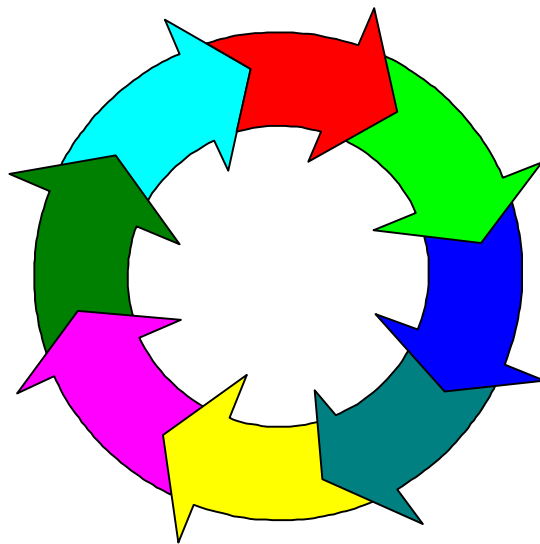


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LEVEL OF CARE CRITERIA

MENTAL HEALTH



BEHAVIORAL HEALTH CONNECTICUT, LLC.

Inpatient Mental Health (Acute) Level of Care Criteria

A. Definition

The goal of acute inpatient mental health care is to stabilize individuals who display acute psychiatric conditions associated with a relatively sudden onset and a short severe course. Typically the individual poses a significant danger to self or others, and or displays severe psychosocial dysfunction or mental instability. Acute inpatient care represents the most intensive level of psychiatric treatment. Treatment encompasses multi-disciplinary assessments and multi-modal interventions. Twentyfour-hour skilled nursing care, daily medical care and a structured treatment milieu are required. Special treatment may include restraint, seclusion and a locked unit.

B. Admission Criteria

1. Both of the following criteria are necessary for admission:

- a) Individual demonstrates symptomatology consistent with DSM-IV (AXES I-V) diagnosis, which requires and will respond to therapeutic intervention.
- b) Individual is free from any physical conditions that require acute primary medical care and has been cleared for treatment in a non-medical surgical treatment environment.

2. In addition to the above one of the following must be present:

- a) There is an indication of actual or potential danger to others or to self as evidenced by at least one of the following:
 - A serious suicide attempt with plan and means available.
 - Command hallucinations.
 - Delusions of control.
 - Documented history of violence.
 - Life threatening and rapid weight loss, as evidenced by medical findings
- b) There is an indication of actual or potential danger to others as evidenced by at least one of the following:
 - Documented current threat to kill or injure an identified person known to individual.
 - Documented current threat to kill or injure someone not directly associated with the individual.
 - Documented threat with plan and means available to kill or injure someone, but no specific target identified.

- c) A serious suicide/homicide attempt within the past 7 days and continued significant suicidal/homicidal intent as indicated by the circumstances of the attempt, the method used, the statements of the individual, or continuing feelings of helplessness and/or hopelessness.
- d) A suicide/homicide gesture within the past week without the above indicators with a history of previous significant attempts, accompanied by a severely depressed mood, occurrence of significant losses, or with continuing significant suicidal/homicidal intent.
- e) The presence of suicidal/homicidal ideation when associated with suicide/homicide plan, means, and intent; command hallucinations, delusions of guilt, prolonged intractable pain, fantasies of impending death, feelings of desperation or hopelessness, or other indicators of suicidal/homicidal intent.
- f) Loss of impulse control resulting in life threatening behavior, significant weight loss within the past three months, or self-mutilation that could lead to permanent disability.
- g) Individual is impaired to the degree that he/she manifests major disability in social, interpersonal, occupational, and/or educational function and is not responsive to treatment and/or management efforts at a less intensive level of care.
- h) There is evidence of severe disorders of cognition, memory or judgment with attendant psychological impairment and family/community support cannot be relied on to provide essential care.
- i) There is an indication of actual or potential danger to property as evidenced by at least one of the following:
 - Documented recent history of violent, dangerous or destructive acts
 - Documented recent threats of violent, dangerous or destructive acts.

C. Exclusion Criteria

1. Any of the following criteria is sufficient for exclusion from this level of care:
 - a) Individual can be safely maintained and effectively treated at a less intensive level of care.
 - b) Threat or assault toward others is not accompanied by a DSM-IV diagnosis.

- c) Individuals with the following conditions are excluded from admission unless there is clearly documented evidence of an acute psychiatric episode overlaying the primary diagnosis:
- Autism
 - Mental Retardation
 - Organic Mental Disorder: delirium, dementia, amnesic and cognitive mental disorders due to a medical condition
 - Primary Substance Abuse Problems

D. Continuing Stay Criteria

1. All of the following criteria are necessary for continuing treatment at this level of care:
- a) Individual's condition continues to meet admission criteria for inpatient care, acute treatment interventions (including psychopharmacological) have not been exhausted, and no other less intensive level of care would be adequate.
 - b) Treatment planning is individualized, appropriate to the individual's changing condition with realistic and specific goals and objectives stated.
 - c) All service and treatment are carefully structured to achieve optimum results in the most timely way possible.
 - d) Progress in relation to specific symptoms or impairments is clearly evident and measurable. Goals of treatment have not yet been achieved or adjustments in the treatment plan to address lack of progress are evident.
 - e) Care is rendered in a clinically appropriate manner and focused on individual's outcomes as described in the discharge plan.
 - f) The patient and family (when appropriate) are participating, to the extent he/she or they are medically and psychologically capable, with a program that is considered adequate to alleviate the signs and symptoms justifying admission.
 - g) When medically necessary, appropriate psychopharmacological intervention has been prescribed.

E. Discharge Criteria

1. Any of the following criteria are sufficient for discharge from this level of care:

- a) Individual's documented treatment plan goals and objectives have been substantially met.
- b) Individual no longer meets admission criteria and acute treatment interventions (including psychopharmacological) have been exhausted, or meet criteria for less intensive level of care.
- c) The individual, family, guardian and/or custodian is non-compliant in treatment or in following program rules and regulations.
- d) Consent for treatment is withdrawn, and either it has been determined involuntary inpatient treatment is inappropriate or the court has denied involuntary inpatient treatment.
- e) Support systems that allow the patient to be maintained in a less restrictive treatment environment have been secured.
- f) Patient is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care.

