

III INTENSIVE OUTPATIENT

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	3. Development of an individualized, strengths-based, targeted, recovery oriented, focused treatment plan directed toward the reduction or alleviation of the impairment that resulted in the individual seeking treatment. The plan must reflect the least restrictive, most efficacious treatment available. 4. Development of specific, achievable, behavioral-based and objective treatment goals which directly address the problems that resulted in the individual seeking treatment. 5. Minimum of 3 hours of contact of active mental health treatment per week. **Continued Stay Service Components - (Must meet *all* of the following)** 1. Initial discharge plan has been formulated and is in the process of implementation. 2. Active treatment is focused upon stabilizing or reversing symptoms necessitating admission.	program, individual has impairment of judgment, impulse control and/or cognitive/perceptual abilities arising from a psychiatric disorder, a serious emotional disturbance or exacerbation of a chronic psychiatric condition which requires Intensive Outpatient treatment to stabilize or reverse the dysfunction. b. Social/Interpersonal/Familial - Significantly impaired interpersonal, social, and/or familial functioning arising from a psychiatric condition, a serious emotional disturbance, or an acute exacerbation of a chronic psychiatric condition which requires active treatment to achieve or resume an adequate level of functioning. OR c. Educational/Occupational - Impaired educational or occupational functioning arising from a psychiatric disorder, a serious emotional disturbance, or exacerbation of a chronic psychiatric condition which requires active treatment to achieve or resume an adequate level of functioning.

III INTENSIVE OUTPATIENT

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	3. Level of skilled intervention is consistent with individual risk factors. 4. Treatment plan has been modified to reflect individual's progress and/or new information that has become available during the treatment program. 5. Routine assessments and treatment progress updates are completed. 6. Individual and family, to the extent possible, are involved in treatment and discharge planning. 7. Natural community supports identified.	**Continued Stay Criteria - (Must meet 1, 2, 3, and either 4 or 5)** 1. Validated DSM-5 diagnosis which remains the principal diagnosis. 2. The reasonable likelihood of substantial benefit as a result of active intervention which necessitates intensive outpatient. 3. Individual and family, to the extent possible, are involved in treatment and discharge planning. 4. Continuation of symptoms and/or behaviors that required admission (and continue to meet guidelines) or a less intensive level of care would be insufficient to stabilize individual. OR 5. Appearance of new problems meeting admission guidelines.

III INTENSIVE OUTPATIENT

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		Discharge Criteria No longer meets criteria for continued stay and able to be treated in a less restrictive setting.

IV COMMUNITY TREATMENT TEAM

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
Community Treatment Team (CTT) is a program that is primarily self-contained with a multi-disciplinary staff, ensuring ongoing individualized comprehensive assessment and providing intensive treatment/rehabilitation and support services in the community. The population typically served are individuals with severe and persistent mental illness and who are at risk of decompensation and re-hospitalization even with the availability of traditional community based services. The CTT provides most of their services in the individual's natural setting with minimal referral to other program entities until some degree of stabilization has been achieved and the individual is ready for the transition to traditional community based treatment services. Some of the various treatment, rehabilitation, and support service functions will	**Admission and Concurrent Service Components (Must meet *all* of the following)** 1. CTT provides services through a multi-disciplinary approach. All staff must have at least one year's experience with the SPMI population in direct practice settings. The staff must be comprised of at least four (4) full time equivalents. The composition of the team must include: a. The supervisor is a full-time licensed master's level mental health professional or RN with at least one year direct experience with the SPMI population, and at least one year program management experience. b. A Board Certified or Board Eligible Psychiatrist on a full or part-time basis. The Psychiatrist shall provide six (6) hours/week for every 20 individuals, and shall be accessible 24 hours day/7 days a week or have back up arrangements for coverage. Additional mental health professionals:	**Admission Criteria** Target Population: Individuals with severe and persistent mental illness (SPMI) who are predicted to use or are using substantial amounts of inpatient care/crisis services with marked frequency. Individuals who are at risk of decompensation, and either are currently unsuccessful or predicted to be unsuccessful with their involvement with traditional service providers. Individuals either discharged or preparing for discharge from a State Hospital or individuals residing in the community and being served by the current behavioral health treatment system. 1. Validated DSM-5 diagnosis indicating a serious and persistent mental illness, with a GAF score of 50 or below. A licensed psychiatrist confirms this diagnosis after evaluation. 2. Must be 18 years of age or older. 3. Must be medically stable, but may need periodic or episodic medical follow-up.

IV COMMUNITY TREATMENT TEAM

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
be assumed by virtue of a staff person's specialty area, while other generic activities can be carried out by most staff. The provision of services is guided by the principle that individuals be maintained in a community setting at the least restrictive level of care with the focus on assisting individuals in achieving a maximum level of independence with an overall enhancement in their quality of life. Services are provided in the community wherever the individual needs supportive, therapeutic, rehabilitative intervention: at his/her residence, place of work or leisure, provider program site etc. Program description to include recovery principles.	a. At least one full time equivalent RN and one part-time RN for mobile medication administration. b. Psychiatric Rehab Specialist with BA degree. c. Mental Health Specialists/Case Managers minimum of BA degree. d. Other Mental Health Workers. *Existing MAST staff may be grandfathered as appropriate; however, when new staff is hired, they will meet full CTT requirements. 2. Services are provided within the team's scope of training and licensure/certification. 3. Services are provided consistent with PA CSP principles. 4 Caseloads are based on staff-to-individual ratios. The minimum rate for each full time equivalent is 5:1 and the maximum ratio is 10:1.	**Must Meet One of the Following:** 1. At least 3 or more acute episodes of psychiatric inpatient treatment within the past 12 months or 30 days or more on an acute psychiatric unit or state mental hospital during the last 12 months. *Two or more for MAST. 2. Currently does not receive mental health services despite documented efforts to engage the consumer by a licensed mental health or approved case management provider for at least 30 days, or individual is being discharged from an acute or State hospital setting, and by history or clinical profile appears unlikely to be able to successfully access traditional community services. 3. Three or more contacts with crisis intervention/ emergency services within the past 6 months. *Two or more for MAST. If in the community, individual must display the inability to be maintained, despite the current intensity of services, AND deemed at risk for further decompensation and re-admission to a psychiatric unit or a state hospital without CTT

IV COMMUNITY TREATMENT TEAM

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
Common Settings: • Mobile Assessment Stabilization and Treatment Team (MAST) • Community Treatment Team (CTT)	5 The Program will provide comprehensive bio-psychosocial assessments that include psychiatric evaluation, nursing assessment, psychosocial and rehabilitative functional assessments, and substance abuse evaluations. Also available are psychopharmacological consultation for medication adjustment and Psychological assessment for the purpose of differential diagnosis. 6. Following admission into the program and upon completion of the assessments. A strengths based comprehensive treatment/rehabilitation plan will be developed. The plan will include measurable outcomes and time lines, with the signature of the individual as an active participant. The plan will be revised as needed to reflect the individual's current, ever-changing needs. It must be revised at minimum once every three (3) months. 7. Required Services: a. Crisis Intervention 24 hours/7 days a week, Telephonic and in-person	services. Individual must be deemed in need of MAST services for a period of three to six months. **Psycho/Social Factors (The presence of one of these increases the need for CTT services):** 1. Homelessness (i.e. living in shelters, or other places not fit for human habitation) 2. Coexisting diagnosis of psychoactive substance abuse disorder, intellectual disability, HIV/AIDS, or sensory developmental, medical, and/or physical disability. **Continued Stay Criteria:** 1. Validated DSM-5 diagnosis which remains the principal diagnosis, and continued SPMI symptomatology affecting the individual's ability to function in the community and to access and utilize traditional treatment services. 2. There is a reasonable expectation that the individual will benefit from the continued

IV COMMUNITY TREATMENT TEAM

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	b. Supportive Psychotherapy c. Medication, prescription administration, monitoring, and documentation d. Rehabilitation-work related assessment, intervention and support e. Social and Recreational Skills Training f. Activities of Daily Living Services g. Support Services: Health, Legal, Financial, Transportation, Living Arrangements h. Advocacy i. Education 8. The CTT's contacts with individuals will vary based on the individual's clinical needs. The CTT will have the capacity to provide multiple contacts per week to the individual. There will be at minimum two (2) contacts per week for all individuals, but multiple contacts may be as frequent as two (2) to three (3) times per day, 7 days per week.	involvement of the CTT team. This is demonstrated by an observable positive response in the following areas of: a. Medication Adherence b. Reduction in the use of crisis services (If indicated as an issue in the treatment plan) c. Reduction in the use of inpatient episodes, and/or days spent in inpatient care, as compared to admission baseline figures. d. Enhancement of Social and Recreational skills (Improved communication and appropriate interpersonal behaviors) e. Improvement in activities of daily living Improvement in the individual's community supports (Health, Legal, Transport, Housing, Finances, etc.) f. Enhancement of vocational skills or vocational readiness, as indicated.

IV COMMUNITY TREATMENT TEAM

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	9. Individual's may receive CTT services and other treatment, rehabilitation, and support services for a period of up to six (6) consecutive months prior to a full discharge from the CTT in order to facilitate a successful transition to less intensive services.	3. The individual expresses a desire to continue with CTT services, and exhibits adherence with the goals and objectives outlined in the plan of care. 4. The Individual by virtue of continued symptomatology, and decreased level of functioning necessitates continued CTT involvement, with the withdrawal of such services resulting in an exacerbation of acuity and the increased need for inpatient/crisis services. 5. The individual has not achieved six (6) months of demonstrated stabilization or is not at stabilization baseline, and continues to require this level of intervention *(For CTT only) 6. Active assessment of ongoing need for CTT services is completed every three (3) months. **Discharge Criteria:** 1. The individual no longer meets continued stay criteria for CTT services

IV COMMUNITY TREATMENT TEAM

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		2. The individual has successfully demonstrated the ability to function in the community with minimal CTT involvement and has demonstrated stabilization for a period of six (6) months. 3. The individual has been successfully transitioned to traditional community treatment services, and meets Magellan UM criteria for coordinated lower levels of care. (ICM, Partial, IOP, PRS, etc.) 4. The individual, with the mutual agreement of Magellan and the CTT/MAST concur that the goals, as set forth in the plan of care, have been achieved, and that a coordinated discharge plan has been documented and fully implemented. 5. The individual moves out of the county of residence. 6. The individual is incarcerated. 7. The individual has consistently required additional services not provided by CTT/MAST. 8. The individual has not benefited from CTT/MAST. An alternate plan of treatment has been developed with the individual.

IV COMMUNITY TREATMENT TEAM

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		9. The individual is deceased. **MAST Addendum** Discharge criteria to a higher level of care (PACT or CTT) 1. After a six (6) month stay on MAST, the individual has not achieved demonstrated stabilization or is not at stabilization baseline, and continues to require this level of intervention.

V PROGRAM OF ASSERTIVE COMMUNITY TREATMENT (PACT)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
Program of Assertive Community Treatment (PACT) is a program that delivers services by a group of multi-disciplinary mental health staff who work as team and provide the majority of treatment, rehabilitation, and support services individuals need to achieve their goals. This multi-disciplinary team ensures ongoing integrated, individualized, and comprehensive assessment, while providing intensive treatment/rehabilitation and support services in the community. The population typically served are individuals with severe and persistent mental illness and/or have concurrent substance abuse issues and who are at risk of decompensation and re-hospitalization even with the availability of traditional community based services. The PACT provides most of their services in the individual's natural setting with minimal referral to	**Admission and Concurrent Service Components (Must meet *all* of the following)** 1. PACT provides services through a multi-disciplinary integrated treatment approach. All staff must have at least one year's experience with the SPMI population in direct practice settings. The staff must be comprised of at least 6-8 full time equivalents, depending on the size of the PACT. The composition of the team must include: a. The Team Leader is a full-time licensed master's level mental health professional or RN with at least one year direct experience with the SPMI co-occurring disorder population, and at least one year program management experience. b. A Board Certified or Board Eligible or ASAM certified Psychiatrist on a full or part-time basis. The Psychiatrist shall provide sixteen (16) hours/week for every 50 individuals, and shall be accessible 24 hours day/7 days a week or have back up arrangements for coverage.	**Admission Criteria** Target Population: Individuals with severe and persistent mental illness (SPMI) who are predicted to use or are using substantial amounts of inpatient care/crisis services with marked frequency. Individuals who are at risk of decompensation, and either are currently unsuccessful or predicted to be unsuccessful with their involvement with traditional service providers. Individuals either discharged or preparing for discharge from a State Hospital or individuals residing in the community and being served by the current behavioral health treatment system. 1. Validated DSM-5 diagnosis indicating a serious and persistent mental illness, with priority given to individuals with diagnoses of schizophrenia, other psychotic disorders (schizoaffective disorder) and affective disorders. 2. Must be 18 years of age or older. 3. Must be medically stable, but may need periodic or episodic medical follow-up.

V PROGRAM OF ASSERTIVE COMMUNITY TREATMENT (PACT)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
other program entities until some degree of stabilization has been achieved and the individual is ready for the transition to traditional community based treatment services. Some of the various treatment, rehabilitation, and support service functions will be assumed by virtue of a staff person's specialty area, while other generic activities can be carried out by most staff. The provision of services is guided by the principle that individuals be maintained in a community setting at the least restrictive level of care with the focus on assisting individuals in achieving a maximum level of independence with an overall enhancement in their quality of life. Services are provided in the community wherever the individual needs supportive, therapeutic, rehabilitative intervention: at	*Existing MAST staff may be grandfathered as appropriate; however, when new staff is hired, they will meet full CTT requirements. **Additional program staff:** a. At least one full-time equivalent RN and one part-time RN. b. Masters Level Mental Health Professionals c. Substance Abuse Specialist (preferably CAC) d. Mental Health Specialists/Case Managers minimum of BA degree. e. Employment Specialist f. Peer Specialist g. Program/Administrative Assistant 2. Services are provided consistent with PA CSP Principles.	**Must Meet One of the Following:** 1. At least two or more acute episodes of psychiatric inpatient treatment within the past 12 months or 30 days or more on an acute psychiatric unit or State Hospital during the last 12 months, or 3 or more contacts with crisis intervention/emergency services within the past 6 months. 2. Significant difficulty meeting basic survival needs, residing in substandard housing, homelessness, or imminent risk of becoming homeless. 3. Coexisting substance abuse disorder of significant duration (greater than 6 months). 4. Difficulty effectively utilizing traditional community based services: outpatient, case management, etc. **Continued Stay Criteria:** 1. Validated DSM-5 which remains the principal diagnosis, and continued SPMI symptomatology affecting the individual's ability to function in the

V PROGRAM OF ASSERTIVE COMMUNITY TREATMENT (PACT)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
his/her residence, place of work or leisure, provider program site, etc. The PACT multi-disciplinary staff individually plan and deliver the following services to individuals: • Service coordination: Assigned case manager who coordinates and monitors the individual's activities with the Team; links with community resources that promote recovery • Crisis assessment and intervention: Available 24/7; including telephone and face-to-face contact • Symptom assessment and management: Ongoing comprehensive assessment and accurate diagnosis; psycho-education regarding mental illness and medication management; symptom self-	3. Caseloads are based on staff-to-individual ratios. The minimum ratio for each full time equivalent is 8:1 and the maximum ratio is 10:1 (not including the psychiatrist and program assistant). 4 The Program will provide comprehensive bio-psychosocial assessments that include psychiatric evaluation, nursing assessment, psychosocial and rehabilitative functional assessments, and substance use evaluations. Also available are psychopharmacological consultation for medication adjustment and psychological assessment for the purpose of differential diagnosis. 5 Following admission into the program and upon completion of the assessments, a strength-based comprehensive integrated treatment/rehabilitation plan will be developed. The individualized plan will include measurable outcomes and time lines, with the signature of the individual as an active participant in the development of the treatment goal. The plan will be revised as needed to reflect the individual's current, ever-changing needs. It must be revised at minimum	community and to access and utilize traditional treatment services. 2. There is a reasonable expectation that the individual will benefit from the continued involvement of the PACT team. This is demonstrated by an observable positive response in the following areas of: a. Medication Adherence b. Reduction in the use of crisis services (If indicated as an issue in the treatment plan) c. Reduction in the use of inpatient episodes, and/or days spent in inpatient care, as compared to admission baseline figures. d. Enhancement of Social and Recreational skills (Improved communication and appropriate interpersonal behaviors) e. Improvement in activities of daily living; Improvement in the individual's community supports (Health, Legal, Transport, Housing, Finances, etc.)

V PROGRAM OF ASSERTIVE COMMUNITY TREATMENT (PACT)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
management; and supportive therapy • Medication prescription, administration, monitoring, and documentation: The PACT psychiatrist shall establish an individual clinical relationship with each individual • Integrated treatment that addresses the inter-relationships between mental health issues and substance use: Provision of a stage-based treatment model that is non-confrontational, considers interactions of mental illness and substance abuse, and has individual-centered goals • Work-related services: Assist the individual to value, find, and maintain meaningful employment	once every six (6) months or whenever there is a significant change in the individual's status. 6 Required Services: a. Crisis Intervention 24 hours/7 days a week, telephonic and in-person b. Supportive Psychotherapy c. Integrated treatment that addresses the inter-relationship between mental health issues and substance use d. Medication, prescription administration, monitoring, mobile medication administration, and documentation e. Rehabilitation - work related assessment, intervention and support f. Social and Recreational Skills Training g. Activities of Daily Living Services h. Support Services: Health, Legal, Financial, Transportation, Living Arrangements	f. Enhancement of vocational skills or vocational readiness, as indicated. 3. The individual expresses a desire to continue with PACT services, and exhibits adherence with the goals and objectives outlined in the plan of care. 4. The Individual, by virtue of continued symptomatology and decreased level of functioning, necessitates continued PACT involvement with the withdrawal of such services resulting in an exacerbation of acuity and the increased need for inpatient/crisis services. 5. The individual has not achieved six (6) months of demonstrated stabilization or is not at stabilization baseline, and continues to require this level of intervention. 6. Active assessment of ongoing need for PACT services is completed every six (6) months.

V PROGRAM OF ASSERTIVE COMMUNITY TREATMENT (PACT)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
• Activities of daily living: Includes housing; household activities, personal hygiene, money management, use of transportation, access physical health resources • Social/Interpersonal relationship and leisure time training: Activities to improve communication skills, develop assertiveness, increase self esteem • Peer support services: Linkages to self-help programs and organizations that promote recovery • Support services: Assistance to access medical services, housing, financial support, social services, etc. • Education, support and consultation to individuals'	i. Advocacy j. Education 7. The PACT's contacts with individuals will vary based on the individual's clinical needs. The PACT will have the capacity to provide multiple contacts per week to the individual. There will be an average of three (3) contacts per week for all individuals, but multiple contacts may be as frequent as two (2) to three (3) times per day, 7 days per week. 8. Individuals may receive PACT services and other treatment, rehabilitation, and support services for a period of up to six (6) consecutive months prior to a full discharge from the PACT in order to facilitate a successful transition to less intensive services.	**Discharge Criteria:** Discharges from PACT occur when individuals and staff mutually agree to the termination of services. This shall occur when individuals: 1. Have successfully reached individually established goals for discharge, and when the individual and staff mutually agree to the termination of services. 2. The individual has successfully demonstrated the ability to function in the community with minimal PACT involvement and has demonstrated stabilization for a period of six (6) months. 3. The individual has been successfully transitioned to traditional community treatment services, and meets MBH UM criteria for coordinated lower levels of care. (ICM, Partial, IOP, PRS, etc.) 4. The individual, with the mutual agreement of MBH and the PACT concurs that the goals, as set forth in the plan of care, have been achieved and that a coordinated discharge plan has been documented and fully implemented.

V PROGRAM OF ASSERTIVE COMMUNITY TREATMENT (PACT)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
families and other major supports: Includes psycho-education related to individual's illness and role of the family, linkages to family self-help programs and organizations that promote recovery The PACT is directed by a Team Leader and Psychiatrist and includes sufficient staff from the core mental health disciplines, at least one peer specialist and program/administrative support staff who are able to provide treatment, rehabilitation and support services 24 hours per day, seven days per week. **Common Settings:** • Program of Assertive Community Treatment (PACT) • Mobile Assessment Stabilization and Treatment Team (MAST)		5. The individual moves out of the county of residence. 6. The individual declines or refuses services and requests discharge despite the team's best efforts to develop an acceptable treatment plan with the individual. 7. The individual has consistently required additional services not provided by PACT. 8. The individual has not benefited from PACT. An alternate plan of treatment has been developed with the individual. 9. The individual is deceased.

V PROGRAM OF ASSERTIVE COMMUNITY TREATMENT (PACT)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
• Community Treatment Team (CTT)		

VI LONG TERM STRUCTURED RESIDENCE (LTSR)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
Long Term Structured Residence provides a highly structured therapeutic mental health treatment facility designed to serve persons eighteen (18) years of age or older who do not need hospitalization at either the acute or sub-acute level of care and for whom other community-based treatment services would not adequately support continued recovery, but who require mental health treatment and supervision on an ongoing (24 hour per day) basis. The length of stay is dependent upon the needs of the individual and the achievement of treatment and recovery goals. Admissions are on a voluntary basis or can be involuntary under section 304, 305, or 306 of the Mental Health Procedures Act. The goal of a LTSR is to provide psychiatric stabilization that will facilitate reintegration into the community.	**Admission Service Components - (Must meet *all* of the following)** 1. Professional staff consisting of an interdisciplinary treatment team to include: a. Board-eligible or certified psychiatrist, medical and nursing consultation available twenty-four (24) hours per day, seven (7) days per week. b. The Program Director shall be a licensed mental health professional. c. The interdisciplinary team shall be comprised of at three mental health professionals. At least one individual of the team shall be a psychiatrist. d. Staffing levels shall be sufficient to provide active treatment, psychosocial rehabilitation and 24-hour supervision on weekdays, weekends, and holidays. e. Have a minimum of three (3) direct care staff during the day whenever 10 to 16	**Admission Criteria - (Must meet *all* of the following)** 1. Validated primary DSM-5 diagnosis with the following: a. A complete face-to-face diagnostic examination (intellectual disability or substance abuse cannot stand alone) by a psychiatrist. b. Long Term Structured Residence (LTSR) is prescribed by the diagnosing psychiatrist indicating that this is the most appropriate, least restrictive service to meet the mental health needs of the individual. c. Documentation in the current psychiatric/psychological evaluation that the treatment, 24-hour supervision, and observation, provided in the LTSR setting, are necessary as a result of severe mental illness. 2. Level of Stability - (Must meet all of the following) a. Moderate to high risk for victimization or placing self at risk through impulsive behavior

VI LONG TERM STRUCTURED RESIDENCE (LTSR)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
Common Settings: • Long Term Structured Residence	residents are on the premises. The three staff include the Program Director or other Mental Health Professional and two (2) Mental Health Workers. Overnight staffing shall include two (2) Mental Health Workers awake and on-duty and a third direct care staff shall be either on-site or available to respond on-site within 30 minutes. f. Have sufficient psychiatric time available to meet the needs of each resident; at least ½ hour of psychiatric time per week per resident is required. g. Employ a mental health professional (may be the program director) onsite for at least 8 of every 24 hours. 2. Comprehensive individual assessment including psychiatric evaluation, nursing assessment, social evaluation, and other evaluations used to develop an initial treatment plan to be completed within 72 hours of admission.	or exercising poor judgment without 24-hour supervised behavior management program. b. Individual has the ability to engage in activities of daily living, but may require assistance and/or skill-training in tasks of daily living and personal care. c. Individual is medically stable, but may require occasional medical observation and care. d. Individual does not exhibit behaviors requiring physical restraints and/or seclusion. e. Individual does not present an imminent danger to him/herself or others. 3. Reasonable, documented treatment within a less restrictive setting has been provided by a mental health professional, *and/or* careful consideration of treatment within a less restrictive environment than that of a Long Term Structured Residence, *and* the direct reasons for its rejection, have been documented.

VI LONG TERM STRUCTURED RESIDENCE (LTSR)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	3. Develop a comprehensive treatment and recovery plan within 10 days of admission that includes: a. The participation of the individual and person's designated by the individual b. Strengths based goals and objectives based on evaluation of the individual's medical, psychological, social, cultural, behavioral, and educational/vocational needs. c. An integrated program of therapies and activities to meet the person specific, recovery oriented goals and objectives. d. A discharge plan that develops a clear and detailed program of care with progressively lower levels of structure.	4. Degree of Impairment - (Must meet a, and either b or c) a. Individual has insufficient or severely limited skills necessary to maintain an adequate level of functioning outside of the treatment program and has impairment of judgment, impulse control and/or cognitive/perceptual abilities, arising from a psychiatric condition or an acute exacerbation of a chronic psychiatric condition which may indicate the need for the continuous monitoring and intervention of awake 24-hour, supervised program in order to facilitate recovery. b. Social/Interpersonal/Familial- Significantly impaired interpersonal, social and/or familial functioning arising from a psychiatric condition, or an acute exacerbation of a chronic psychiatric condition which requires active treatment to achieve or resume an adequate level of functioning and to facilitate recovery. OR

VI LONG TERM STRUCTURED RESIDENCE (LTSR)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	Continued Stay Service Components - (Must meet *all* of the following) 1. Active treatment is focused upon implementing the program of care developed from the comprehensive assessment. 2. The interdisciplinary team reviews the treatment plan at least every 30 days or more frequently as the individual's condition changes. 3. Reassessment of the individual's mental, physical, and social needs occurs at least every 6 months and more frequently if the individual's condition changes significantly.	c. Educational/Occupational- Significantly impaired educational or occupational functioning arising from a psychiatric condition, or an acute exacerbation of a chronic psychiatric condition which requires active treatment to achieve or resume an adequate level of functioning and facilitate recovery. **Continued Stay Criteria - (Must meet 1, 2, 3, and either 4 or 5)** 1. Validated primary DSM-5 diagnosis with the following: a. The interdisciplinary treatment team shall review treatment plans at least every thirty (30) days or more frequently as the individual's condition changes. b. Less restrictive treatment environments have been considered in consultation with the Treatment Team.

VI LONG TERM STRUCTURED RESIDENCE (LTSR)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		2. The reasonable likelihood of substantial benefit in the individual's mental health condition and recovery as a result of active intervention of the 24-hour supervised program. 3. Individual and family, to the extent possible, are involved in treatment and discharge planning. 4. Continuation of symptoms and/or behaviors that required admission or although individual is making *progress toward goals* in the expected recovery process, further progress must occur before transition to a lesser level of care is clinically safe and appropriate. The necessary changes must be identified in an updated treatment plan. OR 5. Appearance of new problems meeting admission guidelines.

VI LONG TERM STRUCTURED RESIDENCE (LTSR)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		Discharge Criteria (Must meet 1, 2, and either 3 or 4) 1. The individual's psychiatric symptoms/behaviors and medication regimen have sufficiently stabilized so that the individual can be maintained at a lesser level of care and individual will not be compromised with treatment being given at a less intensive level of care. 2. The individual has attained treatment and recovery goals and has successfully completed trial leaves from the LTSR. 3. A comprehensive recovery plan has been developed in consideration of the individual's: a. Strengths, needs, and goals. b. Establishment of a community support system including social and/or familial support. c. A plan for continued recovery. d. Identification of triggers for relapse; and other factors/obstacles to recovery.

VI LONG TERM STRUCTURED RESIDENCE (LTSR)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		e. Arrangements for follow-up care have been made including a scheduled appointment within one (1) week of discharge. OR 4. An individual not meeting continued stay criteria shall be considered for discharge.

VII MULTISYSTEMIC THERAPY (MST)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
Multisystemic Therapy (MST) is an intensive family and community-based treatment that addresses the multiple determinants of serious antisocial behavior in juvenile offenders. The service is provided by a licensed MST provider using a home-based model of services delivery targeting chronic, violent, or substance abusing juvenile offenders, ages 12-17, at high risk of out-of-home placement and their families. MST interventions typically aim to improve caregiver discipline practices, enhance family affective relations, decrease individual association with deviant peers, increase individual association with pro-social peers, improve individual, school or vocational performance, engage individual in pro-social recreational outlets, and develop an indigenous support network of extended family, neighbors, and friends to help caregivers achieve	**Admission and Concurrent Service Components - (Must meet *all* of the following)** 1. Multisystemic Therapy (MST) provide direct services by a clinical team comprised of a supervisor and two to four (2-4) therapists: a. The MST supervisor is a mental health professional who is a full time employee assigned to the MST only. b. Therapists are master's level mental health professionals who are full-time employees assigned to the MST only. c. MST Clinical Consultants are Ph.D. level mental health professionals . d. Clinical supervision occurs at least weekly (one hour per week per therapist) and more often as needed. e. Services are provided consistent with Pennsylvania's Child and Adolescent Services System Program (CASSP) principles.	**Admission Criteria - (Must meet 1, 2, and 3 or 4 or 5.)** 1. The individual demonstrates behavioral symptoms consistent with DSM-5 diagnoses of Conduct Disorder plus a co-morbid psychiatric illness, or diagnosis of Antisocial Personality plus a co-morbid psychiatric illness. In addition, there may be other diagnosed conditions which require and can be reasonably expected to respond to therapeutic interventions. 2. Individual at imminent risk of placement through Juvenile Court or Children and Youth Services due to the child's acting out behaviors; or Adjudicated individual returning from out-of-home placement (residential facilities, Detention Center, foster homes, day treatment or group homes). In addition to any one or more of the following: 3. The individual is able to remain in his/her home but the family is unable to adequately manage the

VII MULTISYSTEMIC THERAPY (MST)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
and maintain such changes. Services are typically delivered from 2-20 hours per week, last from 3-6 months, and include on call crisis availability 24/7. **Common Settings:** • Multisystemic Therapy (MST)	f. Caseloads range from four (4) to six (6) families per team therapist or a maximum of sixteen (16) families per team. g. The expected duration of service is three (3) to six (6) months per family. h. The MST must have 24/7 availability to individuals and families during the week and 24/7 on-call availability on weekends and holidays. 2. Complete biopsychosocial assessment including but not limited to relevant history, previous treatment, current medical conditioning including medications, substance abuse history, lethality assessment and complete mental status exam. 3. Development of a strength-based comprehensive treatment plan which includes: measurable outcomes and time lines, signatures of child/family, adolescent, and monthly updates to the plan.	behavioral problems and need to learn new behavior management techniques OR 4. There is a history of previous unsuccessful interventions (i.e. BHRS, FBS) OR 5. There is ongoing multi-system involvement (e.g. school, mental health, JJS, PS etc.) **Continued Stay Criteria - (All of the following criteria are required for continuing treatment at this level of care.)** 1. The individual's condition continues to meet admission criteria at this level of care. 2. The individual's treatment does not require a more intensive level of care, and no less intensive level of care would be appropriate.

VII MULTISYSTEMIC THERAPY (MST)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	4. Multisystemic Therapy (MST) provided in the home and community have the following primary goals: a. Reduce individual criminal activity;; b. Reduce other behaviors associated with antisocial conduct such as drug abuse; c. Decrease rates of out-of-home placement and incarceration. 5. The goals of the MST are achieved by providing therapies with the most empirical support, such as cognitive, cognitive behavioral, behavioral, and pragmatic family therapies such as structural family therapy. Intervention can take the form of case management, family therapy, individual therapy and consultations with other systems. If indicated, a child can be referred for psychological assessment, psychiatric evaluation, and medication management. The focus of these interventions is to:	3. Treatment planning is individualized and appropriate to the individual's changing condition with realistic and specific goals and objectives stated. The treatment plan has been developed, implemented and updated, based on the consumer's clinical condition and response to treatment, as well as the strengths of the family. Treatment planning should include active family or other support systems involvement, as appropriate and/or feasible, and comprehensive assessment of family functioning. 4. An individualized discharge plan has been developed which includes specific realistic, objective and measurable discharge criteria and plans for appropriate follow-up care. 5. 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 are evident.

VII MULTISYSTEMIC THERAPY (MST)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	a. improve caregiver decision-making and limit setting b. enhance family relations c. decrease a individual's association with deviant peers d. increase a individual's association with pro-social peers e. improve a individual's school or vocational attendance and performance f. engage individual in positive recreational outlets 6. Fidelity to the principles of the MST will be monitored through the administration of the Therapist's Adherence Measure and Supervisor Adherence Measure.	6. The consumer is actively involved in treatment, or there are active, persistent efforts being made that can reasonably be expected to lead to the individual's engagement in treatment. 7. There is a documented active attempt at coordination of care with relevant providers and support systems when appropriate. **Discharge Criteria (Must meet either 1, 2, 3 or 4; and 5)** 1. The individual's/family's documented treatment plan goals and objectives have been substantially met. OR 2. The individual/family no longer meets admission criteria, or meets criteria for a less or more intense level of care. OR

VII MULTISYSTEMIC THERAPY (MST)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		3. The individual and/or family have not benefited from MST despite documented efforts to engage the individual and or family and there is no reasonable expectation of progress at this level of care despite treatment planning changes. OR 4. The individual is placed in a restrictive setting (detention center, residential placement) for a duration of time that precludes further MST involvement; and 5. An individualized discharge plan with appropriate, realistic and timely follow up care is in place with documented plans to transition the individual to the most appropriate level of care.

VIII PSYCHOLOGICAL TESTING

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
Psychological Testing is administered by a licensed doctoral-level psychologist (Ph.D., Psy.D. or Ed.D.), or other qualified provider as permitted by applicable state and/or federal law, who is credentialed by and contracted with Magellan. **Common Settings:** • Individual Practice • Group Practice • Outpatient Facility • Partial Hospital	**Authorization of Service Components - (Must meet *all* of the following)** 1. Prior to psychological testing, the individual must be assessed by a qualified behavioral health care provider. The diagnostic interview determines the need for, and extent of, the psychological testing. Testing may be completed at the onset of treatment to assist in the differential diagnosis and/or help resolve specific treatment planning questions. It also may occur later in treatment if the individual's condition has not progressed and there is no clear explanation for the lack of improvement. a. A licensed doctoral-level psychologist (Ph.D., Psy.D. or Ed.D.), or other qualified provider as permitted by applicable state and/or federal law, who is credentialed by and contracted with Magellan, administers the tests. b. Requested tests must be valid and reliable, and the most recent version of the test must be used. The instrument	**Admission Criteria - (Must meet *all* of the following)** 1. The reason for testing must be based on a specific referral question, or questions, from the treating provider and related directly to the psychiatric or psychological treatment of the individual. 2. The specific referral question(s) cannot be answered adequately by means of clinical interview and/or behavioral observations. 3. The testing results based on the referral question(s) are reasonably expected to provide information that will effectively guide the course of treatment. **Exclusion Criteria** 1. Psychological testing will not be authorized under any of the following conditions: a. The testing is primarily for educational or vocational purposes.

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	must be age-appropriate and meet the individual's developmental, linguistic, and cultural requirements.	b. The testing is primarily for the purpose of determining if an individual is a candidate for a specific type or dosage of psychotropic medication. c. The testing is primarily for the purpose of determining if an individual is a candidate for a medical or surgical procedure. d. The testing results could be invalid due to the influence of a substance, substance abuse, substance withdrawal, or any situation that would preclude valid psychological testing results from being obtained (e.g., an individual who is uncooperative or lacks the ability to comprehend the necessary directions for having psychological testing administered). e. The testing is primarily for diagnosing Attention-Deficit Hyperactive Disorder (ADHD), unless the diagnostic interview, clinical observations, and results of appropriate behavioral rating scales are inconclusive.

VIII PSYCHOLOGICAL TESTING

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		f. Two or more tests are requested that measure the same functional domain. g. Testing is primarily for legal purposes, including custody evaluations, parenting assessments, or other court or government ordered or requested testing. h. Requested tests are experimental, antiquated, or not validated. i. The testing request is made prior to the completion of a diagnostic interview by a behavioral health provider, unless pre-approved by Magellan of PA. j. The testing is primarily to determine the extent or type of neurological impairment. k. The number of hours requested for the administration, scoring, interpretation and reporting exceeds the generally accepted standard for the specific testing instrument(s), unless justified by particular testing circumstances.

IX MOBILE MENTAL HEALTH TREATMENT

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
Mobile Mental Health Treatment (MMHT) is a service array for individuals 21 year of age or older who encounter barriers to, or have been unsuccessful in, attending an outpatient clinic. The purpose of MMHT is to provide therapeutic treatment to reduce the need for intensive levels of service including crisis intervention or inpatient hospitalization. MMHT provides treatment which includes: evaluation; individual, group, or family therapy; and medication visits in an individual's residence or appropriate community site (senior center, churches, etc.). This service adheres to the recovery philosophy as it provides for treatment in the least restrictive setting with the goal of reducing the need for more intensive levels of service including crisis intervention and inpatient hospitalization. MMHT is not intended to replace non-treatment services such as case management or outreach. MMHT should not be	**Service Components** 1. Mobile Mental Health Treatment (MMHT) will provide direct services under the supervision of a. Psychiatrist b. Physician Assistant c. Certified Registered Nurse Practitioner (b & c with supervision and sign off by a psychiatrist) 2. The supervising psychiatrist's review of the assessment should occur within 72 hours of the initial assessment. A psychiatric evaluation (face-to-face by the psychiatrist) *is* required if the services extend beyond 30 days, or sooner if the supervising psychiatrist deems it appropriate. 3. The psychiatrist must document each individual's diagnosis and approve the treatment plan.	**Initiation of Service** 1. The individual is eligible for MA; 2. The individual is 21 years of age or older; 3. The individual has at least one of the following: a. A medical condition, as documented in the treatment plan, that precludes the individual from participating in mental health outpatient clinic services at the clinic; or b. A psychiatric condition, as documented the treatment plan, that precludes at the clinic; or c. One or more significant psychosocial stressors, as documented in the treatment plan, that precludes the individual from participating in mental health outpatient clinic services; 4. Agrees to participate in MMHT as prescribed.