Observation/Holding Bed Level of Care Criteria

A. Definition

A 23 hour secure and protected, hospital level medically staffed, psychiatrically supervised treatment environment, designed specifically for those patients who, as a result of a psychiatric disorder, are an acute and significant danger to themselves or others, or who are acutely and significantly disabled and cannot meet their basic needs and role functions, and require temporary evaluation and crisis stabilization in order to determine the most appropriate level of care and possibly avoid hospitalization.

B. Admission Criteria

1. Both of the following criteria are necessary for admission:

- a) Individual presents symptomatology consistent with DSM IV (Axis I-V) diagnoses and which requires, and is likely to respond to therapeutic intervention.
- b) There are indications that the individual's symptoms may stabilize and an appropriate alternative treatment may be initiated within a 23-hour period.

2. In addition to the above, at least one of the following must be present:

- a) There is an indication of actual or potential danger to self as evidenced by:
 - Serious suicidal intent or a recent attempt with continued intent evidenced by the circumstances of the attempt, the statements of the individual, or intense feelings of hopelessness and helplessness.
 - Command hallucinations or delusions leading to suicidal intent.
- b) There is an indication of actual or potential danger to others as evidenced by a current threat and the means to kill someone.

C. Exclusion Criteria

1. Any of the following criteria is sufficient for exclusion from this level of care:

- a) Cases where the primary and only diagnosis is Mental Retardation.
- b) Individual can be safely maintained and effectively treated at a less intense level of care.
- c) Threat or assault toward others is not accompanied by a DSM-IV diagnosis.
- d) Presence of any condition requiring acute inpatient medical or surgical care.

D. Discharge Criteria

1. Any of the following criteria are sufficient for discharge from this level of care:

- a) Individual's documented treatment plan goals and objectives have been substantially met.
- b) Individual no longer meets admission criteria, or meets criteria for less/more intensive level of care.
- c) Individual's length of stay at this level of care has surpassed the program's maximum length of stay of 23 hours as stated in the clinical plan of services and plan for continuation of services at another level of care has been established.

Crisis Stabilization Level of Care Criteria

A. Definition

Crisis Stabilization is designed to provide continuous 24-hour observation and supervision for individuals who do not require the intensive medical treatment of hospital care. The program provides continuing evaluation, medication management, as well as crisis stabilization for patients needing an intermediate level of care. Treatment interventions are focused on mobilizing support and resources so that the patient can be managed in a less restrictive setting.

B. Admission Criteria

1. Individual demonstrates symptomatology consistent with a DSM-IV (AXES I-V) diagnosis which requires and will respond to intensive, structured intervention.

AND

2. Clinical evaluation of the individual's condition indicates dramatic and sudden decompensation with a strong potential for danger to self or others and individual has no available supports to provide continuous monitoring.

AND

3. Clinical evaluation indicates that the individual can be effectively treated with short-term intensive crisis intervention services and returned to a less intensive level of care within a brief time frame.

OR

4. Clinical evaluation indicates the onset of a life-endangering psychiatric condition, but there is insufficient information to determine the appropriate level of care.

C. Exclusion Criteria

1. Any of the following criteria is sufficient for exclusion from this level of care:

- a) The individual's psychiatric condition is of such severity that it can only be safely treated in an inpatient setting.
- b) An individual's medical condition is such that it cannot be safely treated in any setting other than a medical hospital.
- c) The individual's sole need is housing.

D. Continuing Stay Criteria

1. All of the following criteria are necessary for continuing treatment at this level of care:

- a) Care is rendered in a clinically appropriate manner and focused on individual's outcomes as described in the discharge plan.

- b) Treatment planning is individualized and appropriate to the individual's changing condition, realistic, and specific goals and objectives stated.
- c) All service and treatment are carefully structured to achieve maximum results in the most timely way possible.
- d) Individual's condition continues to meet admission criteria at this level of care and no less intensive of care would be adequate.
- e) There is documented evidence of concerted efforts to establish a realistic discharge plan to move the individual to a less intensive level of care.
- f) The individual demonstrates the ability to benefit from the crisis evaluation and treatment in the program.

E. Discharge Criteria

1. Any of the following criteria are sufficient for discharge from this level of care:

- a) Individual's documented treatment plan goals and objectives have been substantially met.
- b) Individual no longer meets admission criteria, or meets criteria for a less/more intensive level of care.
- c) The individual, family, guardian and/or custodian is non-compliant in treatment or in following program rules and regulations, and it is determined that the individual does not meet the criteria for an inpatient level of care.
- d) Support systems that allow the individual to be maintained in a less restrictive treatment environment have been secured.

Acute Residential Mental Health Treatment For Children and Adolescents Level of Care Criteria

A. Definition

Acute residential treatment is a level of care that provides diversion from inpatient hospitalization by means of a programmatic therapeutic 24-hour treatment living situation with moderate levels of supervision, structure, restrictiveness and intensity of service. Programs serve children and adolescents with sufficient intellectual potential to respond to active treatment and who need a protected and structured environment. The programs are planned for each individual's needs and are generally completed in 1 to 14 days. Provided that realistic discharge goals are set at admission and there is participation in the treatment by the enrolled child and family members or guardian, it is expected that realistic discharge goals will be set at admission and that family members, involved agencies and/or guardians will actively participate in the enrollee's treatment. Treatment is less restrictive than inpatient treatment and more restrictive than partial hospitalization or outpatient treatment. Residential treatment offers comprehensive services including a therapeutic milieu, along with multi-disciplinary, multi-modal therapies. It also features the use of community resources for planned, purposeful, and therapeutic activities and allow residents some degree of autonomy.

B. Admission Criteria

1. All of the following criteria are necessary for admission:

- a) Individual demonstrates symptomatology consistent with a DSM-IV (AXES I-V) diagnosis which requires and will respond to intensive, structured intervention.
- b) Individual demonstrates significant impairment of social, interpersonal, and/or educational/vocational function requiring multi-disciplinary treatment interventions of moderate intensity in a highly structured, 24-hour therapeutic residential setting.
- c) The enrolled child/adolescent has sufficient intellectual capacity to respond to active psychological treatment.
- d) The child/adolescent is able to function with some independence and participate in community-based activities structured to develop skills for functioning outside of a controlled psychiatric environment.

C. Exclusion Criteria

1. Any of the following criteria is sufficient for exclusion from this level of care:

- a) Individual has a psychiatric condition such that care should be rendered at a more intensive level.
- b) Individual is actively suicidal and/or homicidal.
- c) Individual is medically unstable.
- d) Individual is chemically dependent on alcohol and/or drugs and in need of detoxification.

- e) Individual has a primary diagnosis of Mental Retardation or Autism.
- f) A less intensive level of care would be as effective.