IX MOBILE MENTAL HEALTH TREATMENT

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
provided indefinitely. MMHT may not be provided solely as a convenience for the consumer or as a substitute for transportation. **Common Settings** Each Psychiatric outpatient clinic enrolled in the MA Program will be automatically authorized to provide MMHT.	4. Documentation Requirements – The medical records must contain written documentation of: a. The individual's diagnosis. b. The medical necessity for MMHT including the medical, psychiatric, or psychosocial condition that impairs or precludes participation in the clinic. c. A physician order for MMHT (may come from outside the MMHT facility). d. Treatment plan goals. e. Services to be provided, including the expected duration. f. Supports/interventions necessary to overcome barriers to attending the outpatient clinic. g. Persons who will provide the service.	**Continuation of Services** 1. The person continues to meet 1-4 above; and 2. There is documentation that the person: a. Continues to meet one of the medical, psychiatric or psychosocial conditions as outlined in the medical necessity guidelines criteria three (3) above; or b. There is a reasonable expectation, based on the person's clinical history, that withdrawal of this service will result in decompensation or recurrence of signs and symptoms that could lead to a more intensive level of treatment. **Discharge Criteria (Must meet any one of the following)** 1. The individual has successfully met the goals outlined in the treatment plan. 2. The individual has been linked with other services, or the conditions/barriers precluding

IX MOBILE MENTAL HEALTH TREATMENT

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	h. Progress note which include the frequency, type, and duration of each service. 4. The treatment plan is to be reviewed/ updated every 120 days or fifteen (15) visits, whichever is first. 5. The Physician Assistant or Certified Registered Nurse Practitioner is to be trained and qualified to provide services in a mental health setting. 6. There must be clear supervision by a psychiatrist. 7. Services can be rendered by any mental health worker as defined in PA code 5200.3. 8. Services must also be provided within their scope of practice. 9. Each Outpatient clinic should have policies/protocols for supervision/support of staff person while in the field.	treatment at the outpatient clinic have been alleviated. 3. The individual has requested discharge. 4. The provider has determined that, despite documented attempts, the individual was not able to engage or remain engaged in treatment.

X FUNCTIONAL FAMILY SOLUTION BASED SERVICES (FFSBS)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
Functional Family Solution Based Services (FFSBS) is a program that addresses both the child's emotional disturbance and skill enhancement for the family. It is typically used for families involved with the child welfare system due to issues of abuse or neglect to assist in preserving the family through both counseling and skill building. FFSBS will also work cooperatively with the involved child welfare systems to identify any unmet family support needs in order to improve the overall stability of the home environment and prevent out – of – home placement for the child or adolescent. FFSBS will provide screening, assessment, and treatment services in community-based settings utilizing a continuum of service intensity based on family need. Services will be provided by a team consisting of a master's-level therapist and a bachelor's-level family support staff person, at an intensity based on the severity of	**Admission and Concurrent Service Components - (Must meet *all* of the following)** 1. FFSBS programs provide direct services by a multi-disciplinary team and must hold a Provider 50 License. a. The FFSBS supervisor is a licensed mental health professional. b. Clinical supervision occurs at least weekly and more often as needed. c. Services provided are within the team's scope of training and license/certification. d. Services are provided consistent with Pennsylvania's Child and Adolescent Services System Program (CASSP) principles. e. Caseloads range from 8-10 consumer families per team with a maximum of 10 per team. f. The expected duration of services is 8-12 months.	**Admission Criteria - (Must meet *all* of the following)** 1. The child/adolescent has received a psychological or psychiatric examination that supports a DSM-5 diagnosis which documents a need for FFSBS. 2. At least one adult individual of the individual's family agrees to participate in the service. 3. Level of stability (Must meet a or b, and c, d, e, and f or g or h) a. Treatment at a lower level of care has been given serious consideration; or b. The child is stabilized ,but requires FFSBS to maintain or continue to improve current level of functioning and/or to transition from a more restrictive setting back to the home and community; and c. FFSBS are deemed the most appropriate level (i.e. there is clearly both individual and family components to treatment that are needed, the needs are not of the intensity to require FBS, there is not a need for 24/7 crisis

X FUNCTIONAL FAMILY SOLUTION BASED SERVICES (FFSBS)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
family issues and needs. FFSBS will engage children, their families, and other community individuals who care about the child to produce an individualized family focused, child centered service plan. The service plan will address the behavioral health needs of the child/adolescent and assists the family with supporting the child/adolescent, or other family members, with a diagnosed behavioral health disorder. Services are provided in the home and community setting to assist the child/youth with succeeding in the home, community and school settings. This service will also work cooperatively with involved child welfare or juvenile justice entities to identify any unmet family support needs in order to improve the overall stability of the home environment and prevent out-of-home placement for the child/adolescent.	g. The eligible individual/family are informed of the EPSDT program. 2. FFSBS will complete a biopsychosocial assessment including but not limited to relevant history, relevant history, course of and response to previous treatment, current medical conditioning including medications, substance abuse history, lethality assessment and complete mental status exam. 3. FFSBS will develop a strength-based comprehensive treatment plan which includes: measurable outcomes and time lines, signatures of child/family, adolescent, and monthly updates to the plan. 4. FFSBS provided in the home and community have the following service components: a. Develop behavior management plans – use of positive parenting, positive reinforcement, etc. for addressing challenging behaviors. Behavioral management plans will be individualized and developmentally appropriate for the child/adolescent.	intervention as a treatment component) of care to meet the child's needs; and d. Risk to self, others, or property, if present, is considered to be low, or if present, is being managed clinically (although without FFSBS, the child's potential risk in these areas may be increased);and e. The child is medically stable. f. Risk of abuse or neglect; or g. At risk of out of home placement; or h. The child is being reunited with the identified family. 4. Degree of impairment (Must meet a, and either b or c) a. Child does not have the resources or skills necessary to maintain an adequate level of functioning in the home environment without FFSBS due to the individual having a serious mental illness or emotional disturbance which

X FUNCTIONAL FAMILY SOLUTION BASED SERVICES (FFSBS)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
Common Settings: • Serves families who are unable to participate in traditional outpatient services. • Serves individuals for whom BHRS is not appropriate or has not been successful who do not meet the level of need for Family Based Services. • Treatment occurs in home and community settings.	b. Provide structural family therapy – establishing appropriate boundaries within the family, elevation of parent to executive role in family and assisting families with identifying and verbalizing feelings/thoughts as a means to prevent/resolve conflicts. Family therapy is provided by a Master's level clinician. c. Provide individual therapy – using cognitive behavioral techniques and solution based approaches to problem solving. Family therapy is provided by a Master's level clinician. d. Provide training in conflict resolution – use of modeling and role playing to assist families with non-violent conflict resolution and improved communication. e. Provide education to parent/family individuals regarding the identified behavioral health disorder, medication education and advocate for their child/family's needs.	compromises judgment, impulse control and/or cognitive perceptual abilities. b. Social/Interpersonal/Familial – Child exhibits impairment in social, interpersonal or familial functioning due to the individual or a family individual having a serious mental illness or emotional disturbance which may indicate a need for FFSBS to stabilize or reverse the condition. OR c. Education – Child exhibits impairment in educational functioning due to the individual or a family individual having a serious mental illness or emotional disturbance which may indicate a need for FFSBS to stabilize or reverse the condition. **Continued Stay Criteria - (All of the following criteria are required for continuing treatment at this level of care.)** 1. Validated DSM-5 diagnosis with resilient symptomology, which continues to have a broad

X FUNCTIONAL FAMILY SOLUTION BASED SERVICES (FFSBS)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	f. Model positive parenting techniques – teaching positive methods of behavior management, use of developmentally appropriate play with children to improve relationships/social skills, etc. g. Teach parents positive coping mechanisms – relaxation, taking a break, finding time for self, etc. h. Team individuals may provide Play Therapy, psychodrama and other less traditional treatment modalities with younger children who have difficulty verbally expressing their feelings and concerns. i. Crisis prevention and intervention available 24/7 by FFSBS team individuals. j. Assist in establishing connections/ linkages to community services and supports, consultation with a licensed psychologist or child psychiatrist if indicated, and coordination of care with the child's primary care physician	and persistent effect on the child's ability to remain in the home/community. 2. There is reasonable expectation that the child will benefit from FFSBS program. This is observable as a positive or beneficial response to treatment recommendations including, but not limited to medication adherence, family/school involvement and collaborating with the FFSBS team in treatment. 3. Child/family making attempt/progress toward goals and is benefiting from plan of care, as evidenced by lessening of symptoms over time and stabilization of psych-social functioning through treatment planning and involvement. 4. An evaluation of ongoing need for FFSBS completed every 4 months. **Discharge Criteria (Must meet 1 and 2)** 1. The individual/family no longer meets continued stay criteria; and

X FUNCTIONAL FAMILY SOLUTION BASED SERVICES (FFSBS)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	regarding physical health and behavioral health needs. 5. There is a minimum of one hour of face-to-face contact per consumer family per week. 6. FFSBS maximizes self-reliance and community tenure.	2. Before an individual is discharged, the provider should ensure that a discharge plan has been developed including: recommended aftercare plan which contains the signature of the individual, to the family, if the individual is a child, and involved others. The Provider should ensure that the individual/caregivers have a crisis plan and that aftercare services have been secured.

XI FUNCTIONAL FAMILY THERAPY (FFT)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
Functional Family Therapy (FFT) is a well documented family prevention and intervention program which has been applied successfully to a wide range of problem youth and their families in various contexts. While commonly employed as an intervention program, FFT has demonstrated its effectiveness as a method for the prevention of many of the problems of at-risk adolescents and their families. Functional Family Therapy (FFT) is an empirically grounded intervention program that targets youth between the ages of 11 and 18, although younger siblings of referred adolescents are also treated. FFT is a short-term intervention with, on average, 8 to 12 one-hour sessions for mild cases and up to 26 to 30 hours of direct service for more difficult situations. Most program sessions are spread over a three-month period of time. It is expected that the FFT providers remain in contact with Magellan regarding any	**Admission and Concurrent Service Components - (Must meet *all* of the following)** 1. Functional Family Therapy (FFT) is an outcome-driven prevention/intervention program for youth who have demonstrated the entire range of maladaptive, acting out behaviors and related syndromes. 2. Program targets included youth, aged 11-18, at risk for and/or presenting with delinquency, violence, substance use, Conduct Disorder, Oppositional Defiant Disorder, or Disruptive Behavior Disorder. 3. FFT requires as few as 8-12 hours of direct service time for commonly referred youth and their families, and generally no more than 26 hours of direct service time for the most severe problem situations. 4. Flexible delivery of service by one and two person teams to individuals' in-home, clinic, juvenile court, and at time of re-entry from institutional placement.	**Admission Criteria - (Must meet 1 and 2)** 1. Diagnostic Evaluation and Documentation a. Diagnosis on DSM-5, as part of a complete face-to-face assessment (intellectual disability or substance abuse cannot stand alone), by a Mental Health Professional (see Title 55. Public Welfare § 5200.3). A psychiatrist, physician or licensed psychologist determines that the child is eligible and recommends the FFT program (State Plan Under Title XIX of the Social Security Act, Amendment, Effective Date July 1, 1990 Attachment 3.1A, Section 13.(d)(I)); and b. Other less restrictive, less intrusive services have been provided and continuation in this less intensive level of care cannot offer either an expectation of improvement or prevention of deterioration of the child's and the family's condition; OR

XI FUNCTIONAL FAMILY THERAPY (FFT)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
red flag issues and for any disposition issues related to treatment phase completion. The FFT clinical model is appealing because of its clear identification of specific phases. Each phase includes specific goals, assessment foci, specific techniques of intervention, and therapist skills necessary for success designed to guide the therapist in working with the family to meet the outcomes and goals short term and long term treatment goals. The major phase-based goals of Functional Family Therapy are to: 1. Engage and motivate youth and their families by decreasing the intense negativity (blaming, hopelessness) so often characteristic of these families. Rather than ignoring or being paralyzed by the	5. Wide range of interventionists, including para-professionals under supervision, trained probation officers, mental health technicians, degreed mental health professionals (e.g., M.S.W., Ph.D., M.D., R.N., M.F.T.). 6. FFT effectiveness derives from emphasizing factors which enhance protective factors and reduce risk, including the risk of treatment termination. In order to accomplish these changes in the most effective manner, FFT is a phase-based program with steps which build upon each other. These phases consist of: a. *Engagement,* designed to emphasize within youth and family factors that protect youth and families from early program dropout; b. *Motivation,* designed to change maladaptive emotional reactions and beliefs, and increase alliance, trust, hope, and motivation for lasting change; c. *Assessment*, designed to clarify individual, family system, and larger system	c. Child has been discharged from an Inpatient Hospitalization or a Residential Treatment Facility, and other less restrictive, less intrusive services cannot offer either an expectation of improvement or prevention of deterioration of the child's and the family's condition; and d. Behaviors indicate manageable risk for safety to self/others and child must not require treatment in an inpatient setting or a psychiatric residential treatment facility. 2. Severity of Symptoms a. Treatment is determined by the treatment team to be necessary in the context of the family in order to effectively treat the child, 1) the family recognizes the child's risk of out of home placement and the problem of maintaining their child at home without intensive therapeutic interventions in the context of the family; and/or 2) the child is returning home and FFT is needed as a step down from an out-of-home placement; and

XI FUNCTIONAL FAMILY THERAPY (FFT)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
intense negative experiences these families often bring. (e.g., cultural isolation and racism, loss and deprivation, abandonment, abuse, depression) 2. Reduce and eliminate the problem behaviors and accompanying family relational patterns through individualized behavior change interventions. During this phase FFT integrates a strong cognitive/attributional component into systematic skill-training in family communication, parenting, problem solving, and conflict management skills. 3. Generalize changes across problem situations by increasing the family's capacity to adequately utilize community resources, and engage in relapse prevention.	relationships, especially the interpersonal functions of behavior and how they related to change techniques; d. *Behavior Change,* which consists of communication training, specific tasks and technical aids, basic parenting skills, contracting and response-cost techniques; and e. *Generalization*, during which family case management is guided by individualized family functional needs, their interface with environmental constraints and resources, and the alliance with the FFT therapist/Family Case Manager. 7. Clinical trials have demonstrated that FFT is capable of: a. Effectively treating adolescents with Conduct Disorder, Oppositional Defiant Disorder, Disruptive Behavior Disorder, alcohol and other drug abuse disorders, and who are delinquent and/or violent;	b. The child's problematic behavior and/or severe functional impairment discussed in the presenting history and psychiatric/ psychological examination must include at least one (1) of the following: 1) Suicidal/homicidal ideation 2) Impulsivity and/or aggression 3) Psycho-physiological condition (i.e.- bulimia, anorexia nervosa) 4) Psychomotor retardation or excitation. 5) Affect/Function impairment (i.e.- withdrawn, reclusive, labile, reactivity) 6) Psychosocial functional impairment 7) Thought Impairment 8) Cognitive Impairment; and

XI FUNCTIONAL FAMILY THERAPY (FFT)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
The data from numerous outcome studies suggests that when applied as intended, FFT can reduce recidivism between 25% and 60%. Additional studies suggest that FFT is a cost-effective intervention that can, when appropriately implemented, reduce treatment costs well below that of traditional services and other family-based interventions. **Common Settings:** • Treatment primarily occurs in the home setting	b. Interrupting the matriculation of these adolescents into more restrictive, higher cost services; c. Reducing the access and penetration of other social services by these adolescents; d. Generating positive outcomes with the entire spectrum of intervention personnel; e. Preventing further incidence of the presenting problem; f. Preventing younger children in the family from penetrating the system of care; g. Preventing adolescents from penetrating the adult criminal system; and h. Effectively transferring treatment effects across treatment systems.	c. Following referral, service must be recommended as the most clinically appropriate and least restrictive service available for the child, by the FFT treatment team. Parent(s)/guardian(s), and/or caretaker, as appropriate, case manager (when assigned) and the child must be involved in the planning process; and d. There is serious and/or persistent impairment of developmental progression and/or psychosocial functioning due to a psychiatric disorder or serious emotional disturbance, requiring treatment in the home and family involvement to alleviate acute existing symptoms and/or behaviors; or to prevent relapse in the child with symptoms and/or behaviors which are in partial or tentative remission; OR e. There is an exacerbation of severely impaired judgment or functional capacity and capability, for the child's developmental level, such that interpersonal skills, and/or self-maintenance

XI FUNCTIONAL FAMILY THERAPY (FFT)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		in the home is severely compromised, and intervention involving the child and family is necessary; OR f. Significant psychosocial stressors are affecting the child and the family as a whole, increase the risk that the child's functioning will decrease for his/her developmental level; OR g. Symptoms improve in response to comprehensive treatment at a higher level of care, but child needs FFT to sustain and reinforce stability while completing the transition back to home and community. **Continued Stay Criteria (must meet 1,2, 3 and 4)** 1. Diagnostic Evaluation and Documentation (see also, Appendix A)

XI FUNCTIONAL FAMILY THERAPY (FFT)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		a. Recommendation to continue FFT must occur: by a psychiatrist, licensed psychologist, or physician, with an updated diagnosis; and b. An updated treatment plan by the treatment team with any needed revision of goals to reflect documented changes, and the child and family involvement in the treatment planning process. 2. Severity of Symptoms a. Child and the family are making progress toward goals, and the treatment team review recommends continued stay; OR b. The presenting conditions, symptoms or behaviors continue, such that family and natural community supports alone are insufficient to stabilize the child's condition; OR

XI FUNCTIONAL FAMILY THERAPY (FFT)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		c. The appearance of new conditions, symptoms or behaviors meeting the admission criteria. OR d. Although progress by the child and family has been limited to date, there is a need for additional time for engagement and progress, and the increasing level of involvement in treatment at present offers a reasonable expectation of improvement with additional FFT services. 3. Support Criteria a. The on-site clinical expertise necessary must be available as appropriate to the SEVERITY OF BEHAVIORS. There must be family commitment to the treatment process of the child or adolescent. The treatment must support community integrative objectives including development of the child/ adolescent's network of personal, family, and community support.

XI FUNCTIONAL FAMILY THERAPY (FFT)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		4. Continued Care Documentation a. Child must be reevaluated every 120 days for the purpose of updating the treatment plan and continue to meet Requirements for Continued Care. 1) The review of the child being served must: • clarify the child's progress within the family context and progress toward developing community linkages; and ➢ clarify the goals in continuing FFT; and ➢ the need for continuing FFT if continuation beyond 120 day is recommended; and • whenever FFT service is considered for a term greater than 120 days: ➢ a psychiatrist, licensed psychologist, or physician must update the diagnosis; and

XI FUNCTIONAL FAMILY THERAPY (FFT)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		➢ review includes consideration/evaluation of alternative Levels of Care, therapeutic approaches, informal approaches, and resources; and 2) Child demonstrates: • measured improvement and/or begins to demonstrate alternative/ replacement behaviors (document indicators in the evaluation); or • increased or continued behavioral disturbance with continued expectation for improvement (indicate rationale in the treatment plan); and 3) Treatment plan is addressing the behavior within the context of the child's problem and/or contributing psychosocial stressor(s)/event(s); and 4) Treatment plan is updated to reflect recommendation to continue care.

XI FUNCTIONAL FAMILY THERAPY (FFT)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		Discharge Criteria 1. The treatment team, determines that FFT: a. service resulted in an expected level of stability and treatment goal attainment for the intervention such the child meets: 1) expected behavioral response, and/or 2) the FFT program is no longer necessary in favor of a reduced level of support provided by other services, or b. FFT should be discontinued because it ceases to be effective, requiring reassessment of services and alternative planning prior to offering further FBMHS; or c. creates a service dependency interfering with the family-child development and the development of the child's progress toward his/her highest functional level; requiring reassessment of the treatment plan and careful analysis of the benefits derived in light of the potential for problems created;

XI FUNCTIONAL FAMILY THERAPY (FFT)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		OR 2. The parent/guardian (or other legally responsible care giver if applicable) or adolescent (14 years old or older) requests a reduction in service or complete termination of the service.

XII-1 EATING DISORDERS – ACUTE INPATIENT HOSPITALIZATION

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
Eating Disorders are characterized by body image distortions that result in persistent patterns of behavior designed to lose weight. Some of the behavioral signs can be: obsessive exercise, calorie and fat gram counting, starvation and restriction of food, self-induced vomiting, and the use of diet pills, laxatives or diuretics to attempt controlling weight. Diagnoses include Anorexia Nervosa, Bulimia Nervosa and Eating Disorder, NOS. **Common Settings:** Acute Inpatient Setting	**Admission and Concurrent Service Components - (Must meet *all* of the following)** This is the most restrictive level of care. It allows for interventions requiring very high frequency and of intensity of application, 24-hour professional monitoring, supervision and assistance. There is a very high degree of assurance of safety and security. There is high availability and intensity of programs, which include more than daily intervention procedures requiring on-site professional and technical support. Acute inpatient hospitalization also provides on-site medical and nursing services for individuals at high risk of medical/surgical complications affecting or affected by psychiatric interventions or procedures. **Admission Service Components - (must meet *all* of the following)** 1. Professional staff consisting of a multi-disciplinary treatment team to include:	**Admission Criteria – (Must meet *all* of the following)** 1. Severity of Need - (must meet a, and one of b, c, d or e) a. The individual has a diagnosis of Anorexia Nervosa, Bulimia Nervosa, or Eating Disorder Not Otherwise Specified. The illness can be expected to improve and/or not worsen through medically necessary and appropriate therapy, by accepted medical standards. Individuals hospitalized because of another primary psychiatric disorder who have a coexisting Eating Disorder may be considered for admission to an eating disorders hospital level of care based on severity of need relative to both the eating disorder and the other psychiatric disorder that requires active treatment at this level of care. b. Either: 1) The adult individual has physiologic instability that may include but is not limited to: disturbances in heart rate,

XII-1 EATING DISORDERS – ACUTE INPATIENT HOSPITALIZATION

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	a. Board certified general psychiatrist; (for children and adolescents, Board eligibility or certification in child psychiatry is required.) b. Psychiatrist should have experience in the treatment of Eating Disorders c. Registered nurses; and d. Psychologists, social workers, educational specialist, other mental health professionals and ancillary staff available when clinically indicated. 2. Individualized, strengths-based, active and timely treatment plans are developed. These plans are directed toward the alleviation of the impairment that caused the admission (completed by 3rd hospital day) and are developed within the context of a highly structured program of care that is based upon a comprehensive individual assessment, including the evaluation and diagnosis of co-occurring medical and substance use disorders. Assessment and treatment planning should include any and all	blood pressure, glucose, potassium, electrolyte balance, temperature, and hydration; clinically significant compromise in liver, kidney, or cardiovascular function; and/or poorly controlled diabetes. OR 2) The child or adolescent has physiologic instability that may include but is not limited to: disturbances in heart rate or blood pressure, including orthostatic blood pressure changes; hypokalemia, hypophosphatemia, or hypomagnesaemia. OR 3) While admission to this level of care is primarily based on presence of physiologic instability, generally, individuals with a body weight significantly below ideal, e.g., 75% of Ideal Body Weight (IBW) or less, or Body Mass Index (BMI) of 16 or below, will have physiologic instability as described

XII-1 EATING DISORDERS – ACUTE INPATIENT HOSPITALIZATION

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	available previous diagnostic and treatment history. For children and adolescents, treatment is performed on a unit dedicated to child or adolescent populations. 3. Level of skilled intervention consistent with individual risk. 4. Discharge planning must be initiated at time of admission 5. Availability of appropriate medical services and medical equipment. 6. Individual receiving psycho-educational assessment and services, if clinically indicated. 7. Family system receiving evaluation and intervention **Continued Stay Service Components - (must meet *all* of the following)** 1. Initial discharge plan has been formulated and is in the process of implementation.	above. However, if body weight is significantly greater than 75% of IBW (or BMI significantly greater than 16), Criterion B can be met if there is evidence of any one of the following: • Weight loss or fluctuation of >15% in one month. OR • Weight loss associated with physiologic instability unexplained by any other medical condition. OR • The individual rapidly approaching a weight at which physiologic instability occurred in the past. OR • A child or adolescent individual having a body weight <85% of IBW during a period of rapid growth.

XII-1 EATING DISORDERS – ACUTE INPATIENT HOSPITALIZATION

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	Access to resources and supports has been explored. 2. Active and timely treatment is focused upon stabilizing or reversing symptoms necessitating admission. 3. Level of skilled intervention is consistent with current individual risk factors. 4. Treatment plan is frequently modified to reflect individual's progress or barriers to progress and to reflect new information that has become available during the inpatient stay. 5. Daily assessments and active interventions are completed by skilled nurses or other mental health professionals, and physician services are provided very frequently, (at least daily); all interventions and assessments are based upon the comprehensive treatment plan. 6. Individual and family, to the extent possible, are involved in treatment and discharge planning.	OR c. In anorexia, the individual's malnourished condition requires 24-hour medical/nursing intervention to provide immediate interruption of the food restriction, excessive exercise, purging and/or use of laxatives/diet pills/diuretics to avoid imminent, serious harm due to medical consequences *or* to avoid imminent, serious complications to a co-morbid medical condition or psychiatric condition (e.g., severe depression with suicidal ideation). OR d. In individuals with bulimia , the individual's condition requires 24-hour medical/nursing intervention to provide immediate interruption of the binge/purge cycle to avoid imminent, serious harm due to medical consequences *or* to avoid imminent, serious complications to a co-morbid medical condition (e.g., pregnancy, uncontrolled diabetes) or psychiatric condition (e.g., severe depression with suicidal ideation).

XII-1 EATING DISORDERS – ACUTE INPATIENT HOSPITALIZATION

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		OR e. The individual's eating disordered behavior is not responding to an adequate therapeutic trial of treatment in a less intensive setting (e.g., residential or partial hospital) or there is clinical evidence that the individual is not likely to respond in a less intensive setting. If in treatment, the individual must: 1) be in treatment that, at a minimum, consists of at least weekly individual therapy, family and/or other support system involvement (unless there is a valid reason why it is not clinically appropriate or feasible) either professional group therapy or self-help group involvement, nutritional counseling, and medication if indicated; and 2) have physiologic instability and/or significant weight loss (generally, <85% IBW); and

XII-1 EATING DISORDERS – ACUTE INPATIENT HOSPITALIZATION

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		3) have significant impairment in social or occupational functioning; and 4) be uncooperative with treatment (or cooperative only in a highly structured environment); and 5) require changes in the treatment plan that cannot be implemented in a less intensive setting. 2. Intensity and Quality of Service - (must meet a, b and c) a. The evaluation and assignment of the eating disorder diagnosis must take place in a face-to-face evaluation of the individual performed by an attending physician prior to, or within 24 hours following the admission. This psychiatric evaluation should also assess for co-morbid psychiatric disorders, and if present, these should be addressed in the treatment plan. There must be an appropriate initial medical assessment and ongoing medical management to evaluate and manage co-morbid medical conditions. Family and/or support systems

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		should be included in the evaluation process, unless there is an identified, valid reason why it is not clinically appropriate or feasible. b. This care must provide an individual plan of active psychiatric treatment that includes 24-hour access to the full spectrum of psychiatric staffing. This psychiatric staffing must be capable of providing 24-hour services in a controlled environment including but not limited to medication monitoring and administration, nutritional services, other therapeutic interventions, quiet room, seclusion, and suicidal/homicidal observation and precautions as clinically indicated. c. If the individual is involved in treatment with another health provider then, with proper individual informed consent, this provider should be notified of the individual's current status to ensure care is coordinated

XII-1 EATING DISORDERS – ACUTE INPATIENT HOSPITALIZATION

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		Continued Stay Criteria (must meet 1, 2, 3, and 4 and either 5 or 6) 1. Despite reasonable therapeutic efforts, clinical evidence indicates at least one of the following: a. The persistence of problems that caused the admission to a degree that continues to meet the admission criteria (both severity of need and intensity of service needs), e.g., continued instability in food intake despite weight gain; OR b. The emergence of additional problems that meet the admission criteria (both severity of need and intensity of service needs); or c. 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; or

XII-1 EATING DISORDERS – ACUTE INPATIENT HOSPITALIZATION

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		d. Severe reaction to medication or need for further monitoring and adjustment of dosage in an inpatient setting, documented in daily progress notes by a physician. 2. The current treatment plan includes documentation of a DSM-5 diagnosis, individualized goals of treatment, treatment modalities needed and provided on a 24-hour basis, discharge planning, and intensive family and/or support system's involvement occurring at least once per week, unless there is an identified, valid reason why such a plan is not clinically appropriate or feasible. This plan receives regular review and revision that includes ongoing plans for timely access to treatment resources that will meet the individual's post- hospitalization needs. 3. The current or revised treatment plan can be reasonably expected to bring about significant improvement in the problems meeting criterion IIIA. This evolving clinical status is documented by daily progress notes, one of which evidences a daily examination by the psychiatrist.

XII-1 EATING DISORDERS – ACUTE INPATIENT HOSPITALIZATION

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		4. A discharge plan is initially formulated that is directly linked to the behaviors and/or symptoms that resulted in admission, and begins to identify appropriate post-hospitalization treatment resources. 5. The individual's weight remains <85% of IBW and he/she has not reached a reasonable and expected weight gain despite provision of adequate caloric intake. OR 6. There is evidence of a continued inability to adhere to a meal plan and maintain control over urges to binge/purge such that continued supervision during and after meals and/or in bathrooms is required. **Discharge Criteria - (must meet 1, 2 and 3)** 1. The symptoms/behaviors that precipitated admission have sufficiently improved so that the individual can be maintained at a lesser level of care.

XII-1 EATING DISORDERS – ACUTE INPATIENT HOSPITALIZATION

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		• This means that the individual is medically stable, and • Individual has demonstrated the ability to generally understand and to follow a meal plan 2. A comprehensive discharge plan has been developed in consideration of the individual's; a. strengths b. adherence to previous treatment recommendations c. social and/or familial support system d. resources and skills e. identification of triggers for relapse; and other factors/obstacles to improvement, and f. living arrangements (when needed) 3. Arrangements for follow-up care have been made including a scheduled appointment within one week of discharge.

XII-2 EATING DISORDERS – PARTIAL HOSPITALIZATION

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
Eating Disorders are characterized by a persistent distortion of body image which results in behaviors designed to lose weight. Some of the behavioral signs can be: obsessive exercise, calorie and fat gram counting, starvation and restriction of food, self-induced vomiting, the use of diet pills, laxatives or diuretics to attempt controlling weight, Eating disorders can be treated in Partial Hospitalization. Partial Hospitalization is a mental health treatment program that is highly intensive but that does not provide 24-hour services. It is typically staffed by a multi-disciplinary team who provide treatment based on a comprehensive treatment plan. It is typically provided in four to six hour segments, which involve different treatment modalities (e.g. group, individual therapy), with a range of 12 to 30 hours per week.	**Admission and Concurrent Service Components - (Must meet *all* of the following)** 1. Professional staff consisting of a multi-disciplinary treatment team which includes: a. Consultation by a psychiatrist available on a regular basis. (Board certification in general psychiatry is required and for child and adolescent programs board eligibility or certification in child and adolescent psychiatry is strongly recommended). b. Psychiatrist must have experience in treating individuals with Eating Disorders. c. Nursing staff readily available as needed. d. Program managed by a certified or licensed mental health professional. e. Psychologists, social workers, educational specialists, other mental health professionals and ancillary staff as needed. f. Availability of appropriate medical services.	**Admission Criteria – (Must meet *all* of the following)** 1. Severity of Need - (must meet a, b, c, and d; must met e if anorexia is present) a. The individual has a diagnosis of Anorexia Nervosa, Bulimia Nervosa, or Eating Disorder Not Otherwise Specified. There is clinical evidence that the individual's condition can be expected to improve and/or not worsen through medically necessary and appropriate therapy. Presence of the illness(es) must be documented through the assignment of appropriate DSM-5 codes. b. The individual can reliably cooperate in a clinically supervised, structured environment for part of the day and has a suitable environment for the rest of the time, *and* the individual is believed to be capable of significantly controlling binging, excessive exercising, purging and overuse of laxatives/diet pills/diuretics outside program hours. Additionally, the individual appears reasonably able to seek professional

XII-2 EATING DISORDERS – PARTIAL HOSPITALIZATION

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
Common Settings: • Acute Partial Hospitalization Program	2. Individualized, strengths-based, active and timely treatment plan are developed. These plans are directed toward the alleviation of the impairment that caused the admission, and are developed within the context of a highly structured program of care that is based upon a comprehensive individual assessment, including assessment and any required interventions for co-occurring medical and substance use disorders. Assessment and treatment planning should include any and all available previous diagnostic and treatment history. 3. For children and adolescents, treatment is performed on a unit dedicated to child or adolescent populations. 4. Level of skilled intervention consistent with individual risk. 5. A range of 12 to 30 hours of treatment per week. 6. Active and timely discharge planning initiated upon admission to program.	assistance or other support when not in the partial hospital setting. c. The individual is medically stable and does not require the 24 hour medical/nursing monitoring or procedures provided in a hospital level of care. d. The individual's eating disordered behavior is not responding to an adequate therapeutic trial of treatment in a less intensive setting (e.g., IOP or Outpatient) or there is clinical evidence that the individual is not likely to respond in a less intensive setting. If in treatment, the individual must: 1) be in treatment that, at a minimum, consists of treatment at least once per week with individual therapy, family and/or other support system involvement (unless there is a valid reason why it is not clinically appropriate or feasible), either professional group therapy or self-help group involvement, nutritional counseling, and medication if indicated,

XII-2 EATING DISORDERS – PARTIAL HOSPITALIZATION

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	7. Individual receiving psycho-educational services including an assessment and remediation program, if clinically indicated. 8. Family system receiving evaluation and intervention to the extent possible. **Continued Stay Service Components - (must meet *all* of the following)** 1. Initial discharge plan has been formulated and is in the process of implementation. Access to resources and supports has been explored. 2. Active and timely treatment is focused upon stabilizing or reversing symptoms necessitating admission. 3. Level of skilled intervention is consistent with current individual risk factors. 4. Treatment plan has been modified to reflect individual's progress or lack of progress and has incorporated any new information that has become available during the partial hospital treatment.	OR 2) be uncooperative with treatment (or cooperative only in a highly structured environment), OR 3) require changes in the treatment plan that cannot be implemented in a less intensive setting. e. If the individual has anorexia and is between 75-85% of IBW and there is clinical evidence that to gain weight and/or control eating disorder behaviors the individual requires a structured program with medical monitoring and nursing supervision during and between two meals per day, to a degree which cannot be provided in a less intensive outpatient setting. 2. Intensity and Quality of Service – (must meet a, b, and c) a. In order for a partial hospital program to be safe and therapeutic for an individual,

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	5. Routine assessments and treatment progress updates are completed. 6. Individual and family, to the extent possible, are involved in treatment and discharge planning.	professional and/or social supports must be identified and available to the individual outside of program hours. b. The individualized plan of treatment includes a structured program of services with evaluation by a psychiatrist within 48 hours, frequent nursing and medical supervision, intervention and/or treatment for at least 4 hours per scheduled day. This plan also includes plans for at least weekly family and/or support system involvement (unless there is an identified, valid reason why such a plan is not clinically appropriate or feasible). c. The individualized plan of treatment for partial hospitalization requires treatment by a multi-disciplinary team. If the individual has anorexia, a specific treatment goal of this team is to help the individual gain weight and develop the capability to continue this weight gain upon returning to a less intensive level of care. If the individual has bulimia, the goal is to help the individual develop internal controls to limit binging and purging to a degree sufficient to allow the

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		individual to transition to a less intensive level of care. **Continued Stay Criteria (must meet 1, 2, 3 and 4)** 1. Despite reasonable therapeutic efforts, clinical evidence indicates at least one of the following: a. The persistence of problems that caused the admission to a degree that continues to meet the admission criteria(both severity of need and intensity of service needs), e.g., continued instability in food intake despite weight gain; OR b. The emergence of additional problems that meet the admission criteria (both severity of need and intensity of service needs; or c. That disposition planning and/or attempts at therapeutic re-entry into the community have resulted in, or would result in exacerbation of the eating disorder to the

XII-2 EATING DISORDERS – PARTIAL HOSPITALIZATION

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		degree that would necessitate continued partial hospitalization treatment. 2. The current or revised treatment plan can be reasonably expected to bring about improvement in the presenting or newly defined problem(s) meeting criterion IIIA, and this is documented by progress notes for each day of partial hospitalization, written and signed by the physician. This plan receives regular review and revision that includes ongoing plans for timely access to treatment resources that will meet the individual's post-partial hospitalization needs. 3. There is evidence of at least weekly family and/or support system therapeutic involvement (unless there is an identified, valid reason why such a plan is not clinically appropriate or feasible). 4. A discharge plan is initially formulated that is directly linked to the eating disorder behaviors that resulted in admission and begins to identify appropriate post-partial hospitalization treatment resources.

XII-2 EATING DISORDERS – PARTIAL HOSPITALIZATION

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		Discharge Criteria - (Must meet 1, 2, and 3) 1. The symptoms/behaviors that precipitated admission have sufficiently improved so that the individual can be maintained at a lesser level of care. 2. A comprehensive discharge plan has been developed in consideration of the individual's; a. strengths b. adherence to previous treatment recommendations c. social and/or familial support system d. resources and skills e. identification of triggers for relapse, and other factors/obstacles to improvement, and f. living arrangements (when needed) 3. Arrangements for follow-up care have been made including a scheduled appointment within one week of discharge.