D. Continuing Stay Criteria

1. All of the following criteria are necessary for continuing treatment at this level of care:
 - a) Individual's condition continues to meet admission criteria at this level of care and no less intensive level of care would be adequate.
 - b) Treatment planning is individualized and appropriate to the individual's changing condition with realistic and specific goals and objectives stated.
 - c) All service and treatment are carefully structured to achieve optimum results in the most timely way possible.
 - d) Progress in relation to specific symptoms or impairments is clearly evident and measurable in describable and observable terms but goals of treatment have not yet been achieved or adjustments in the treatment plan to address lack of progress are evident.
 - e) Care is rendered in a clinically appropriate manner and focused on individual's outcomes as described in the discharge plan.
 - f) The individual and family are participating (when appropriate), to the extent he/she or they are medically and psychologically capable, with a program that is considered adequate to alleviate the signs and symptoms justifying treatment.
 - g) When medically necessary, appropriate pharmacological intervention has been prescribed.

E. Discharge Criteria

1. Any of the following criteria are sufficient for discharge from this level of care:
 - a) Individual's documented treatment plan goals and objectives have been substantially met.
 - b) Individual no longer meets admission criteria, or meets criteria for a less/more intensive level of care.
 - c) The individual, family, guardian and/or custodian are non-compliant in treatment or in the following program rules and regulations, despite multiple, documented attempts to address noncompliance issues.
 - d) Consent for treatment (Parental/Guardian consent for those age 15 and under) is withdrawn and it is determined that the individual has the capacity to make an informed decision and does not meet criteria for an inpatient level of care.

- e) Support systems that allow the individual to be maintained in a less restrictive treatment environment have been secured.
- f) Individual is not making progress toward treatment goals and there is no reasonable expectation of progress.

Psychiatric Partial Hospitalization Program Level of Care Criteria

A. Definition

Partial hospitalization is a nonresidential treatment program available up to 7 days per week that includes the major diagnostic services and psychosocial and prevocational treatment modalities found in a comprehensive inpatient program, including therapeutic milieu, nursing, and psychiatric medication management. Psychiatric partial hospital treatment may be appropriate whenever a patient does not require the more restrictive and intensive environment of a 24-hour inpatient hospital, but does require more intensive and comprehensive services than can be provided at the outpatient level. The environment at this level of treatment is highly structured, and there should be a high staff-to-patient ratio in order to guarantee sufficient therapeutic services and professional monitoring, control, and protection. Partial psychiatric hospitalization may effectively serve acute and sub-acute patient populations. Partial hospitalization may be appropriate to provide stabilization of acute, severe mental illness; as a therapeutically-supported alternative to or step down from inpatient care; in the arrest of chronic illness that is deteriorating, and the restoration of patients to a level of functioning that allows them to be safely maintained in the community.

B. Admission Criteria

1. All of the following criteria are necessary for admission:

- a) Patient demonstrates symptomatology consistent with a DSM-IV (AXES I-V) diagnosis which requires and will respond to intensive, structured intervention.
- b) There is evidence of patient capacity and support for reliable attendance at the partial hospital program and compliance with a medication regime, when appropriate.
- c) There is a risk to self, others, or property which is not so serious as to require 24-hour medical/nursing supervision.
- d) Patient's condition requires a comprehensive, multi-disciplinary, multi-modal course of treatment.

C. Exclusion Criteria

1. Any of the following criteria is sufficient for exclusion from this level of care:

- a) The individual is a risk to self or others or sufficient impairment exists that a more intense level of service is required.
- b) Individuals with the following conditions are excluded from admission unless there is clearly documented evidence of an acute psychiatric episode overlaying the primary diagnosis:
 - Autism
 - Mental Retardation
 - Organic Mental Disorder
 - Primary Substance Abuse Problems

- c) Individual with serious and persistent mental illness who is not in an acute exacerbation of the mental illness.
- d) Individual has medical conditions or impairments that would prevent beneficial utilization of services.
- e) Individual is actively using unauthorized drugs or alcohol.
- f) Individual requires a level of structure and supervision beyond the scope of the program.
- g) Individual can be safely and effectively treated at a less intense level of care.

D. Continuing Stay Criteria

1. All of the following criteria are necessary for continuing treatment at this level of care:

- a) Individual's condition continues to meet admission criteria at this level of care and no less intensive level of care would be adequate.
- b) Treatment planning is individualized and appropriate to the individual's changing condition with realistic and specific goals and objectives stated.
- c) All service and treatment are carefully structured to achieve maximum results in the most timely way possible.
- d) Progress in relation to specific symptoms or impairments is clearly evident and measurable in describable and observable terms but goals of treatment have not yet been achieved or adjustments in the treatment plan to address lack of progress are evident.
- e) Care is rendered in a clinically appropriate manner and focused on individual's outcomes as described in the discharge plan.
- f) The individual and family are participating (when appropriate), to the extent he/she or they are medically and psychologically capable, with a program that is considered adequate to alleviate the signs and symptoms justifying treatment.

E. Discharge Criteria

1. Any of the following criteria are sufficient for discharge from this level of care:

- a) Individual's documented treatment plan goals and objectives have been substantially met.
- b) Individual no longer meets admission criteria, or meets criteria for a less/more intensive level of care.
- c) The individual, family, guardian and/or custodian is non-compliant in treatment despite multiple, documented attempts to address noncompliance issues.

- d) Consent for treatment is withdrawn and it is determined that the individual has the capacity to make an informed decision and does not meet criteria for an inpatient level of care.
- e) Support systems that allow the individual to be maintained in a less restrictive treatment environment have been secured.

Psychiatric Intensive Outpatient Program Level of Care Criteria

A. Definition

Psychiatric Intensive Outpatient Program (PIOP) represents a level of care in the continuum between day treatment and traditional outpatient treatment. PIOP services provide time limited comprehensive and coordinated multidisciplinary treatment plans which include multiple services and modalities delivered in an outpatient setting, typically 3 hours per day, 2 to 4 times per week. PIOP may be used to intervene in a complex or refractory clinical situation, which would otherwise result in admission to a higher level of care. Clinical interventions available should include individual, couple and family psychotherapy, group therapies, medication management, and psycho-educational services. Adjunctive therapies such as life planning skills (assistance with vocational, educational, financial issues) and special issue or expressive therapies, which should be included in the per diem, may be provided but must be standardized in content or duration; that is, they must have a specific function within a given patient's treatment plan. All treatment plans must be individualized and should focus on stabilization and discharge to community outpatient treatment and support groups as needed. The PIOP provides significantly more structure/treatment than traditional outpatient therapy yet significantly less structure than traditional inpatient hospital program.