XII-2 EATING DISORDERS – PARTIAL HOSPITALIZATION

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		4. The Partial Hospital level of care is insufficient to meet the severity of the patient's current eating disorder, and discharge from Partial Hospitalization and admission to Acute Inpatient Hospitalization are now necessary in order to meet the patient's psychiatric and/or medical stabilization needs.

XIII-1 INPATIENT ELECTROCONVULSIVE THERAPY (ECT)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
Inpatient Electroconvulsive Therapy (ECT) is a well-established psychiatric treatment in which seizures are electrically induced in anesthetized individuals for therapeutic effect. **Acute Inpatient Hospitalization Services** are intensive, twenty-four hour services, occurring in an appropriately licensed mental health facility. Services are provided under the supervision of a licensed psychiatrist and are focused on reducing immediate risk due to dangerousness to self or others, grave disability, or complicating medical conditions (coexisting with a mental health condition) that leave the individual at significant risk. Treatment is highly intensive, and is provided in a secured environment by a multi-disciplinary team of qualified mental health professionals.	**Admission and Concurrent Service Components - (Must meet *all* of the following)** This is the most restrictive level of care. It allows for interventions requiring very high frequency of intensity of application, 24-hour professional monitoring, supervision and assistance. The delivery of ECT sometimes requires 24 hour monitoring. There is a very high degree of assurance of safety and medical monitoring. There is high availability and intensity of programs, which include more than daily intervention procedures requiring on-site professional and technical support. Acute inpatient hospitalization also provides on-site medical and nursing backup for individuals at high risk of medical/surgery complications affecting or affected by psychiatric interventions or procedures. **Admission Service Components - (must meet *all* of the following)** 1. Professional staff consisting of a multi-disciplinary treatment team to include:	**Admission Criteria – (Must meet *all* of the following)** 1. Severity of Need – (Must meet a, b, c, d, e, and f) a. The clinical evaluation indicates that the individual has a DSM-5- diagnosis or condition that, by accepted medical standards, can be expected to improve significantly through medically necessary and appropriate ECT. Such diagnoses and conditions include, but are not limited to, Major Depression, Bipolar Disorder, Mood Disorder with Psychotic Features, Catatonia, Schizoaffective Disorder, Schizophrenia, Acute Mania, severe lethargy due to a psychiatric condition, and/or psychiatric syndromes associated with medical conditions and medical disorders. b. The type and severity of the behavioral health symptoms are such that a rapid response is required, including, but not limited to, high suicide or homicide risk, extreme agitation, life-threatening inanition, catatonia, psychosis, and/or stupor. In

XIII-1 INPATIENT ELECTROCONVULSIVE THERAPY (ECT)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
Common Settings: • Hospital Inpatient Unit	a. Board certified general psychiatrist b. Psychiatrist delivering ECT treatments should have training and certification in the delivery of ECT c. Registered nurses; and d. Psychologists, social workers, educational specialist, other mental health professionals and ancillary staff available when clinically indicated. 2. Individualized, strengths-based, active and timely treatment plans are developed. These plans are directed toward the alleviation of the impairment that caused the admission (completed by 3rd hospital day). They are developed within the context of a highly structured program of care that is based upon a comprehensive individual assessment, including the evaluation and diagnosis of co-occurring medical and substance use disorders. Assessment and treatment planning should include any and all available previous diagnostic and treatment history.	addition to the individual's medical status, the treatment history and the individuals' preference regarding treatment should be considered. c. Either: 1) The individual has a history of inadequate response to adequate trials of medications and/or combination treatments, including polypharmacy when indicated, for the diagnosis(es) and condition(s); or 2) The individual is unable or unwilling to comply with or tolerate side effects of available medications, or has a co-morbid medical condition that prevents the use of available medications, such that efficacious treatment with medications is unlikely; or 3) The individual has a history of good response to ECT during an earlier episode of the illness; or

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	3. Medical evaluation for ECT should be conducted. 4. Level of skilled intervention consistent with individual risk. 5. Discharge planning must be initiated at time of admission 6. Availability of appropriate medical services and medical equipment. 7. Individual receiving psycho-educational assessment and services, if clinically indicated. 8. Family system receiving evaluation and intervention. **Continued Stay Service Components - (must meet *all* of the following)** 1. Initial discharge plan has been formulated and is in the process of implementation. Resources for access to and support for	4) The individual is pregnant and has severe mania or depression, and the risks of providing no treatment outweigh the risks of providing ECT. d. The individual's status and/or co-morbid medical conditions do not rule out ECT; for example; unstable or severe cardiovascular disease, aneurysm or vascular malformation, severe hypertension, increased intracranial pressure, cerebral infarction, cerebral lesions, pulmonary insufficiency, musculoskeletal injuries or abnormalities (e.g., spinal injury), severe osteoporosis, glaucoma, retinal detachment, and/or medical status rated as severe. e. 1 and 2 or 1 and 3 1) The individual is medically stable and requires the 24-hour medical/nursing monitoring or procedures provided in a hospital level of care, or 2) The individual does not have access to a suitable environment and professional and/or social supports after recovery

XIII-1 INPATIENT ELECTROCONVULSIVE THERAPY (ECT)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	ongoing ECT treatments are explored as indicated. 2. Active and timely treatment is focused upon stabilizing or reversing symptoms necessitating admission. 3. Level of skilled intervention is consistent with current individual risk factors. 4. Treatment plan is frequently modified to reflect individual's progress or lack of progress and to reflect new information that has become available during the inpatient stay. 5. Daily assessments and active interventions are completed by skilled nurses or other mental health professionals, and physician services are provided very frequently, (at least daily); all interventions and assessments are based upon the comprehensive treatment plan. 6. Individual and family, to the extent possible, are involved in treatment and discharge planning.	from the procedure, e.g., one or more responsible caregivers to drive the individual home after the procedure and provide post procedural care and monitoring, especially during the index ECT course. OR 3) Due to the severity of the individual's presenting disorder or condition, the current level of psychiatric instability places the individual at risk of suicidality, impulsivity, or other self-harm, necessitating that ECT be performed in an inpatient psychiatric setting where the individual's safety and other psychiatric needs can be subject to intensive monitoring and intervention. f. The individual and/or a legal guardian is able to understand the purpose, risks and benefits of ECT, and provides consent. 2. Intensity and Quality of Service – (Must meet a, b, c, d, e, and f)

XIII-1 INPATIENT ELECTROCONVULSIVE THERAPY (ECT)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		a. There is documentation of a clinical evaluation performed by a physician who is credentialed to provide ECT, to include: 1) Psychiatric history, including past response to ECT, mental status and current functioning; and 2) Medical history and examination focusing on neurological, cardiovascular and pulmonary systems, current medical status, current medications, dental status, review of laboratory tests including electrocardiogram, if any, within 30 days prior to initiation of ECT; and b. There is documentation of an anesthetic evaluation performed by an anesthesiologist or other qualified anesthesiology professional, to include: 1) The individual's response to prior anesthetic inductions and any current anesthesia complications or risks, and

XIII-1 INPATIENT ELECTROCONVULSIVE THERAPY (ECT)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		2) Required modifications in medications or standard anesthetic technique, if any. c. There is documentation in the medical record specific to the individual's psychiatric and/or medical conditions, that addresses: 1) Specific medications to be administered during ECT; and 2) Choice of electrode placement during ECT; and 3) Stimulus dosing using a recognized method to produce an adequate seizure while minimizing adverse cognitive side effects. d. There is continuous physiologic monitoring during ECT treatment, addressing: 1) Seizure duration, including missed, brief and/or prolonged seizures; and 2) Duration of observed peripheral motor activity and/or electroencephalographic activity

XIII-1 INPATIENT ELECTROCONVULSIVE THERAPY (ECT)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		3) Electrocardiographic activity; and 4) Vital signs; and 5) Oximetry; and 6) Other monitoring specific to the needs of the individual. e. There is monitoring for and management of adverse effects during the procedure, including: 1) Cardiovascular effects; and 2) Prolonged seizures; and 3) Respiratory effects, including prolonged apnea; and 4) Headache, muscle soreness and nausea. f. There are post-ECT stabilization and recovery services, including: 1) Medically supervised stabilization services in the treatment area until vital

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		signs and respiration are stable and no adverse effects are observed; and 2) Recovery services under the supervision of the anesthesia provider with continuous nursing observation and care; monitoring of vital signs including heart, respiration; pulse oximetry; electrocardiogram if there is cardiovascular disease or dysrhythmias are detected or expected. Electrocardiogram equipment should be continuously available in the recovery area. Recovery services should include treatment of postictal delirium and agitation, if any, including the use of sedative medications and other supportive interventions. **Continued Stay Criteria (must meet 1, 2, and 3)** 1. Despite reasonable therapeutic efforts, clinical findings indicate at least one of the following: a. The persistence of problems that meet the inpatient electroconvulsive treatment

XIII-1 INPATIENT ELECTROCONVULSIVE THERAPY (ECT)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		Severity of Need criteria as outlined in 1.; or b. The emergence of additional problems that meet the inpatient electroconvulsive treatment Severity of Need criteria as outlined in 1; or c. That attempts to discharge to a less intensive treatment will or can be reasonably expected, based on individual history and/or clinical findings, to result in exacerbation or worsening of the individual's condition and/or status. 2. The treatment plan allows for the lowest frequency of treatments that supports sustained remission and/or prevents worsening of symptoms. 3. The treatment plan meets the Intensity and Quality of Service Criteria (2 above). **Discharge Criteria - (must meet 1, 2 and 3)** 1. The symptoms/behaviors that precipitated admission have sufficiently improved so that the

XIII-1 INPATIENT ELECTROCONVULSIVE THERAPY (ECT)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		individual can be maintained at a lesser level of care. • This means that the individual is medically stable and follow up treatment can safely be conducted at a less restrictive level of care. 2. A comprehensive discharge plan has been developed in consideration of the individual's: a. strengths b. Adherence to previous treatment recommendations c. social and/or familial support system d. resources and skills e. identification of triggers for relapse; and other factors/obstacles to improvement, and f. living arrangements (when needed) 3. Arrangements for follow-up care have been made including a scheduled appointment within one week of discharge. If outpatient ECT is the

XIII-1 INPATIENT ELECTROCONVULSIVE THERAPY (ECT)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		plan, transportation and supervision has been secured.

XIII-2 OUTPATIENT ELECTROCONVULSIVE THERAPY (ECT)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
Outpatient Electroconvulsive Therapy (ECT) is a well-established psychiatric treatment in which seizures are electrically induced in anesthetized individuals for therapeutic effect. **Outpatient Services** are mental health treatment services provided by qualified mental health professionals that are directed toward ameliorating symptoms of mental disorder and/or maintaining stability and functional autonomy for individuals with severe and persistent mental disorders. Outpatient services are specific in targeting the symptoms or problem being treated. **Common Service Types:** • Outpatient Mental Health Treatment (Individual, Family, Group Therapy) • Medication Management	**Admission and Concurrent Service Components - (Must meet *all* of the following)** 1. Professional staff. a. Psychiatrist administering ECT treatments must be board certified in general psychiatry and have certification in ECT. b. Treatments must be conducted in a setting suitable to outpatient procedures with ready availability of emergency medical intervention. 2. A Complete biopsychosocial assessment including, but not limited to relevant history, previous treatment, current medical conditions including medications, substance abuse history, lethality assessment and complete mental status exam must be in the record. 3. A complete medical workup should be conducted. 4. Development of an individualized, strengths-based, targeted, focused treatment plan	**Admission Criteria – (Must meet *all* of the following)** 1. Severity of Need – (Must meet a, b, c, d, e, and f) a. The clinical evaluation indicates that the individual has a DSM-5- diagnosis or condition that, by accepted medical standards, can be expected to improve significantly through medically necessary and appropriate ECT. Such diagnoses and conditions include, but are not limited to, Major Depression, Bipolar Disorder, Mood Disorder with Psychotic Features, Catatonia, Schizoaffective Disorder, Schizophrenia, Acute Mania, severe lethargy due to a psychiatric condition, and/or psychiatric syndromes associated with medical conditions and medical disorders. b. The type and severity of the behavioral health symptoms are such that a rapid response is required, including, but not limited to, high suicide or homicide risk, extreme agitation, life-threatening inanition, catatonia, psychosis, and/or stupor. In

XIII-2 OUTPATIENT ELECTROCONVULSIVE THERAPY (ECT)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
• Psychiatric, Psychological, and Psychosocial Assessment • Service Coordination and Referral Services • Mobile Counseling • Outpatient ECT	directed toward the reduction or alleviation of the impairment that resulted in the individual seeking treatment. The plan must reflect the least restrictive, most efficacious treatment available. 5. Development of specific, achievable, behavioral-based and objective treatment goals which directly address the problems that resulted in the individual seeking treatment. **Continued Stay Service Components - (must meet *all* of the following)** 1. Initial treatment plan has been formulated and is in the process of implementation. 2. Active and timely treatment is focused upon stabilizing or reversing symptoms which necessitated outpatient treatment. 3. Level of intervention is consistent with current individual risk factors. 4. Treatment plan has been modified to reflect individual's progress or lack of progress and to	addition to the individual's medical status, the treatment history and the individual's preference regarding treatment should be considered. c. Either: 1) The individual has a history of inadequate response to adequate trials of medications and/or combination treatments, including polypharmacy when indicated, for the diagnosis(es) and condition(s); or 2) The individual is unable or unwilling to comply with or tolerate side effects of available medications, or has a co-morbid medical condition that prevents the use of available medications, such that efficacious treatment with medications is unlikely; or 3) The individual has a history of good response to ECT during an earlier episode of the illness; or

XIII-2 OUTPATIENT ELECTROCONVULSIVE THERAPY (ECT)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	reflect any new information that has become available during the outpatient treatment. 5. Routine assessments and treatment progress updates are completed.	4) The individual is pregnant and has severe mania or depression, and the risks of providing no treatment outweigh the risks of providing ECT. d. The individual's status and/or co-morbid medical conditions do not rule out ECT; for example; unstable or severe cardiovascular disease, aneurysm or vascular malformation, severe hypertension, increased intracranial pressure, cerebral infarction, cerebral lesions, pulmonary insufficiency, musculoskeletal injuries or abnormalities (e.g., spinal injury), severe osteoporosis, glaucoma, retinal detachment, and/or medical status rated as severe. e. All: 1) The individual is medically stable and does not require the 24-hour medical/nursing monitoring or procedures provided in a hospital level of care; and

XIII-2 OUTPATIENT ELECTROCONVULSIVE THERAPY (ECT)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		2) The individual has access to a suitable environment and professional and/or social supports after recovery from the procedure, e.g., one or more responsible caregivers to drive the individual home after the procedure and provide post procedural care and monitoring, especially during the index ECT course; and 3) The individual can be reasonably expected to comply with post-procedure recommendations that maintain the health and safety of the individual and others, e.g., prohibition from driving or operating machinery, complying with dietary, bladder, bowel, and medication instructions, and reporting adverse effects and/or negative changes in medical condition between treatments; and f. The individual and/or a legal guardian is able to understand the purpose, risks and benefits of ECT, and provides consent.

XIII-2 OUTPATIENT ELECTROCONVULSIVE THERAPY (ECT)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		2. Intensity and Quality of Service (Must meet a, b, c, d, e, f, and g) a. There is documentation of a clinical evaluation performed by a physician who is credentialed to provide ECT, to include: 1) Psychiatric history, including past response to ECT, mental status and current functioning; and 2) Medical history and examination focusing on neurological, cardiovascular, and pulmonary systems, current medical status, current medications, dental status, review of laboratory tests including electrocardiogram, if any, within 30 days prior to initiation of ECT; and b. There is documentation of an anesthetic evaluation performed by an anesthesiologist or other qualified anesthesiology professional, to include: 1) The individual's response to prior anesthetic inductions and any current

XIII-2 OUTPATIENT ELECTROCONVULSIVE THERAPY (ECT)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		anesthesia complications or risks; and 2) Required modifications in medications or standard anesthetic technique, if any. c. There is documentation in the medical record specific to the individual's psychiatric and/or medical conditions, that addresses: 1) Specific medications to be administered during ECT; and 2) Choice of electrode placement during ECT; and 3) Stimulus dosing using a recognized method to produce an adequate seizure while minimizing adverse cognitive side effects. d. There is continuous physiologic monitoring during ECT treatment, addressing: 1) Seizure duration, including missed, brief, and/or prolonged seizures; and 2) Duration of observed peripheral motor

XIII-2 OUTPATIENT ELECTROCONVULSIVE THERAPY (ECT)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		activity and/or electroencephalographic activity, 3) Electrocardiographic activity; and 4) Vital signs; and 5) Oximetry; and 6) Other monitoring specific to the needs of the individual. e. There is monitoring for and management of adverse effects during the procedure, including: 1) Cardiovascular effects; and 2) Prolonged seizures; and 3) Respiratory effects, including prolonged apnea; and 4) Headache, muscle soreness, and nausea. f. There are post-ECT stabilization and recovery services, including:

XIII-2 OUTPATIENT ELECTROCONVULSIVE THERAPY (ECT)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		1) Medically supervised stabilization services in the treatment area until vital signs and respiration are stable and no adverse effects are observed; and 2) Recovery services under the supervision of the anesthesia provider with continuous nursing observation and care; monitoring of vital signs including heart, respiration; pulse oximetry; electrocardiogram if there is cardiovascular disease or dysrhythmias are detected or expected 3) Electrocardiogram equipment should be continuously available in the recovery area. 4) Recovery services should include treatment of postictal delirium and agitation, if any, including the use of sedative medications and other supportive interventions. g. The individual is released in the care of a responsible adult who can monitor and provide supportive care and who is informed

XIII-2 OUTPATIENT ELECTROCONVULSIVE THERAPY (ECT)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		in writing of post-procedure behavioral limitations, signs of potentially adverse effects of treatment or deterioration in health or psychiatric status, and post-procedure recommendations for diet, medications, etc. **Continued Stay Criteria (must meet 1, 2, and 3)** 1. Despite reasonable therapeutic efforts, clinical findings indicate at least one of the following: a. The persistence of problems that meet the outpatient electroconvulsive treatment Severity of Need criteria as outlined in 1; or b. The emergence of additional problems that meet the outpatient electroconvulsive treatment Severity of Need criteria as outlined in 1; or c. That attempts to discharge to a less intensive treatment will or can be reasonably expected, based on individual history and/or clinical findings, to result in