B. Admission Criteria

1. All of the following criteria are necessary for admission:

- a) Individual demonstrates symptomatology consistent with a DSM-IV (AXES I-V) diagnosis which requires and will respond to intensive, structured intervention.
- b) There is an expectation that the individual will show significant progress toward treatment goals within the specified time frames as dictated by the focus of the program.
- c) There are significant symptoms that interfere with the individual's ability to function in more than one life area.
- d) The individual/support systems demonstrate motivation to comply with treatment
- e) The individual's condition requires a coordinated treatment plan, which may include different modalities and/or disciplines of office-based treatment services per week for improvement.

C. Exclusion Criteria

1. Any of the following criteria is sufficient for exclusion from this level of care:

- a) The individual is a danger to self and others or sufficient impairment exists that a more intensive level of service is required.
- b) The individual presents with a condition that is not expected to respond to treatment in a time limited program or whose impairment will not allow for this level of care.
- c) The individual's psychiatric condition can respond to traditional outpatient therapy and does not require a coordinated program of multi-modal services.

- d) Individual has a primary diagnosis of Mental Retardation or displays organic symptoms to the degree of precluding a beneficial response to the program.

D. Continuing Stay Criteria

1. All of the following criteria are necessary for continuing treatment at this level of care:
 - a) Individual's condition continues to meet admission criteria at this level of care and no less intensive level of care would be adequate.
 - b) Treatment planning is individualized and appropriate to the individual's changing condition with realistic and specific goals and objectives stated.
 - c) All service and treatment are carefully structured to achieve optimum results in the most timely way possible.
 - d) Progress in relation to specific symptoms or impairments is clearly evident and measurable in describable and observable terms but goals of treatment have not yet been achieved or adjustments in the treatment plan to address lack of progress are evident.
 - e) When medically necessary, appropriate pharmacological intervention has been prescribed.

E. Discharge Criteria

1. Any of the following criteria are sufficient for discharge from this level of care:
 - a) Individual's documented treatment plan goals and objectives have been substantially met.
 - b) Individual no longer meets admission criteria, or meets criteria for less/more intensive level of care.
 - c) The individual, family, guardian and/or custodian are non-compliant in treatment or in the following program rules and regulations, despite attempts to address non-compliance issues.
 - d) Consent for treatment is withdrawn, and it is determined that the individual does not meet criteria for an inpatient level of care.
 - e) Support systems that allow the individual to be maintained in a less restrictive treatment environment have been secured.

Outpatient Mental Health Level of Care Criteria

A. Definition

Those mental health services that are provided in an ambulatory care setting such as mental health clinic, hospital outpatient department, community health center, group practice or provider's office (services may also be delivered in a home or school setting with specific authorization from the Contractor). Services focus on the enhancement and/or maintenance of the individual's level of functioning and alleviation of symptoms, which significantly interfere with functioning. The goal of outpatient therapy may be crisis resolution, therapeutic stabilization, improvement in adaptation, or recovery from addiction. The treatment modality, frequency and length of treatment will vary correspondingly.

B. Admission Criteria

1. All of the following criteria are necessary for admission:

- a) Individual demonstrates symptomatology consistent with a DSM-IV (AXES I-V) diagnosis which requires and will respond to therapeutic intervention.
- b) There is an expectation that the prescribed treatment will show progress toward treatment goals within the specified number of sessions or is needed to maintain current optimum level of functioning.
- c) There are significant symptoms that interfere with the individual's ability to function in one or more life areas.
- d) The individual/support systems upon evaluation demonstrate motivation to comply with treatment.
- e) The mode of treatment is appropriate to the symptomatology.

C. Exclusion Criteria

1. Any of the following criteria is sufficient for exclusion from this level of care:

- a) Individual evidences such severity of symptoms and inadequacy of social support system that treatment is required at a more intensive level of care.
- b) Treatment is for other than the active symptoms of a DSM-IV diagnosis (e.g., self-actualization or training).

D. Continuing Stay Criteria

1. All of the following criteria are necessary for continuing treatment at this level of care:

- a) Severity of illness and resulting impairment continues to require outpatient treatment.
- b) Treatment planning is individualized and appropriate to the individual's changing condition with realistic goals and objectives stated.

- c) All services and treatment are carefully structured to achieve optimum results in the most timely way possible.
- d) When medically necessary, appropriate psychopharmacological intervention has been prescribed.
- e) Care is being rendered in a clinically appropriate manner and focused on client outcome as described in discharge plan.
- f) Progress in relation to specific symptoms or impairments is clearly evident and measurable in describable and observable terms, but goals of treatment have not yet been achieved; or adjustments in the treatment plan to address lack of progress are evident.
- g) The individual and family (when appropriate) are participating, to the extent he/she or they are medically and psychologically capable, with a program that is considered adequate to alleviate the signs and symptoms justifying treatment.

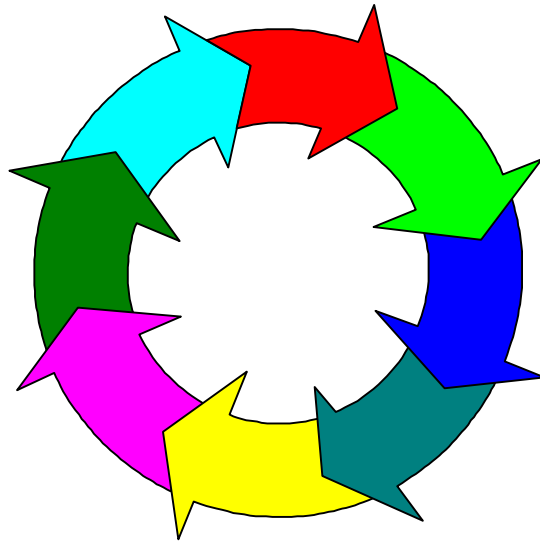
E. Discharge Criteria

1. Any of the following criteria are sufficient for discharge from this level of care:

- a) Individual's documented treatment plan goals and objectives have been substantially met.
- b) The individual, family, guardian, and/or custodian is non-compliant in treatment or in following the program rules and regulations, despite attempts to address non-compliance issues.
- c) Consent for treatment is withdrawn and it is determined that the individual does not meet criteria for an inpatient level of care.
- d) Individual is not making progress towards treatment goals and there is no reasonable expectation of progress.
- e) Individual no longer meets admission criteria or meets criteria for a more intensive level of care.

LEVEL OF CARE CRITERIA

SUBSTANCE ABUSE



BEHAVIORAL HEALTH CONNECTICUT, LLC.

Level IV Medically Managed Detoxification Level of Care Criteria

A. Definition

Level IV detoxification services provide a planned program of 24-hour medically managed evaluation, care and treatment to individuals who are experiencing a severe withdrawal syndrome and/or acute biomedical complications as a result of a substance abuse disorder. Level IV services are typically rendered in a hospital facility that can provide life support in addition to 24-hour physician (daily physician/individual contact is necessary) and nursing care. It should also provide a multidisciplinary staff of clinicians who are trained in addiction treatment, and overall management of medical care. Although the treatment is specific to substance abuse disorders, the multidisciplinary team with the additional support services allows for the conjoint treatment of coexisting biomedical and emotional/behavioral conditions.

B. Admission Criteria

1. All of the following criteria are necessary for admission:

- a) The individual must be at risk for life-threatening consequences due to acute intoxication or withdrawal from alcohol or other substances of abuse.
- b) The individual must have a history of current alcohol and/or substance abuse at a level and with a frequency to have developed dependency and/or tolerance and to be at medical risk of life-threatening consequences if the substance abuse is removed without medical supervision.
- c) The individual's medical condition must be of an intensity that requires medical and nursing services, which could only be provided on a Level IV detoxification unit.

2. In addition, at least one of the following conditions exist:

a) Alcohol

- Patient is at risk of developing severe or complicated alcohol withdrawal (e.g., CIWA-A score greater than or equal to 20; patients on multiple drugs);
- Patient whose underlying medical or psychiatric co-morbid condition will be significantly exacerbated by the withdrawal symptomatology;
- Patient with a recent history of seizures when withdrawing from alcohol. Patients with a recent history of delirium tremors when withdrawing from alcohol.

b) Cocaine

- Patient whose underlying co-morbid medical or psychiatric illness will require medical monitoring more frequently than hourly (because of psychotic impulsive behavior or depressive suicidality).

c) Sedative/Hypnotics

- At risk of severe withdrawal from sedative hypnotic agents;

- Patients whose underlying co-morbid medical or psychiatric condition will be significantly exacerbated by moderate to severe withdrawal symptoms.

d) Opiates

- A patient who's underlying medical or psychiatric co-morbid condition will be significantly exacerbated by severe withdrawal.
- Psychopharmacologic treatment can only be done under medical management (e.g., pharmacological induction and resolution of opiate withdrawal with Naloxone in 6 hours).

C. Exclusion Criteria

1. Any of the following criteria are sufficient for exclusion from this level of care:

- a) Individual whose medical condition is such that it does not require active medically managed treatment.
- b) Individual's type of addictive substance or pattern of drug/alcohol usage will not cause sufficient withdrawal symptoms to require inpatient detoxification.
- c) Individual has abstained from regular, ongoing use of drugs or alcohol for at least 7 days and is not demonstrating signs or symptoms of significant withdrawal.

D. Continuing Care Criteria

I. All of the following criteria are necessary for continued treatment:

- a) Individual's condition continues to meet admission criteria at this level of care and no less intensive level of care would be adequate.
- b) Treatment planning is individualized and appropriate to the individual's changing condition with realistic and specific goals and objectives stated.
- c) All service and treatment are carefully structured to achieve optimum results in the most timely manner possible.
- d) When medically necessary, appropriate pharmacological interventions have been prescribed.
- e) The patient would not be better served by transfer to an ICU or other more "intensive" medical unit.

E. Discharge Criteria

1. All of the following criteria are necessary for discharge from this level of care:

- a) The individual's withdrawal symptoms have been eliminated or reduced to a stable, safe level.
- b) Any concomitant medical condition that was influenced by or exacerbated by alcohol/drug abuse has been evaluated, monitored and found to be stable.
- c) Follow-up goals and plans for treatment at the next appropriate levels of care have been formulated.

Level III Medically Monitored Detoxification Level of Care Criteria

A. Definition

Level III detoxification services provide a planned program of inpatient 24-hour medically monitored evaluation, care and treatment provided to individuals experiencing or at significant risk of developing an uncomplicated withdrawal syndrome as a result of an alcohol and/or substance abuse disorder. Level III services are typically rendered in a licensed acute care setting (e.g., licensed freestanding or hospital based programs) with 24-hour physician consultation availability, 24-hour nursing care and observation, counseling staff that are trained in addiction treatment, and overall monitoring of medical care. Individuals receiving Level III detoxification do not require the medical and clinical intensity of a hospital based detoxification service, nor can they be effectively treated in a less intensive outpatient level of care. Services are typically provided under a defined set of physician-approved policies, procedures or clinical protocols.

B. Admission Criteria

1. All of the following criteria are necessary for admission:

- a) The individual must have an alcohol or substance abuse related diagnosis and is at risk from acute intoxication or a withdrawal syndrome.
- b) The individual's condition requires 24-hour medical and nursing service.
- c) The individual does not exhibit signs and symptoms requiring acute inpatient hospitalization.

2. In addition, at least one of the following conditions exists.

a) Alcohol

- The CIWA-A score is 10 to 20 and the individual manifests or is at risk of developing a moderate to severe withdrawal syndrome. The individual does not have severe alcohol withdrawal symptoms (e.g., CIWA score >20).

b) Cocaine

- Patient uses cocaine in high doses in cyclic pattern of "runs" and is currently within 7 days of such drug use and there is a history of failure at lesser levels of care.

c) Sedative-Hypnotics

- The Enrollee has ingested sedative-hypnotics (either alone or in combination with addicting drugs or alcohol) at more than therapeutic levels daily for more than 4 weeks and is not responsive to appropriate recent efforts by the prescriber to maintain the dose at therapeutic levels.
- The Enrollee has ingested sedative-hypnotics at more than therapeutic levels daily for more than 4 weeks alone or in combination with daily alcohol use or regular use of another drug known to pose a severe risk of withdrawal. The individual manifests or is at risk of developing a moderate to severe withdrawal syndrome which is sufficiently uncomplicated that withdrawal can safely take

place using a set protocol and the patient cannot be stabilized by the end of the period of outpatient monitoring available at a lower level of care.

d) Opiates

- The patient has used injectable opiates daily for more than two weeks and has a history of inability to complete withdrawal as an outpatient or without medication in a lower level of care,
- At least three of the following symptoms are present:
 - a) Rhinorrhea
 - b) Lacrimation
 - c) Mydriasis
 - d) Piloerection
 - e) Bone Pain
 - f) Diarrhea

C. Exclusion Criteria

1. Any of the following criteria are sufficient for exclusion from this level of care:
 - a) Individual's condition requires acute inpatient medical or psychiatric treatment.
 - b) Individual's medical condition is such that Level IV or a hospital setting is required for treatment.
 - c) Individual's type of addictive substance or pattern of drug/alcohol usage will not cause sufficient withdrawal symptoms to require inpatient detoxification.
 - d) Individual has abstained from regular, ongoing use of drugs or alcohol for at least 7 days and is not demonstrating signs or symptoms of a moderate withdrawal syndrome.