XIII-2 OUTPATIENT ELECTROCONVULSIVE THERAPY (ECT)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		exacerbation or worsening of the individual's condition and/or status. 2. The treatment plan allows for the lowest frequency of treatments that supports sustained remission and/or prevents worsening of symptoms. 3. The treatment plan meets the Intensity and Quality of Service Criteria (2 above). **Discharge Criteria (must meet 1, 2, 3 or 4 and 5)** 1. The symptoms/behaviors that precipitated admission have sufficiently improved so that the individual can be maintained at a lesser level of care and the individual no longer meets continued stay criteria. OR 2. The individual is transferred to another service within outpatient care. OR

XIII-2 OUTPATIENT ELECTROCONVULSIVE THERAPY (ECT)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		3. The individual is now in need of Inpatient ECT, due to the severity of the presenting disorder or condition—e.g., the current psychiatric instability places individual at risk of suicidality, impulsivity, or other self-harm in the Outpatient level of care, necessitating transfer to an Acute Inpatient Hospital for ECT. OR 4. The individual no longer has access to a suitable environment and professional and/or social supports after recovery from the procedure, e.g., one or more responsible caregivers to drive the individual home after the procedure and provide post procedural care and monitoring, especially during the index ECT course. (RV inserted) 5. A comprehensive discharge plan has been developed in consideration of the individual's: a. strengths b. adherence to past treatment recommendations c. social and/or familial support system

XIII-2 OUTPATIENT ELECTROCONVULSIVE THERAPY (ECT)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		d. resources and skills e. identification of triggers for relapse; and other factors/obstacles to improvement, and f. living arrangements (when needed)

MAGELLAN BEHAVIORAL HEALTH OF PENNSYLVANIA, INC.
MENTAL HEALTH GUIDELINES FOR HEALTHCHOICES

XIV PEER SUPPORT SERVICES

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
Peer Support Services are to : 1. Provide opportunities for individuals receiving services to direct their own recovery and advocacy process; 2. Teach and support acquisition and utilization of skills needed to facilitate the individual's recovery; 3. Promote the knowledge of available service options and choices; 4. Promote the utilization of natural resources within the community; and 5. Facilitate the development of a sense of wellness and self-worth. Specific service goals are based on individual needs and personal aspirations, which may be in the areas	**Admission Service Components - (Must meet *all* of the following)** Peer Support Specialist providers should be: 1. self-identified consumers 2. who are in recovery from mental illness/Intellectual Developmental Disorders and/or substance use disorders 3. who received the training and certification from an OMHSAS approved trainer to support individuals in their recovery and community-integration process 4. maintain education requirements as mandated by Certified Peer Specialist regulations	**Admission Criteria – (Must meet *all* of the following)** 1. Individuals 18 years or older, with Serious Mental Illness as defined by Mental Health Bulletin number OMH-94-04 (Subject: Serious Mental Illness: Adult Priority Group). Requests for individuals with any other mental health diagnosis will be reviewed and approved by the BHMCO or county MH/ID or DP office on an exception basis. Such requests will include appropriate documentation of an individual's challenges and identify how CPS services will support the individual in addressing these challenges. 2. The individual has a moderate to severe functional impairment that interferes with or limits role performance (relative to the person's ethnic/cultural environment) in at least one (1) of the following domains: educational (i.e. obtaining a high school or college degree); social (i.e. developing a social support system) vocational (i.e. obtaining part time or full time paid or volunteer

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
of wellness and recovery, education and employment, crisis support, housing, social networking, self-determination and individual advocacy. **Common Settings:** May be accessed at all levels of care from acute inpatient to outpatient settings.		employment); self maintenance (i.e. managing symptoms, understanding their illness, managing money, living more independently). 3. The person agrees to peer support services. 4. Services are prescribed by a practitioner of the healing arts. **Continued Stay Criteria (must meet 1, 2, and 3)** 1. The person continues to experience a moderate to severe functional impairment that interferes with or limits role performance, as outlined above in Section II, Eligibility & medical necessity guidelines (a)(2), that indicates that peer support services are an appropriate means of addressing those needs (as reflected in the person's Recovery/individual service plan). 2. Demonstration that the person has benefited from peer supports services or there is reasonable expectation that withdrawal of services may result in loss of gains or goals

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		attained (As reflected in the person's Recovery/individual service plan). 3. The person agrees to continue participation in peer support service. **Discharge (Must meet 1, and 2 <u>or</u> 3):** 1. The person has successfully achieved goals outlined in the Recovery/individual service plan and there is a reasonable expectation that the withdrawal of services will not result in loss of gains or goals attained; AND 2. The person is not expected to receive additional benefit from the service; OR 3. The person agrees to discontinue services.

XV-1 EXTENDED ACUTE CARE (EAC) – HOSPITAL BASED

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
Extended Acute Care Services (EACS)- Hospital Based is a program that are within a therapeutic-rich environment, EACS are a part of the recovery-focused process that seeks to promote individual choices around care and provide opportunities that embrace collaboration with the individuals, families and treatment teams. EACS are multi-disciplinary and trauma-sensitive and are designed to improve an individual's adult role-functioning while stabilizing psychiatric symptoms that initially precipitated the person's acute inpatient stay. The evolution of EACS is consistent with the OMHSAS mission to promote an array of treatment options for persons with serious and persistent mental illness.	**Admission and Concurrent Service Components (Must meet *all* of the following)** 1. EACS have the capacity to deliver medical and psychiatric services that effectively evaluate, diagnose and develop comprehensive treatment plans with continuous monitoring, of a person's response to the physical medicine and psychiatric rehabilitative interventions of the EACS. This would include the assessment, stabilization and treatment planning that utilizes integrated approaches to address co-occurring disorders. 2. Provide 24-hour availability of psychiatric nursing and professional clinical staff to implement the recovery plan and monitor/assess the person's condition and response to the rehabilitative interventions of the EACS. This also includes ensuring the proper credentialing of all staff used to support multi-disciplinary treatment, clinical management and administrative oversight, with the availability of emergency medical or behavioral health interventions as needed;	**Admission Criteria** Providers must apply the following admission criteria: 1. Primary psychiatric diagnosis that meets criteria for serious mental illness as defined by Bulletin OMH-94-04 for persons 18 years or older, and, 2. Referral from an acute psychiatric inpatient setting that recommends transfer to an EAC or have a psychiatric evaluation that specifically recommends admission to an EAC with medical clearance for admission, and, 3. Documentation that the person poses a significant risk of harm to self or others, is unable to care for themselves, or, 4. Documentation that the person has a medical condition or illnesses that cannot be managed in a less intensive level of care, because the psychiatric and medical conditions so affect each other that there is a significant risk of medical crisis or instability, or,

XV-1 EXTENDED ACUTE CARE (EAC) – HOSPITAL BASED

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
EACS are guided by Community Support Program (CSP) and Recovery principles. CSP principles state that services and supports are: • Consumer- Centered/ Consumer-Empowered • Culturally Competent • Meet Special Needs • Community-Based/ Natural Supports • Flexible • Coordinated • Accountable • Strengths- Based	3. Develop relationships with physical health providers to ensure the provision of physical health care when needed. 4. Encourage and facilitate the availability of certified Peer Specialist services to provide opportunities for individuals receiving services to direct their own recovery and advocacy process, as cited in MA Bulletin "Peer Supported Specialists", effective 11/1/06, number 08-07-09, 11-07-03, 21-07-01. 5. Ensure that there is access to adequate outdoor space provided to individuals during the course of their stay. 6. Provide a variety of programs specifically designed to meet the needs of the consumer such as: a. Stress Management b. Anger Management and conflict resolution c. Family and consumer psycho-education	5. Confirmation that the individual's judgment or functional capacity is so impaired that self-maintenance, occupational, or social functioning is severely threatened, or, 6. Verification that the person requires treatment that may be medically unsafe or unable to be provided, if administered at a less intense level of care, or, 7. Verification that there is an increase in the severity of symptoms such that continuation at a less intense level of care cannot offer an expectation of improvement or the prevention of deterioration, resulting in danger to himself or herself, others, or property. **Continued Stay Criteria:** 1. Each of the following Treatment Continuation Criteria is required throughout the episode of care. a. The individual continues to meet the treatment initiation criteria each day that

XV-1 EXTENDED ACUTE CARE (EAC) – HOSPITAL BASED

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
Common Setting: • Each Extended Acute Care Services is enrolled in the MA Program and is meets accreditation standards set forth by the Joint Commission for inpatient psychiatric hospitals.	d. Self-Medication Management e. Wellness Recovery Action Planning	services are provided at this level or this is the least restrictive level of care available to safely treat the individual. b. There is an individualized plan of active treatment, developed with the individual as a part of the treatment team, that specifies the goals, interventions, time frames, and anticipated outcomes appropriate to: 1) Improve or prevent deterioration of the symptoms of, or impairment in functioning resulting from, the mental disorder or condition that necessitated initiation of treatment. AND 2) Address a co-morbid substance use disorder or condition, if one exists. 2. The treatment goals, interventions, time frames, anticipated outcomes, discharge plan, and criteria for discharge are clinically efficient and reasonable.

XV-1 EXTENDED ACUTE CARE (EAC) – HOSPITAL BASED

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		3. Treatment is being rendered in a timely and appropriately progressive manner. 4. There are daily progress notes describing the therapeutic interventions rendered and the individual's response. 5. As appropriate, there is involvement of individuals of the individual's social support systems, including family and educational systems when indicated, in the individual's treatment and discharge planning. **Discharge Criteria:** The person no longer needs the extended acute inpatient level of care because: 1. The symptoms, functional impairments, and/or coexisting medical conditions that necessitated admission or continued stay have diminished in severity, and the individual's treatment can now be managed at a less intensive level of care; and

XV-1 EXTENDED ACUTE CARE (EAC) – HOSPITAL BASED

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		2. The improvement in symptoms, functional capacity, and/or medical condition has been achieved and the expectation that these improvements will not be compromised with treatment being given at a less intensive level of care; and 3. The person no longer poses a significant risk of harm to self or others, or destruction of property; and 4. The individual has benefited from extended acute treatment and has developed sufficient coping skills and effective community supports, indicating a high probability of a positive transition to the community, and 5. The person, with the support of the EAC staff, and community after care providers has developed a viable discharge plan that includes living arrangements and follow-up care that includes such supports as intensive case management, Community Treatment Team (CTT), Assertive Community Treatment (ACT) to support the person's transition to the community.

XV-1 EXTENDED ACUTE CARE (EAC) – HOSPITAL BASED

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		OR 6. Extended acute inpatient treatment is discontinued because: a. A diagnostic evaluation and/or a medical treatment has been completed when one of these constitutes the reason for admission. OR b. The person withdraws from treatment against advice and does meet criteria for involuntary commitment.

XV-2 EXTENDED ACUTE CARE (EAC) – Non-HOSPITAL BASED

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
Extended Acute Care Services (EACS)- Non-Hospital Based is a program that are within a therapeutic-rich environment, EACS are a part of the recovery-focused process that seeks to promote individual choices around care and provide opportunities that embrace collaboration with the individuals, families and treatment teams. EACS are multi-disciplinary and trauma-sensitive and are designed to improve an individual's adult role-functioning while stabilizing psychiatric symptoms that initially precipitated the person's acute inpatient stay. The evolution of EACS is consistent with the OMHSAS mission to promote an array of treatment options for persons with serious and persistent mental illness.	**Admission and Concurrent Service Components (Must meet *all* of the following)** 1. EACS have the capacity to deliver medical and psychiatric services that effectively evaluate, diagnose and develop comprehensive treatment plans with continuous monitoring, of a person's response to the physical medicine and psychiatric rehabilitative interventions of the EACS. This would include the assessment, stabilization and treatment planning that utilizes integrated approaches to address co-occurring disorders. 2. Provide 24-hour availability of psychiatric nursing and professional clinical staff to implement the recovery plan and monitor/assess the person's condition and response to the rehabilitative interventions of the EACS. This also includes ensuring the proper credentialing of all staff used to support multi-disciplinary treatment, clinical management and administrative oversight, with the availability of emergency medical or behavioral health interventions as needed;	**Admission Criteria** Providers must apply the following admission criteria: 1. Primary psychiatric diagnosis that meets criteria for serious mental illness as defined by Bulletin OMH-94-04 for persons 18 years or older, and, 2. Referral from an acute psychiatric inpatient setting that recommends transfer to an EAC or have a psychiatric evaluation that specifically recommends admission to an EAC with medical clearance for admission, and, 3. Documentation that the person poses a significant risk of harm to self or others, is unable to care for themselves, or, 4. Documentation that the person has a medical condition or illnesses that cannot be managed in a less intensive level of care, because the psychiatric and medical conditions so affect each other that there is a significant risk of medical crisis or instability, or,

XV-2 EXTENDED ACUTE CARE (EAC) – Non-HOSPITAL BASED

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
EACS are guided by Community Support Program (CSP) and Recovery principles. CSP principles state that services and supports are: • Consumer- Centered/ Consumer-Empowered • Culturally Competent • Meet Special Needs • Community-Based/ Natural Supports • Flexible • Coordinated • Accountable • Strengths- Based	3. Develop relationships with physical health providers to ensure the provision of physical health care when needed. 4. Encourage and facilitate the availability of certified Peer Specialist services to provide opportunities for individuals receiving services to direct their own recovery and advocacy process, as cited in MA Bulletin "Peer Supported Specialists", effective 11/1/06, number 08-07-09, 11-07-03, 21-07-01. 5. Ensure that there is access to adequate outdoor space provided to individuals during the course of their stay 6. Provide a variety of programs specifically designed to meet the needs of the consumer such as: a. Stress Management b. Anger Management and conflict resolution c. Family and consumer psycho-education	5. Confirmation that the individual's judgment or functional capacity is so impaired that self-maintenance, occupational, or social functioning is severely threatened, or, 6. Verification that the person requires treatment that may be medically unsafe or unable to be provided, if administered at a less intense level of care, or, 7. Verification that there is an increase in the severity of symptoms such that continuation at a less intense level of care cannot offer an expectation of improvement or the prevention of deterioration, resulting in danger to himself or herself, others, or property. **Continued Stay Criteria** 1. Each of the following Treatment Continuation Criteria is required throughout the episode of care. a. The individual continues to meet the treatment initiation criteria each day that

XV-2 EXTENDED ACUTE CARE (EAC) – Non-HOSPITAL BASED

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
Common Setting: • Each Extended Acute Care Services is enrolled in the MA Program and meets the requirements of Long Term Structured Residence (LTSR) regulations.	d. Self-Medication Management e. Wellness Recovery Action Planning f. Therapeutic recreational activities g. Spiritual support services h. Educational and vocational interests and preparation for job readiness	services are provided at this level or this is the least restrictive level of care available to safely treat the individual. b. There is an individualized plan of active treatment, developed with the individual as a part of the treatment team, that specifies the goals, interventions, time frames, and anticipated outcomes appropriate to: 1) Improve or prevent deterioration of the symptoms of, or impairment in functioning resulting from, the mental disorder or condition that necessitated initiation of treatment. AND 2) Address a co-morbid substance use disorder or condition, if one exists. 2. The treatment goals, interventions, time frames, anticipated outcomes, discharge plan, and criteria for discharge are clinically efficient and reasonable.

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		3. Treatment is being rendered in a timely and appropriately progressive manner. 4. There are daily progress notes describing the therapeutic interventions rendered and the individual's response. 5. As appropriate, there is involvement of individuals of the individual's social support systems, including family and educational systems when indicated, in the individual's treatment and discharge planning. **Discharge Criteria** The person no longer needs the extended acute inpatient level of care because: 1. The symptoms, functional impairments, and/or coexisting medical conditions that necessitated admission or continued stay have diminished in severity, and the individual's treatment can now be managed at a less intensive level of care; and

XV-2 EXTENDED ACUTE CARE (EAC) – Non-HOSPITAL BASED

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		2. The improvement in symptoms, functional capacity, and/or medical condition has been achieved and the expectation is that these improvements will not be compromised with treatment being given at a less intensive level of care; and 3. The person no longer poses a significant risk of harm to self or others, or destruction of property; and 4. The individual has benefited from extended acute treatment and has developed sufficient coping skills and effective community supports, indicating a high probability of a positive transition to the community, and 5. The person, with the support of the EAC staff, and community after care providers has developed a viable discharge plan that includes living arrangements and follow-up care that includes such supports as intensive case management, Community Treatment Team (CTT), Assertive Community Treatment (ACT) to support the person's transition to the community.

XV-2 EXTENDED ACUTE CARE (EAC) – Non-HOSPITAL BASED

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		OR 6. Extended acute inpatient treatment is discontinued because: a. A diagnostic evaluation and/or a medical treatment has been completed when one of these constitutes the reason for admission. OR b. The person withdraws from treatment against advice and does meet criteria for involuntary commitment.

XVI 23 HOUR OBSERVATION

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
23 Hour Observation Service is equivalent in intensity to an acute inpatient service but is time limited to allow for a comprehensive evaluation and assessment of the individual's psychiatric and behavioral health needs in the context of a safe inpatient setting. **Common Settings:** • Hospital Setting	**Admission and Concurrent Service Components (Must meet *all* of the following):** This is as restrictive a level of care as acute inpatient care. It allows for interventions requiring very high frequency of intensity of application, professional monitoring, supervision and assistance. Acute inpatient hospitalization also provides on-site medical and nursing services for individuals at high risk of medical/surgery complications affecting or affected by psychiatric interventions or procedures. **Admission Service Components - (must meet *all* of the following)** 1. Professional staff consisting of a multi-disciplinary treatment team to include: a. Board certified general psychiatrist b. Registered nurses; and c. Psychologists, social workers, educational specialist, other mental health	**Admission Criteria (Must meet *all* of the following)** 1. The individual has a diagnosed or suspected psychiatric and/or substance use disorder. A psychiatric and/or substance use disorder is defined as a disorder that, by accepted medical standards, can be expected to improve significantly through medically necessary and appropriate therapy. Presence of the illness(es) must be documented through the assignment of appropriate DSM-5 codes. There may be a lack of a primary definitive DSM-5 diagnosis and/or an incomplete understanding of the patient's clinical needs due to a lack of clinical information or an evolving clinical condition (e.g., intoxication) in which an extended observation period is medically necessary in order to establish a primary, definitive DSM-5 and subsequent treatment plan. 2. Based on the potential risk to self or others, the individual requires an individual plan of extended observation, acute medical and therapeutic crisis intervention and continuity of care services in a facility setting with medical staffing, psychiatric supervision and continuing nursing evaluation.

XVI 23 HOUR OBSERVATION

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	professionals and ancillary staff available when clinically indicated. 2. Individualized, strengths-based, active and timely treatment plans are developed. These plans are directed toward the alleviation of the impairment that caused the admission. They are developed within the context of a highly structured program of care that is based upon a comprehensive individual assessment, including the evaluation and diagnosis of co-occurring medical and substance use disorders. Assessment and treatment planning should include any and all available previous diagnostic and treatment history. 3. Medical evaluation should be conducted as needed. 4. Level of skilled intervention consistent with individual risk. 5. Discharge planning must be initiated at time of admission.	The 23-hour observation must provide immediate services in a facility setting that may include, but are not limited to, diagnostic clarification, assessment of needs, medication monitoring and administration, individual therapy, family and/or other support system involvement, and suicidal/homicidal observation and precautions as needed. 3. Although there is evidence of a potential or current mental health or substance abuse emergency based on history or initial clinical presentation, the need for confinement beyond 23-hours with intensive medical and therapeutic intervention is not clearly indicated. 4. The individual must be medically stable, or there must be appropriate medical services to monitor and treat any active medical condition. 5. Acute care nursing, medication management and monitoring are available, and all appropriate drug screens, laboratory studies, and medical testing are considered in accordance with accepted medical practice and clinical practice guidelines.

XVI 23 HOUR OBSERVATION

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	6. Availability of appropriate medical services and medical equipment. 7. Individual receiving psycho-educational assessment and services, if clinically indicated. 8. Family system receiving evaluation and intervention.	6. A comprehensive evaluation administered by a psychiatrist, which includes a biopsychosocial assessment (based on the available information), mental status examination, physical examination, and screening for a history of physical, sexual or emotional abuse, is completed and appropriate treatment and disposition recommendations are developed. 7. Clinical interventions emphasize crisis intervention, relapse prevention and motivational strategies with the intent to stabilize the individual and enhance motivation for change utilizing medication management, individual therapy and/or family or other support system involvement (the frequency of which will be determined by what the treatment team believes is needed to stabilize and re-evaluate the individual) with focus on proximal events in a brief solution-focused model. 8. Consultation services are available for general medical, pharmacology and psychological services.

XVI 23 HOUR OBSERVATION

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		9. Outpatient treatment providers and/or primary care physicians are consulted during the observation period as clinically indicated (and with the individual's documented consent). 10. A discharge plan is initially formulated that is directly linked to the behaviors and/or symptoms that resulted in the admission to a 23-hour observation bed, and this discharge plan begins to identify appropriate treatment resources following discharge. Reasonable attempts are made to coordinate the treatment and affect a timely disposition plan in collaboration with current treatment providers. **Continued Stay Criteria** None **Discharge Criteria - (Must meet *all* of the following)** 1. The individual meets admission criteria for inpatient hospitalization.

XVI 23 HOUR OBSERVATION

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		2. The individual no longer meets admission criteria and can be safely and effectively treated at a less-intensive and restrictive level of care.

XVII WELLNESS RECOVERY TEAM (WRT)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
The **Wellness Recovery Team** (WRT) model is based on the "person-centered healthcare home concept" as summarized by the National Council for Community Behavioral Health, "the core of the clinical approach of the individual-centered medical home is team-based care that provides care management and supports individuals in their self-management of goals." The WRT is a model of integrated health home services which bases the health home with the behaviroal health care provider. The teams are comprised of professionals with expertise in behavioral health and physical health issues, including but not limited to a registered nurse and a behavioral health professional. These "Navigators" will partner with behavioral health service providers, primary care service	**Admission Service Components - (Must meet *all* of the following)** 1. Professional staff consisting of a three person multi-disciplinary treatment team to include: a. Administrative Navigator can be an RN or Masters Level Clinician who is provider based and acts as a "point person" for the assurance of administrative communication and coordination across the healthcare delivery system. Navigator tasks include management of caseloads/units of service, directing of team meetings, assisting with engagement activities and inactive cases, conducting clinical supervision and consultation, establish and meet budgetary guidelines, oversee implementation of outcome studies and participate in all QA/QI activities/chart documentation and other outcome measurements within the program. b. Behavioral Health Navigator with a masters degree in Behavioral Health, and a	**Admission Criteria - (Must meet *all* of the following)** 1. Diagnostic Evaluation and Documentation a. DSM-5 diagnosis, as part of a complete face-to-face diagnostic examination (intellectual disability or drug and alcohol cannot stand alone) and in accordance to ICD-9 codes, by a psychiatrist (as defined in Chapter 5200.3 of the Pennsylvania Code), meets the criteria for serious mental illness, and b. Diagnosis is a high risk condition, and c. Assessment of health risk signifies a need for more intense intervention, and 2. Degree of Impairment - (Must meet a, and either b or c) a. Individual has limited skills necessary to maintain an adequate level of functioning without the support of the treatment program and has impairment of judgment, impulse control and/or cognitive/perceptual

XVII WELLNESS RECOVERY TEAM (WRT)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
providers, behavioral and physical health managed care organizations, pharmacy and specialty services, and people in recovery and their families. All services will be delivered within the context of a strong commitment to a rec**o**very-oriented system of care. **Common Settings:** This service is primarily community based in a variety of behavioral health and physical health provider offices and community settings. It may be provided telephonically as well.	c. Nurse Navigator who is a Registered Nurse. 2. Each Navigator will assume discipline-specific clinical responsibilities. An administrative navigator is able to engage in clinical activities as needed. In addition, their role may also include: a. Advocacy for the person's perspective and preferences. b. Synthesizing and prioritizing information from various disciplines including notifying appropriate collaborators. c. Establishing and maintaining relationships and communication with the individual managed care organizations and all providers. d. Connecting people with appropriate mainstream community resources. e. Educating family individuals and allies about physical and behavioral health issues and management strategies.	abilities, arising from a serious mental illness or high risk physical health condition. b. Social, interpersonal, and/or familial-impaired, functioning arising from a serious mental illness or high risk physical health condition which requires active treatment to achieve or resume an adequate level of functioning. c. Impaired educational or occupational functioning arising from a serious mental illness or high risk physical health condition which requires active treatment to achieve or resume an adequate level of functioning. 3. Individual has provided full informed consent to share physical health, behavioral health, HIV and drug and alcohol treatment information among treatment providers. **Continued Stay Criteria - (Must meet *all* of the following)** 1. Validated DSM-5 criteria, which remains the

XVII WELLNESS RECOVERY TEAM (WRT)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	f. Maintaining a key role in individuals' overall recovery efforts. 3. Through access to combined personal health information, as available from the behavioral and physical health managed care organizations, direct assessment and collaboration with behavioral and physical health providers, the Wellness Recovery Team will work with the individual to: a. Formulate an integrated recovery/wellness plan. b. Provide service in accordance to *Stages of Intervention* document for this service. c. Develop health and wellness self management strategies and activities for addressing health care needs and issues. d. Support the ability of people to make decisions that positively affect their health. 4. Recognizing that early identification of risk factors is central to preventing deterioration of	principal diagnosis, and continued SPMI symptomatology affecting the individuals' ability to function in the community, and to access and utilize traditional treatment services. 2. Validated DSM-5 diagnosis with continued high risk condition symptomatology affecting the individual's ability to function in the community and to access and utilize traditional treatment services. 3. There is a reasonable expectation that the individual will benefit from the continued involvement of the Wellness Recovery Team. This is demonstrated by an observable positive response in any 2 of the following areas of: a. Medication Adherence b. Reduction in the use of crisis services, if indicated as an issue in the treatment plan. c. Reduction in the use of inpatient episodes, and/or days spent in inpatient care, as compared to admission baseline figures.

XVII WELLNESS RECOVERY TEAM (WRT)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	illness. Interventions that make up the core services to be provided include: a. Outreach, engagement, and consent to the service. b. Navigator performs a complete clinical and psychosocial evaluation of physical and behavioral health needs and collects information regarding the individual's health concerns and initial wellness goals. c. Navigator assembles available information from the physical and behavioral health managed care organizations. d. Primary Care Contact and Behavioral Health Provider Contact: Navigator outreaches to primary care physician for visit information and initiates care coordination by introducing them to the program. e. Navigator will ensure that each person has a complete medical and behavioral health evaluation on an annual basis and that this and other gaps in care are identified and	d. Enhancement of social and recreational skills. (i.e. improved communication and appropriate interpersonal behaviors) e. Improvement in activities of daily living; improvement in the individuals' community supports. (i.e. health, legal, transport, housing, finances, etc.) Improvement in physical health status. 4. The individual expresses a desire to continue with WRT services, and exhibits adherence with the goals and objectives outlined in the wellness/recovery plan. 5. The individual, by virtue of continued symptomatology and decreased level of functioning, necessitates continued WRT involvement with the withdrawal of such services resulting in a likely exacerbation of acuity and the increased need for inpatient/crisis services. 6. Active tracking and evaluation of ongoing need for WRT services is completed every month.

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	resolved. The person and Navigator develop the Wellness Plan together based on the identified health care goals. The Wellness Plan also includes self management strategies and shows evidence of physical and behavioral health integration. f. Navigator reviews all available healthcare information and makes appropriate referrals to medical and behavioral health services as needed. g. Navigator will develop an action plan in response to behavioral and/or physical health hospitalizations, emergency room or crisis visits. The action plan should include communication efforts to maintain continuity of care, to advocate for the individual as needed, and to assist with aftercare planning. h. Navigator will review medication plans with individuals and prescribers to assure best efforts toward adherence and address barriers to access.	**Discharge/Inactive Status Criteria - (Must meet *one* of the following)** 1. Successfully reached individually established goals for discharge, and when the individual and staff agree to the termination of services. 2. Successfully demonstrated the ability to function in the community with minimal WRT involvement and have demonstrated stabilization for a period of two (2) months. 3. Actively taking responsibility for long term wellness goals and monitoring of chronic conditions, and have developed a broad based personal support system. 4. Move out of the county of residence. 5. Decline or refuse services, decline consent, and/or request discharge despite the team's best efforts to develop an acceptable treatment plan with the individual. 6. The individual has not benefited from WRT interventions. An alternate plan of treatment

XVII WELLNESS RECOVERY TEAM (WRT)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	i. Navigator will provide educational materials to the individual regarding physical illnesses as well as general wellness topics. j. Navigator will foster communication, collaboration, and partnership between the individual and their primary care physician and behavioral health providers k. Navigator will routinely screen and monitor signs of Metabolic Syndrome, including lab testing. 5. It is the intention of this service to provide the bulk of service interventions in the beginning phases of treatment and to decrease the intensity of services once the person's acute needs have been stabilized and initial wellness goals have been achieved. As the need for Navigator interventions decrease, the goal is to transfer care to traditional services already in existence or to no services, if indicated.	has been developed.

XVII WELLNESS RECOVERY TEAM (WRT)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	6. It is expected that in the engagement and initial phase of the service, a minimum of weekly contact with the individual is required. **Continued Stay Service Components - (In addition to continuing to meet the Admission Components, must meet)** 1. Wellness Plan has been updated to reflect the individuals' progress and/or new information that has been incorporated into the Wellness Plan or self management skills.	

XVIII COMMUNITY RESIDENTIAL REHABILITATIVE – HOST HOME (CRR HOST HOME)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
Community Residential Rehabilitative Hose Home (CRR Host Home) is mental health treatment provided in a family home setting, as opposed to a residential or an acute or subacute mental health treatment setting. CRR Host Home involves active mental health interventions directed at the removal or amelioration of specific, targeted symptoms that led to the need for this level of care. Support is provided by specially trained host home parents and treatment services are provided by an agency or affiliated professional, multidisciplinary treatment staff, and are based on a comprehensive treatment plan. Family therapy is a critical component of this level of care and should include peer support of the family as well as cross training on strategies found to be useful in the Host Home.	**Admission Service Components - (Must meet all of the following)** 1. Professional staff consisting of a multi-disciplinary treatment team to include: a. Board-eligible or certified child psychiatrist, medical and nursing consultation available as needed. b. Program managed by a certified or licensed mental health professional. c. Psychologists, social workers, and other mental health professionals and ancillary staff as needed. d. Host Home parents specifically trained in child and adolescent mental health disorders. 2. Individualized, strengths-based, documented active and timely treatment plan directed toward the alleviation of the impairment that caused the admission (completed by 3rd treatment day), within the context of a	Admission of a child to a CRR Host Home program is most appropriately based on a diagnosis by a certified child and adolescent psychiatrist. In the absence of a child psychiatrist a diagnosis may be appropriately provided by a Board Certified psychiatrist or a licensed psychologist. However, any time the most appropriate specializing physician is unavailable to perform the necessary diagnostic services; this should be documented and explained. **Admission - (must meet criteria 1 and 2)** 1. Diagnostic Evaluation and Documentation a. A DSM-5 Diagnosis must be included as part of a complete face-to-face diagnostic examination (intellectual disability or substance abuse cannot stand alone) and in accordance to ICD-9 codes, by a psychiatrist (as defined in Chapter 5200.3 of the Pennsylvania Code) for Joint Commission accredited facilities, or by a psychiatrist or a licensed psychologist for Non Joint Commission accredited facilities; and

XVIII COMMUNITY RESIDENTIAL REHABILITATIVE – HOST HOME (CRR HOST HOME)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
Common Settings: • CRR Host Home Agencies/Facilities	structured program of care that is based upon a comprehensive individual and family assessment. 3. Level of skilled intervention consistent with individual and family risk. 4. Active discharge planning initiated upon admission to program. 5. Family system receiving evaluation and intervention, family goals are an integral part of the treatment plan. **Continued Stay Service Components - (Must meet all of the following)** 1. Initial discharge plan has been formulated and is in the process of implementation. 2. Level of skilled intervention is consistent with individual's current risk factors. 3. Treatment plan has been modified to reflect individual's and family's progress and/or new	b. CRR Host Home services are prescribed by the diagnosing psychiatrist or psychologist, as appropriate to the accreditation of the facility, indicating that this is the most appropriate, least restrictive service to meet the mental health needs of the child; and c. Documentation in the current psychiatric/ psychological evaluation that the treatment, supervision, and observation, provided in the CRR Host Home setting, are necessary as a result of: 1) severe mental illness or emotional disorder, and/or 2) behavioral disorder indicating a risk for safety to self/others; 3) documentation in the assessment that treatment modifications in the living situation for the individual has a reasonable expectation of altering or improving the course of treatment, and

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	information that have become available during the residential treatment. 4. Routine assessments and treatment progress updates are completed. 6. Individual and family, to the extent possible, are involved in treatment and discharge planning.	d. Reasonable, documented treatment within a less restrictive setting has been provided by a mental health professional, and/or careful consideration of treatment within a less restrictive environment than that of a , CRR Host Home and the direct reasons for its rejection, have been documented; and e. Placement in a CRR Host Home must be recommended as the least restrictive and most clinically appropriate service for the child, by an interagency service planning team as currently required by the OMHSAS and OMAP. Following PA School Code, Sections 1306-1309 and 2561, when a child is removed from the school setting for the purpose of receiving mental health treatment, it is expected that the appropriate school system will be involved in the child's educational planning and the interagency team. In the event that conditions prevent the possibility of parental or child involvement, attempts to involve the child and parents and/or reasons explaining their non-involvement must be fully documented

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		and presented to an interagency team; and f. A complete strengths-based evaluation, including identifying the strengths of child's family, community, and cultural resources, must be completed prior to admission. 2. Severity of Symptoms a. The child's problematic behavior identified in the presenting history and psychiatric/ psychological examination must be of sufficient severity to cause severe functional impairment and/or pose a risk of safety to self or others. The problematic behaviors must be due a diagnosable severe mental illness, emotional disorder, and/or a behavioral disorder. OR b. The symptoms of the child which have been described by the individual's family (and/or representatives of the community or school), persist but, are not such as to prevent the

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		child from participating in community based supports, and 1) they are not observed on a psychiatric inpatient unit, or 2) they are denied by the child in outpatient or partial hospitalization treatment, such that the Community Residential Rehabilitate Host Home provides an ideal opportunity to treat the child; who does not require the intensity of a Residential Treatment Facility. c. The child's problematic behavior identified in the presenting history and psychiatric/ psychological examination have not sufficiently improved despite responsible comprehensive treatment at a lower level of care, which has involved the participation of an interagency team and the family.

XVIII COMMUNITY RESIDENTIAL REHABILITATIVE – HOST HOME (CRR HOST HOME)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		Requirements for Continued Stay - (Must meet criteria 1 and 2) 1. Diagnostic Evaluation and Documentation (see also, Appendix A) a. The initial evaluation and diagnosis is updated and revised as a result of a face-to-face diagnostic examination by the appropriate treating psychiatrist or psychologist; and b. Less restrictive treatment environments have been considered in consultation with the Interagency Service Planning Team; and c. There is the clinically determined likelihood of substantial benefit as a result of continued active intervention in the CRR Host Home setting, without which there is great risk of a recurrence of symptoms; and d. Any other clinical reasons supporting the rejection of other alternative services in favor of continuing CRR Host Home, and

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		e. CRR Host Home service is prescribed by the diagnosing psychiatrist/psychologist following a current face-to-face psychiatric evaluation, indicating and documenting that this is the least restrictive, appropriate service to meet the mental health needs of the child, and the discharge implementation plan. 2. Severity of Symptoms a. Severity of illness indicators and updated treatment plan support the likelihood that: substantial benefit is expected as a result of continued active intervention in a CRR Host Home setting, without which there is great risk of a recurrence of symptoms; OR severity is such that treatment cannot be safely delivered at a lesser level of care; and b. The treatment team review recommends continued stay, documenting the need for the child's further improvement, with the corresponding modifications in both treatment plan and the discharge goals; and

XVIII COMMUNITY RESIDENTIAL REHABILITATIVE – HOST HOME (CRR HOST HOME)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		c. Although child is making progress toward goals in the expected treatment process, further progress must occur before transition to a lesser level of care is advisable. The necessary changes must be identified in an updated treatment plan, and the treatment team review, in conjunction with an interagency team, must recommend continued stay; OR d. The symptoms or behaviors that required admission, continue with sufficient acuity that a less intensive level of care would be insufficient to stabilize the child's condition; OR e. Appearance of new symptoms meeting admission criteria.

XVIII COMMUNITY RESIDENTIAL REHABILITATIVE – HOST HOME (CRR HOST HOME)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		Discharge Criteria 1. A child not meeting criteria as established in Section 1 and 2, SEVERITY OF SYMPTOMS of the CONTINUED STAY CRITERIA, must be discharged.