D. Continuing Care Criteria

1. All of the following criteria are necessary for continued treatment at this level of care:
 - a) Individual's condition continues to meet admission criteria at this level of care and no less intensive level of care would be adequate.
 - b) Treatment planning is individualized and appropriate to the individual's changing condition with realistic and specific goals and objectives stated.
 - c) All services and treatment are carefully structured to achieve optimum results in the most timely way possible.
 - d) When medically necessary, appropriate pharmacological intervention has been prescribed.

E. Discharge Criteria

1. All of the following criteria are necessary for discharge from this level of care:
 - a) The individual's withdrawal symptoms have been eliminated or reduced to a stable, safe level.
 - b) Medical condition that was influenced by or exacerbated by alcohol/drug abuse has been evaluated, monitored and found to be stable.
 - c) Follow-up goals and plans for treatment at the next appropriate level of care have been formulated.

Level II Ambulatory Detoxification Level of Care Criteria

A. Definition

Ambulatory Detoxification services provide a planned outpatient program to individuals who require detoxification as a result of an alcohol and/or substance abuse disorder and are assessed to be not at risk for an acute and/or complicated withdrawal syndrome. Level II Detoxification services are typically rendered in an office setting, outpatient department of a hospital or addiction treatment facility by trained clinicians including but not limited to physicians and registered nurses who provide medically supervised evaluation detoxification, monitoring and referral services. Individuals receiving Level II detoxification do not require the medical and clinical intensity of services offered in a Level III or IV detoxification program. Services are typically provided under a defined set of physician-approved policies, procedures or clinical protocols.

B. Admission Criteria

1. All of the following criteria are necessary for admission:

- a) The individual must have an alcohol or substance abuse related diagnosis and is not currently at risk for acute intoxication or a withdrawal syndrome.
- b) The individual does not exhibit signs and symptoms requiring acute inpatient hospitalization.
- c) The absence of any medical conditions that will be influenced or exacerbated by withdrawal symptomatology.

2. In addition, at least one of the following conditions exists.

a) Alcohol

- The individual exhibits mild to moderate symptoms of withdrawal with a CIWA-A score of 10 or less.

b) Cocaine

- The individual exhibits lethargy, agitation, paranoia, mild psychotic symptoms or depression associated with withdrawal and level of impulse control do not require a more/less intensive level of services.

c) Sedative-Hypnotics

- There is reliable history that the patient is withdrawing from sedative-hypnotics without evidence of other drug dependence or has ingested sedative-hypnotics at therapeutic levels for at least 6 months or in excess of therapeutic levels daily for at least 4 weeks, but the risk of seizures, hallucinations, disassociation or severe affective symptoms is assessed to be minimal.

d) Opiates

- The individual's use of injectable opiates has not been daily for more than 2 weeks prior to admission and vital signs and evidence of physical discomfort or craving can be stabilized by the end of the period of outpatient monitoring.

C. Exclusion Criteria

1. Any of the following criteria are sufficient for exclusion from this level of care:
 - a) The Individual's condition requires acute inpatient medical or psychiatric treatment.
 - b) Individual's medical condition is such that a more intensive level of care is required for treatment.
 - c) Individual's type of addictive substance or pattern of drug/alcohol usage will not cause sufficient withdrawal symptoms requiring detoxification.
 - d) Individual has abstained from regular, ongoing use of drugs or alcohol for at least 7 days and is not demonstrating signs or symptoms of withdrawal.

D. Continuing Care Criteria

1. All of the following criteria are necessary for continued treatment at this level of care:
 - a) Individual's condition continues to meet admission criteria at this level of care and no more/less intensive level of care would be adequate.
 - b) Treatment planning is individualized and appropriate to the individual's changing condition with realistic and specific goals and objectives stated.
 - c) All services and treatment are carefully structured to achieve optimum results in the most timely way possible.
 - d) When medically necessary, appropriate pharmacological intervention has been prescribed.

E. Discharge Criteria

1. All of the following criteria are necessary for discharge from this level of care:
 - a) The individual's withdrawal symptoms have been eliminated or reduced to a stable, safe level.
 - b) Follow-up goals and plans for treatment at the next appropriate level of care have been formulated.

Residential Substance Abuse Rehabilitation Program Level of Care Criteria

A. Definition

A Residential Substance Abuse Rehabilitation Program is a programmatic short term therapeutic 24 hour living situation with moderate levels of supervision, structure, restrictiveness and intensity of treatment services which provide continuity of care after Level III detoxification for individuals engaging in recovery. The program provides moderate intensity, multidisciplinary treatment interventions. Though the emphasis is on group therapy and educational sessions, patients also receive individual, family, occupational, and other forms of therapy. Linkage to aftercare, relapse components and self-help groups, such as AA are also included in the treatment and discharge plan.

B. Admission Criteria

1. All of the following criteria are necessary for admission:
 - a) Individual demonstrates symptomatology consistent with a DSM-IV (AXES I-V) diagnosis which requires and will respond to intensive, structured intervention.
 - b) Due to drug or alcohol use, the patient has shown significant impairment of social, interpersonal, occupational, and/or educational functioning.
 - c) The individual has demonstrated a recent, persistent inability to stay free from mood-altering drugs and/or alcohol outside of a controlled therapeutic environment or has displayed an inability to benefit from partial hospitalization or intensive outpatient substance abuse program.
 - d) When appropriate, family members agree to participate actively in treatment. For adolescents, this is a necessary condition for admission.

C. Exclusion Criteria

1. Any of the following criteria are sufficient for exclusion from this level of care:
 - a) Individual is actively suicidal and/or homicidal.
 - b) Individual is medically unstable.
 - c) Individual is chemically dependent on alcohol and/or drugs and in need of detoxification.
 - d) Individual has a primary diagnosis of Mental Retardation or displays organicity to the degree that precludes any benefit from the program.
 - e) A less intensive level of care will be as effective.