XIX DUAL DIAGNOSIS TREATMENT TEAM (DDTT)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
Dual Diagnosis Treatment Team (DDTT) is available for adults over 18 years of age. DDTT is designed to provide comprehensive services to meet the needs of individuals with a Mental Health/Intellectual Disability (MH/ID) who are at risk of losing their opportunity for community living or who are reintegrating into the community due to inpatient, state hospital or state center admission. The DDTT will address individual needs during acute episodes and also during transition back to the community in order to support community living and maximize stabilization. **Common Settings:** 1. Community (Home, ID Group Homes)	**Admission Service Components - (Must meet *all* of the following)** 1. Professional staff consisting of a multidisciplinary treatment team to include: a. Program Director who is a masters prepared licensed clinician b. Behavior Specialist who is a masters prepared clinician who is licensed or working towards a license c. Board-eligible or certified psychiatrist d. Registered Nurse e. Service Coordinator BS/BA f. Pharmacist 2. Treatment team will be available 8:00 AM to 8:30 PM weekdays and 8:00 AM to 4:30 PM one weekend day per week. One team member will be on call 24/7. In addition the	**Admission Criteria – (Must meet criteria 1, 2, 3, 4 or 5 and 6)** 1. Present with an intellectual disability (documented diagnosis prior to age 18). 2. Present with a co-occurring mental and intellectual disability as described in the DSM-5. 3. Meets all medical necessity criteria for Targeted Case Management Services. 4. Is at risk for losing their current community placement, which may be a result of: a. Multiple acute inpatient mental health admissions within one year, and/or b. State hospital admission, and/or c. State center admission or any placement in a criminal detention setting. OR

XIX DUAL DIAGNOSIS TREATMENT TEAM (DDTT)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	Program Director, Psychiatrist and Pharmacist will also be on call 24/7. 3. Individuals receiving DDTT will average three face to face contacts per week. 4. Each team will serve 14 to 20 individuals. 5. Initial assessment will include: a. Functional Behavior Assessment b. Medication Management c. Safety/Crisis Planning d. Treatment/Recovery Planning e. Discharge Planning f. Coordination with Physical Health g. Psycho-social Assessment and/or a Psychiatric Evaluation	5. Have had multiple admissions to acute inpatient mental health within the last year, and 6. Have utilized and exhausted lower levels of care. **Continued Stay Criteria (must meet 1 and 2)** 1. The member continues to meet Admission Criteria. AND 2. The member is in need of DDTT based on the clinical information and the professional judgment of the reviewer. **Discharge. (Must meet at least 1 of the below):** 1. The member receiving the service determines that DDTT is no longer needed or wanted, and the member no longer meets the continued stay criteria. OR

XIX DUAL DIAGNOSIS TREATMENT TEAM (DDTT)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	Continued Stay Service Components - (Must meet *all* of the following) 1. The member must be reassessed no less than in six month intervals, or when there are significant changes in the member's situation that warrant a change in the level of DDTT services or changes to their treatment/ recovery plan goals.	2. The member receiving the service determines that DDTT is no longer needed or wanted, and the member does meet continued stay criteria. OR 3. The member has moved outside of the current county of residence. 4. Member has met their treatment/recovery goals and no longer needs the support of DDTT OR 5. The member is undergoing long-term incarceration and/or long-term hospitalization or long-term skilled nursing care without a discharge date or anticipated discharge date.

MAGELLAN BEHAVIORAL HEALTH OF PENNSYLVANIA, INC.
MENTAL HEALTH GUIDELINES FOR HEALTHCHOICES

XX GERIATRIC PSYCHIATRIC INPATIENT SERVICES

(OMHSAS Approval: March 10, 2017)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
Geriatric Psychiatric Inpatient is 24-hour mental health treatment provided in an inpatient setting for individuals ages 60 and older. Treatment takes into account chronological age, and emotional and physical conditions of the individual. Common Settings: Inpatient Hospital	**Magellan Specifications** There is regular medical monitoring and treatment is provider under the supervision of a physician. Medical and nursing services are available on a 24-hour basis. **Admission Service Components – (Must meet *all* of the following)** 1. Professional staff consisting of a multi-disciplinary treatment team to include: a. Board-eligible or certified psychiatrist(s) b. Nursing staff c. Psychologist(s), social worker(s), and other ancillary staff as needed d. 24-hour availability of services for diagnosis, continuous monitoring, and assessment of individuals response to treatment	**Admission Criteria – (Must meet *all* of the following)** 1. Validated principal DSM-5 diagnosis as part of a complete diagnostic examination (intellectual disability, substance abuse, or senility cannot stand alone) by a psychiatrist. 2. Treatment at a lower level of care has been attempted or given serious consideration. The individual cannot be appropriately treated at a less intensive level of care. 3. Level of Stability – (Must meet one or more of the following) a. Individual needs 24-hour monitoring by professional nursing staff to implement the treatment plan and assess the individual's condition and response to treatment. b. Individual needs 24-hour monitoring and supervision including, but not limited to, fall precautions, ambulation with assistance, and assistance with activities of daily living.

XX GERIATRIC PSYCHIATRIC INPATIENT SERVICES

(OMHSAS Approval: March 10, 2017)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
	Continued Stay Service Components - (Must meet *all* of the following) 1. A physical examination is conducted within 24 hours after admission. 2. A psychiatrist conducts a psychiatric examination within 24 hours after admission. 3. The individual participates in treatment and discharge planning. 4. Treatment planning and subsequent therapeutic orders reflect appropriate, adequate, and timely implementation of all treatment approaches in response to the individual's changing needs.	c. Admission to a psychiatric unit within a general hospital should be considered when the individual is expected to require medical treatment for a co-morbid illness that can be better provided by a full service general hospital. d. Care is expected to include availability of activities and resources that meet the social needs of older individuals with chronic mental illness. These needs typically include at a minimum company, daily activities, and having a close confidant such as staff members or visitors. 4. Degree of Impairment – (Must meet one or more of the following) a. The individual poses a significant risk of harm to self of others, or to the destruction of property.

XX GERIATRIC PSYCHIATRIC INPATIENT SERVICES

(OMHSAS Approval: March 10, 2017)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		b. The individual has a medical condition or illness which cannot be managed in a less intensive level of care because the psychiatric and medical conditions so compound one another that there is a significant risk of medical crisis or instability. c. The individual's judgment or functional capacity and capability have decreased to such a degree that self maintenance, occupational, or social functioning are severely threatened. d. The individual requires treatment which may be medically unsafe if administered at a less intensive level of care. e. There is an increase in the severity of symptoms such that continuation at a less intense level of care cannot offer an expectation of improvement or the prevention of deterioration, resulting in danger to self, others, or property.

XX GERIATRIC PSYCHIATRIC INPATIENT SERVICES

(OMHSAS Approval: March 10, 2017)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		Continued Stay Criteria (must meet one of the following) 1. The member continues to meet Admission Criteria. OR 2. Development of new symptoms during the individual's stay which meet admission criteria. OR 3. There is an adverse reaction to medical, procedures, or therapies requiring continued hospitalization. OR 4. There is a need for further monitoring and adjustment of medication dosage in an inpatient setting. OR

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		5. There is a reasonable expectation based on the individual's current condition and past history, that withdrawal of inpatient treatment will impede improvement or result in rapid decompensation or the re-occurrence of symptoms or behaviors which cannot be managed in a treatment setting of lesser intensity. **Discharge (Must meet 1 – 4, OR 5 OR 6 of the following)** 1. The symptoms, functional impairments, and/or coexisting medical conditions that necessitated admission or continued stay have diminished in severity and the individual's treatment can now be managed at a less intensive level of care. AND

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		2. The improvement in symptoms, functional capacity, and/or medical condition has been stabilized and will not be compromised with treatment being given at a less intensive level of care. AND 3. The individual does not pose a significant risk of harm to self or others, or destruction of property. AND 4. There is a viable discharge plan which included living arrangements and follow up care. OR 5. The individual withdraws from treatment against advice and does not meet criteria for involuntary commitment. OR

XX GERIATRIC PSYCHIATRIC INPATIENT SERVICES

(OMHSAS Approval: March 10, 2017)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
		6. The individual is transferred to another facility for continued inpatient care.

MAGELLAN BEHAVIORAL HEALTH OF PENNSYLVANIA, INC.
MENTAL HEALTH GUIDELINES FOR HEALTHCHOICES

ASSERTIVE COMMUNITY TREATMENT (ACT) (revised August 1, 2022)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
Assertive Community Treatment (ACT) is a program that delivers services by a group of multi-disciplinary mental health staff who work as a team and provide the majority of treatment, rehabilitation, and support services individuals need to achieve their goals. This multi-disciplinary team ensures ongoing integrated, individualized, and comprehensive assessment, while providing intensive treatment/rehabilitation and support services in the community. The population typically served are individuals with severe and persistent mental illness and/or have concurrent substance abuse issues and who are at risk of decompensation and re-hospitalization even with the availability of traditional community-based services.	**Admission and Concurrent Service Components** 1. ACT provides services through a multi-disciplinary integrated treatment approach. All staff must have at least one (1) year's experience with the Serious and Persistent Mental Illness (SPMI) population in direct practice settings. The staff must be comprised of the full-time equivalents appropriate to the size of the ACT team. The composition of the team must include: a. The Team Leader is a full-time licensed master's level mental health professional or RN with at least one (1) year direct experience with the SPMI co-occurring disorder population, and at least one (1) year program management experience. b. A Board Certified or Board Eligible or ASAM certified Psychiatrist on a full or part-time basis. The Psychiatrist shall provide 16 hours a week for every 50 individuals, and shall be accessible 24 hours a day, seven (7) days a week or have back-up arrangements for coverage.	**Admission Criteria - (Must meet *all* of the following)** Member Eligibility: The following are the eligibility requirements for Assertive Community Treatment Services: 1. Adults, 18 years of age or older, who have serious and persistent mental Illness. A person shall be considered to have a serious and persistent mental illness when all of the following criteria for diagnosis, treatment history, and functioning level are met. a. Diagnosis: Primary diagnosis of schizophrenia or other psychotic disorders, such as schizoaffective disorder or bipolar disorder, as defined in the Diagnostic and Statistical Manual of Mental Disorders. Individuals with a primary diagnosis of a substance use disorder, Intellectual Disabilities, or brain injury are not the intended member group; AND

ASSERTIVE COMMUNITY TREATMENT (ACT) (revised August 1, 2022)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
The ACT team provides most of their services in the individual's natural setting, with minimal referral to other program entities until some degree of stabilization has been achieved and the individual is ready for the transition to traditional community-based treatment services. Some of the various treatment, rehabilitation, and support service functions will be assumed by virtue of a staff person's specialty area, while other generic activities can be carried out by most staff. The provision of services is guided by the principle that individuals be maintained in a community setting at the least restrictive level of care with the focus on assisting individuals in achieving a maximum level of independence with an overall enhancement in their quality of life.	2. Additional program staff include: a. At least three (3) full-time equivalent RNs for a full-sized team and two (2) full-time equivalent RNs for a modified team. b. Master's level mental health professionals: four (4) full time employees (FTEs) in addition to the Team Leader for a full-sized team and two (2) in addition to the Team Leader for a modified team. c. Vocational Specialist who may be one (1) of the master's level mental health professionals. d. Substance Abuse Specialist, preferably a Certified Addiction Counsellor (CAC). e. Mental Health Specialists/Case Managers with a minimum of a Bachelor of Arts degree. f. Peer Specialist g. Program/Administrative Assistant	b. The Psychiatrist recommends ACT level of care based upon a Psychiatric Evaluation; AND c. Members who meet at least two (2) of the following criteria: 1) At least two (2) psychiatric hospitalizations in the past 12 months or lengths of stay totaling over 30 days in the past 12 months that can Include admissions to the psychiatric emergency services; 2) intractable (i.e., persistent or very recurrent) severe major symptoms (e.g., affective, psychotic, suicidal, anxiety); 3) Co-occurring mental Illness and substance use disorders with more than six (6) months' duration at the time of contact;

MAGELLAN BEHAVIORAL HEALTH OF PENNSYLVANIA, INC.
MENTAL HEALTH GUIDELINES FOR HEALTHCHOICES

ASSERTIVE COMMUNITY TREATMENT (ACT) (revised August 1, 2022)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
Services are provided in the community wherever the individual needs supportive, therapeutic, rehabilitative intervention (e.g., at the individual's residence, place of work or leisure, provider program site, etc.). The ACT multi-disciplinary staff individually plan and deliver the following services to individuals: • Service Coordination: Assigned case manager who coordinates and monitors the individual's activities with the team, and links with community resources that promote recovery • Crisis Assessment and Intervention: Available 24 hours a day, seven (7) days a week, including telephone and face-to-face contact	3. Services are provided to be consistent with Pennsylvania's Community Support Program (CSP) principles. 4. Caseloads are based on staff-to-individual ratios. The minimum ratio for each full-time equivalent is 1:10, with a 1:8 ratio for a modified team (not including the psychiatrist and program assistant). 5. The program will provide comprehensive bio-psychosocial assessments that include psychiatric evaluation, nursing assessment, psychosocial and rehabilitative functional assessments, and substance use evaluations. Also available are psychopharmacological consultation for medication adjustment and psychological assessment for the purpose of differential diagnosis. 6. Following admission into the program and upon completion of the assessments, a strength-based comprehensive integrated treatment/rehabilitation plan will be developed. The individualized plan will include measurable outcomes and timelines, with the	4) High risk or recent history of Criminal Justice involvement which may Include frequent contact with law enforcement personnel, incarcerations, parole or probation; 5) Literally homeless, imminent risk of being homeless, or residing in unsafe housing; 6) Residing in an Inpatient or supervised community residence, but clinically assessed to be able to live in a more Independent living situation, if intensive services are provided, or requiring a residential or institutional placement, if more Intensive services are not available. AND d. Difficulty effectively utilizing traditional case management or office-based outpatient services, or evidence that they require a more assertive and frequent non-office-based service to meet their clinical needs.

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
• Symptom Assessment and Management: Ongoing comprehensive assessment and accurate diagnosis, psycho-education regarding mental illness and medication management, symptom self-management, and supportive therapy • Medication Prescription, Administration, Monitoring, and Documentation: The ACT psychiatrist shall establish an individual clinical relationship with each individual. As referenced in the ACT bulletin (pg. 17), will assess monthly the individual's symptoms and response to medications including side effects. Integrated treatment that addresses the inter-relationships between mental health issues and substance	signature of the individual as an active participant in the development of the treatment goal. The plan will be revised as needed to reflect the individual's current, ever-changing needs. It must be revised at minimum once every six (6) months or whenever there is a significant change in the individual's status. 7. Required Services: a. Crisis Intervention 24 hours a day, seven (7) days a week, telephonic and in-person b. Supportive Psychotherapy c. Integrated treatment that addresses the inter-relationship between mental health issues and substance use d. Medication, prescription administration, monitoring, mobile medication administration, and documentation e. Rehabilitation: work related assessment, intervention and support	**Continued Stay Criteria (must meet all criteria)** 1. Validated DSM diagnosis, which remains the principal diagnosis, and continued SPMI symptomatology affecting the member's ability to function in the community, and to access and utilize traditional treatment services. It is expected that a Psychiatric evaluation has been completed since the last review and continues to recommend ACT level of care. 2. There is evidence that the member is benefiting from the continued involvement of the ACT team, in at least two (2) of the following areas: a. Medication adherence evidenced by decreasing ACT involvement with a move toward independence. b. Reduction in the use of inpatient episodes, and/or days spent in inpatient care, as compared to prior authorization period. c. Improvement in the member's community supports (health, legal, transport, housing,

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
use. While the substance use needs to be a consideration during treatment, ACT teams cannot provide substance use treatment without a license from the Department of Drug and Alcohol Programs (DDAP). • Work-related Services: Assist the individual to value, find, and maintain meaningful employment • Activities of Daily Living: Includes housing, household activities, personal hygiene, money management, use of transportation, access physical health resources • Social/Interpersonal Relationship and Leisure Time Training: Activities to improve communication skills, develop assertiveness, increase self esteem	f. Social and Recreational Skills Training g. Activities of Daily Living Services h. Support Services: Health, Legal, Financial, Transportation, Living Arrangements i. Advocacy j. Education 8. The ACT's contacts with individuals will vary based on the individual's clinical needs. The ACT team will have the capacity to provide multiple contacts per week to the individual. There will be an average of three (3) contacts per week for all individuals, but multiple contacts may be as frequent as two (2) to three (3) times per day, seven (7) days per week. 9. The ACT team shall provide ongoing contact for members who are hospitalized for substance abuse or psychiatric reason to assist the continuity of care of those members. The ACT team shall:	finances, vocational skills, etc.) with the goal of moving toward independence. 3. Treatment Planning and subsequent therapeutic interventions reflect appropriate, adequate, and timely implementation of all treatment interventions in response to the individually changing needs. This is evidenced through the following: a. Service hour intensity matches the needs of the member b. Expected level of Member engagement is present to expect continued stability or improvement 4. The member has not achieved six (6) months of demonstrated stabilization or is not at the stabilization baseline, and continues to meet the admission criteria of this level of intervention. 5. The member remains in a community residential setting that requires the additional supports of ACT.

MAGELLAN BEHAVIORAL HEALTH OF PENNSYLVANIA, INC.
MENTAL HEALTH GUIDELINES FOR HEALTHCHOICES

ASSERTIVE COMMUNITY TREATMENT (ACT) (revised August 1, 2022)

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
• Peer Support Services: Linkages to self-help programs and organizations that promote recovery • Support Services: Assistance to access medical services, housing, financial support, social services, etc. • Education, Support and Consultation to Individuals' Families and other Major Supports: Includes psycho-education related to individual's illness and role of the family, linkages to family self-help programs and organizations that promote recovery • The ACT team is directed by a Team Leader and Psychiatrist and includes sufficient staff from the core mental health disciplines, at least one (1) peer specialist and program/	a. Assist in admission process; b. Make contact with the member and inpatient provider within 48 hours of knowing of the inpatient admission to: 1) provide information 2) conduct appropriate assessment 3) assist with member's needs and 4) begin discharge planning in conjunction with the inpatient setting; c. Maintain at least weekly face-to-face contact with the member and the inpatient treatment team staff; d. Transition the member from the inpatient setting to the community; and e. Maintain at least three (3) face-to-face contacts per week for one (1) month following discharge.	6. Evidence that currently available community services are not adequate or effective in managing the members needs 7. There is expected benefit of continued stability with the support of the ACT team. **Discharge Criteria** 1. Discharge shall occur when: a. The member has attained reasonable goals in the treatment plan. b. The individual and the team determine, based on the attainment of goals as identified in the individual's treatment plan, that ACT services are no longer needed based on the attainment of goals. c. The individual moves outside the geographic area of the ACT team's responsibility. In such cases, the ACT team will arrange for a transfer of mental health services responsibility to an ACT program or other

Service Description and Common Service Settings	Magellan Specifications	Magellan Utilization Management Guidelines
administrative support staff who are able to provide treatment, rehabilitation and support services 24 hours per day, seven (7) days per week. **Common Settings:** • Assertive Community Treatment (ACT)	10. When members are discharged to lower levels of care based on careful assessment of their readiness and mutual agreement, the process should involve a gradual transition period including at least 30 days of overlap of responsibility for monitoring the members' status and progress. The members should also have the option to reenroll in the ACT team even after the transition period has ended. The ACT team should periodically monitor the members' engagement in the new program until members are assessed to have fully and successfully engaged in the new program.	provider within the members new geographic location. d. If member is admitted to an all-inclusive 24-hour program, such as state hospital, incarceration, EAC, LTSR, etc., they will be discharged from ACT. e. Member is not actively engaged with the ACT treatment team, after numerous attempts to re-engage. f. The individual chooses to withdraw from ACT services and attempts to re-engage with the service have not been successful. ACT team will attempt to connect the member to alternate supports.