D. Continuing Care Criteria

1. All of the following criteria are necessary for continued treatment at this level of care:

- a) Individual's condition continues to meet admission criteria at this level of care and no less intensive level of care would be adequate.
- b) Treatment planning is individualized and appropriate to the individual's changing condition with realistic and specific goals and objectives stated.
- c) All service and treatment are carefully structured to achieve maximum results in the most timely way possible.
- d) Progress in relation to specific symptoms or impairments is clearly evident and measurable in describable and observable terms but goals of treatment have not yet been achieved or adjustments in the treatment plan to address lack of progress are evident.
- e) Care is rendered in a clinically appropriate manner and focused on individual's outcomes as described in the discharge plan.
- f) The individual and family are actively participating (when appropriate), to the extent he/she or they are medically and psychologically capable, with a program that is considered adequate to alleviate the signs and symptoms treatment.

E. Discharge Criteria

1. Any of the following criteria are sufficient for discharge from this level of care:
 - a) Individual's documented treatment plan goals and objectives have been substantially met.
 - b) Individual no longer meets admission criteria, or meets criteria for a less/more intensive level of care.
 - c) The individual, family, guardian and/or custodian are non-compliant in treatment or in following program rules and regulations, despite attempts to address noncompliance issues.
 - d) Consent for treatment is withdrawn and it is determined that the individual does not meet criteria for an inpatient level of care.
 - e) Support systems that allow the individual to be maintained in a less restrictive treatment environment have been secured.
 - f) Individual is not making progress toward treatment goals and there is no reasonable expectation of progress.

Substance Abuse Partial Hospitalization Program Level of Care Criteria

A. Definition

Partial hospitalization is a nonresidential treatment program available up to 7 days per week that includes the major diagnostic services and psychosocial and prevocational treatment modalities found in a comprehensive inpatient program, including therapeutic milieu, nursing, and medication management. Partial hospital treatment may be appropriate whenever a patient does not require the more restrictive and intensive environment of a 24-hour inpatient hospital, but does require more intensive and comprehensive services that can be provided at the outpatient level. The environment at this level of treatment is highly structured, and treatment provided by an interdisciplinary team of appropriately credentialed addiction professionals. Partial hospitalization may effectively serve acute and sub-acute patient populations. Partial hospitalization may be appropriate to provide stabilization of acute, severe substance abuse illness; as a therapeutically-supported alternative to or step down from inpatient care; in the arrest of chronic illness that is deteriorating, and the restoration of patients to a level of functioning that allows them to be safely maintained in the community.

B. Admission Criteria

1. All of the following criteria are necessary for admission:

- a) Patient demonstrates symptomatology consistent with a DSM-IV (AXES I-V) diagnosis which requires and will respond to intensive, structured intervention.
- b) There is evidence of patient capacity and support for reliable attendance at the partial hospital program and compliance with a medication regime, when appropriate.
- c) Patient's perspective and lack of impulse control inhibit his/her ability to make behavior changes without clinically directed and repeated structured motivational interventions.
- d) Patient's condition requires a comprehensive, multi-disciplinary, multi-modal course of treatment.

C. Exclusion Criteria

1. Any of the following criteria is sufficient for exclusion from this level of care:

- a) The individual is a risk to self or others or sufficient impairment exists that a more intense level of service is required.
- b) Individuals with the following conditions are excluded from admission
 - Autism
 - Mental Retardation
 - Organic Mental Disorder
 - Primary Psychiatric Problems
- c) Individual has medical conditions or impairments that would prevent beneficial

utilization of services.

- d) Individual is actively using unauthorized drugs or alcohol.
- e) Individual requires a level of structure and supervision beyond the scope of the program.
- f) Individual can be safely and effectively treated at a less intensive level of care.

D. Continuing Stay Criteria

1. All of the following criteria are necessary for continuing treatment at this level of care:

- a) Individual's condition continues to meet admission criteria for Partial Hospital care, acute treatment interventions (including psychopharmacological) have not been exhausted, and no other less intensive level of care would be adequate.
- b) Treatment planning is individualized, appropriate to the individual's changing condition with realistic and specific goals and objectives stated.
- c) All service and treatment are carefully structured to achieve optimum results in the most timely way possible.
- d) Progress in relation to specific symptoms or impairments is clearly evident and reportable in describable and observable terms.
- e) Clinically appropriate care is focused on individual's outcomes as described in the discharge plan.
- f) The patient and family (when appropriate) are participating, to the extent he/she or they are medically and psychologically capable.
- g) When medically necessary, appropriate psychopharmacological intervention has been prescribed.

E. Discharge Criteria

1. Any of the following criteria are sufficient for discharge from this level of care:

- a) Individual's documented treatment plan goals and objectives have been substantially met.
- b) Individual no longer meets admission criteria, or meets criteria for a less/more intensive level of care.
- c) The individual, family, guardian and/or custodian is non-compliant in treatment or in following the program rules and regulations, despite multiple, documented attempts to address noncompliance issues.
- d) Consent for treatment is withdrawn and it is determined that the individual has the capacity to make an informed decision and does not meet criteria for an inpatient level of care.
- e) Support systems that allow the individual to be maintained in a less restrictive

treatment environment have been secured.

Substance Abuse Intensive Outpatient Program Level of Care Criteria

A. Definition

Substance Abuse Intensive Outpatient Program (SAIOP) is indicated for patients who require structured, time-limited, multi-modal treatment to achieve abstinence and sustain recovery. These services can be day and/or evening and enable patients to maintain residence in the community and continue their work, attend school, and be a part of family life. SAIOP, where available, should be recommended as a first treatment option to those individuals with support systems and absence of complications that may hinder the rehabilitation process. These multi-modal and multidisciplinary services can be provided in:

1. Freestanding facilities devoted to substance abuse rehabilitation.
2. Outpatient departments in acute-care hospitals.
3. Private offices of health care professionals.

An effective multi-modal SAIOP should include the following types of treatment:

1. Didactic presentations
2. Individual counseling
3. Group therapy
4. Family counseling
5. Physician services
6. Regular urine and/or serum drug screening
7. Strategies for relapse prevention to include community and social support systems in treatment

An ideal SAIOP has variable lengths of stay and reduces each participant's frequency of attendance as recovery becomes reliably established and the individual can resume more of his/her usual life obligations. It is expected that individualized treatment plans will address the patient's specific physical, psychological, and behavioral problems, and the ramifications of the patient's abuse of drugs. A SAIOP will typically range across a continuum from 3 times a week, 3 hours per day to the equivalent of partial hospitalization.

B. Admission Criteria

1. All of the following criteria are necessary for admission:
 - a) Individual has a DSM-IV diagnosis of Substance Abuse Related Disorder.

- b) The individual demonstrates a pattern of pathological drug and/or alcohol use that has resulted in a significant impairment of interpersonal occupational, and/or educational functioning.
- c) The individual's condition requires coordinated, comprehensive, multi-disciplinary, and multi-modal treatment.
- d) The individual is able to function in a community-based environment. There is, however, impairment in social, medical, family or work functioning.
- e) The individual's living situation and support system are supportive of his/her recovery efforts.
- f) The individual is sufficiently motivated to be compliant with treatment in this level of care.

C. Exclusion Criteria

- a) The individual's biomedical condition is not stable enough to be managed in a structured outpatient setting.
- b) The individual has a co-morbid psychiatric condition that requires a more intensive level of care.
- c) The individual is actively suicidal and/or homicidal.
- d) The individual's condition is such that there is no reasonable expectation of clinically significant improvement within a foreseeable time frame.
- e) The individual manifests signs or symptoms of life-threatening withdrawal requiring acute detoxification.

D. Continuing Care Criteria

1. All of the following criteria are necessary for continued treatment at this level of care:
 - a) Individual's condition continues to meet admission criteria at this level of care and no less intensive level of care would be adequate.
 - b) Treatment planning is individualized and appropriate to the individual's changing condition with realistic and specific goals and objectives stated.
 - c) All service and treatment are carefully structured to achieve optimum results in the most timely way possible.
 - d) Progress in relation to specific symptoms or impairments is clearly evident and measurable in describable and observable terms but goals of treatment have not yet been achieved or adjustments in the treatment plan to address lack of progress are evident.
 - e) Care is rendered in a clinically appropriate manner and focused on individual outcomes as described in the discharge plan.

- f) The patient and family (when appropriate) are participating, to the extent that he/she or they are medically and psychologically capable, with a program that is considered adequate to alleviate the signs and symptoms justifying treatment.
- g) When medically necessary, appropriate psychopharmacological intervention has been prescribed.
- h) The results of random urine/drug screens support the individual's continuing involvement in the program.

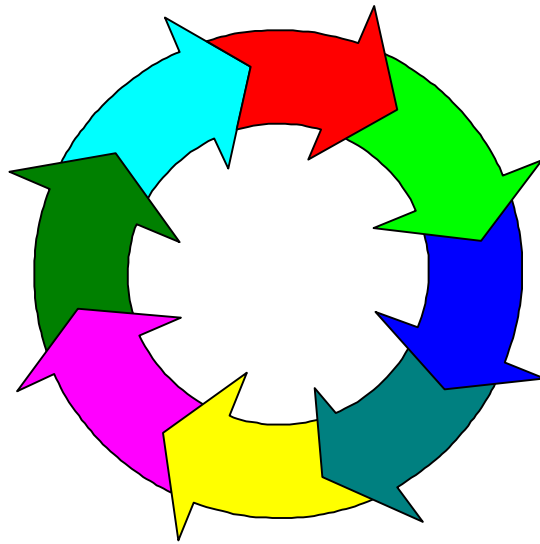
E. Discharge Criteria

1. Any of the following criteria are sufficient for discharge from this level of care:

- a) Discharge plan is in place that provides linkages for the individual to ongoing aftercare services.
- b) Individual's documented treatment plan goals and objectives have been substantially met.
- c) Individual no longer meets admission criteria, or meets criteria for less/more intensive level of care.
- d) The individual, family, guardian and/or custodian are non-compliant in treatment or in following program rules and regulations, despite attempts to address noncompliance issues.
- e) Consent for treatment is withdrawn and it is determined that the individual does not meet criteria for an inpatient level of care.
- f) Support systems that allow the individual to be maintained in a less restrictive treatment environment have been secured.
- g) Individual is not making progress towards treatment goals and there is no reasonable expectation of progress.
- h) The results of random urine/drug screens indicate that the individual is unable to maintain abstinence at this level of care. This may be indicative of a need to assess the individual for a more intensive level of care.

LEVEL OF CARE CRITERIA

PSYCHOLOGICAL TESTING



BEHAVIORAL HEALTH CONNECTICUT, LLC.

Psychological Testing Criteria

A. Definition

Psychological tests are used to assess a patient's cognitive, emotional, neurological, verbal and defensive functioning on the central assumption that individuals have identifiable and measurable differences that can be elicited by means of objective testing. The psychologists aim, therefore, is to obtain data from standardized valid and reliable instruments which: 1. Lead to an accurate diagnosis, 2. Allow for hypotheses to be generated about the patient's problems and difficulties in functioning, and 3. Point to effective treatment strategies.

In carrying out the assessment process it is essential that providers demonstrate that careful, thorough and thoughtful observation and interviewing of the patient have taken place. As part of this initial process, psychologists should review the results and dates of previous testing, be clear about the questions which are being asked and be aware of confounding variables such as medical illness or substance abuse.

A test should be focused on the resolution of an answerable (by testing), clearly stated, clinical question that will effect treatment planning. Psychologists may request projective tests and an inventory to obtain different types of data if all medical necessity criteria are met. Batteries may be appropriate for neuropsychological assessments when it is desirable to evaluate the interrelationship of different brain functions.

Issues considered in the review of requests for psychological testing include:

1. Are the questions clear and do they fit the clinical context?
2. Will the tests answer the questions?
3. Are all tests selected needed?
4. What is the time required to complete testing?

Please note: All psychological and neuropsychological testing requires pre-certification except at the inpatient level of care when testing is included in the negotiated per diem rates.

B. Testing Certification Criteria

I. Conditions A or B in conjunction with C must be met.

- a) There is a significant uncertainty about the appropriate course of treatment for a patient or the patient has not responded to standard treatment with no clear explanation and *the results of psychological testing will have a timely effect on the treatment plan*. Psychological testing should not be routinely administered as an approach to evaluation or based primarily on a requirement of the facility, but should be guided by individual clinical circumstances.
- b) Testing is needed for a differential diagnosis; traditional assessment procedures (such as clinical interview, brief rating scales) are unable to clarify diagnosis.
- c) Testing to resolve the same questions has not been administered within the last year unless there is strong evidence that new events have significantly affected the patient's functioning.