VERITY INTEGRATED BEHAVIORAL HEALTHCARE SYSTEMS

Medical Necessity Criteria
2010

Effective Date January 1, 2010

MULTNOMAH COUNTY

Verity Utilization Management Policies and Procedures

Table of Contents

Preamble: Principles of Medical Necessity Determinations

Person-centered, Needs Based, Least-Restrictive Treatment

Verity is committed to the philosophy of providing person-centered behavioral health treatment at the most appropriate, least-restrictive level of care necessary to provide safe, effective treatment. As Verity, we endorse a strengths-based model with a recovery focus. We constructed the system of care so that individuals can enter at any level and move within the various levels of care based on changing clinical need.

The level of care admission criteria that follow are guidelines for determining medical necessity. We base treatment reimbursement decisions on these criteria in addition to the benefit package and prioritized list of diagnoses approved for Oregon Health Plan enrollees. In case of a discrepancy between these Medical Necessity Criteria and the terms of a contract, the contract shall prevail.

Although these medical necessity criteria are for mental illness treatment, we know that individuals frequently experience co-existing addiction disorders. Thus, it is important that providers at all levels of care are able to assess for these co-morbidities. Verity is committed to providing integrated care for individuals with co-occurring disorders.

Verity also endorses a system of care that reduces the high mortality rate among individuals with mental illness. We support the efforts made by our network of providers to make physical health care easily accessible for individuals receiving care for mental health or addictive disorders.

Clinical Judgment and Exceptions

Verity's medical necessity criteria are for the use of our providers as well as our internal utilization review staff. They are meant to guide the individual to the most appropriate level of care. Despite the thoroughness of these criteria, there will be an occasional case that may fall beyond their definition and scope. To resolve these exceptional cases, we perform a thorough review to make a reimbursement decision that combines sound clinical judgment and good medical practice.

Verity bases level of care authorization decisions on the clinical presentation of the individual person relative to his or her socio-cultural environment, the medical necessity criteria, and the treatment resources available. When a medically necessary treatment is not available in the provider network, we will identify services that meet the individual's need for safe and effective treatment.

Treatment needs of children and adolescents are often complex and involve coordination of a wide range of community partners. Because of the complexities, children with high mental health needs may be eligible for Intensive Treatment Services. To qualify for Intensive Treatment Services a child must be enrolled in Verity's Integrated Service Array. Once a child/adolescent is accepted into Verity's Integrated Service Array s/he will be assigned a Care Coordinator that will facilitate a Service Coordination Plan. Any mental health service on the Service Coordination Plan must meet Verity's medical necessity criteria in order to be authorized.

Medical Necessity Definition

Verity reviews mental health treatment for medical necessity. Verity defines medical necessity as:

"Services by a provider to identify or treat an illness that has been diagnosed or suspected. The services are:

1. *consistent with:*

1.1. the diagnosis and treatment of a condition; and
1.2. the standards of good medical practice;
2. *required for reasons other than convenience; and*
3. *the most appropriate supply or level of service.*

When applied to inpatient care, medical necessity means: the needed care can only be safely given on an inpatient basis."

Level of Care Admission Criteria

Each level of care admission criteria is a more detailed explanation of the medical necessity definition. These criteria establish need for level of care initial admission and continued stay. The admission criteria are further delineated by severity of need and intensity and quality of service.

The rules for each particular admission criteria should guide the provider or reviewer to the medically necessary level of care other than those few exceptional cases. The severity and intensity of the individual's symptoms must meet the criteria for admission to each level of care. To remain at a level of care the individual must meet continued stay criteria and, for some levels of care, the admission criteria as well. We note specific rules for admission and continued stay within the level of care criteria.

Levels of Care and Service Definitions

Verity believes that high quality care is person-centered, incorporates a recovery philosophy and is determined by the needs of the individual. We believe in providing care in the least-restrictive setting available that will meet the person's needs.

Verity has six defined levels of care as detailed below:

1. Inpatient Hospitalization

   Inpatient hospitalization describes the most intensive and restrictive level of skilled psychiatric services provided in a facility. This could be a freestanding psychiatric hospital or the psychiatric unit of a general hospital. The settings eligible to provide this level of care are licensed at the hospital level and provider 24-hour medical and nursing care.

2. Subacute Hospitalization

   Subacute hospitalization is designed to meet the needs of individuals with mental health problems that require an inpatient setting due to the potential for harm to self or to others but that do not represent an imminent threat to themselves or to others. The subacute level of care serves individuals who require a less intensive level of care than an inpatient hospitalization but more intensive care than can be provided in a residential setting. Twenty-four hour monitoring by a multidisciplinary treatment team provides a safe and effective treatment environment. Treatment at this level of care includes daily nursing evaluation and intervention, psychotherapy and social interventions in a structured therapeutic setting. This level of care also includes the direct services of a licensed medical practitioner at least three times a week for medication management and/or treatment oversight. Psychiatric and medical services are accessible 24-hours a day, seven days a week in the case of emergencies. Families and/or guardians are involved in the treatment process, especially in the case of a child or adolescent. Subacute is usually used as a step-down or diversion from an acute inpatient hospitalization.

3. Residential Treatment

   Residential treatment is a 24-hour level of care for individuals with long-term or severe mental illness. This is a medically monitored level of care, with 24-hour licensed medical practitioner availability and 24-hour nursing availability. Treatment at this level of care includes an array of services that community-based programs are not able to provide. This level of care includes the direct services of a licensed medical practitioner at least three times a month for medication management and/or treatment oversight. Residential treatment includes training in basic living skills based upon the individual's need. Settings eligible to provide this level of care are licensed as residential facilities based upon the licensure requirements of the State of Oregon.

4. Partial Hospitalization/Day Treatment

   This level of care is structured and medically supervised day, evening and/or night treatment programs. Individuals are in treatment at least 4 hours a day for at least 3 days a week. Treatment at this level of care is of essentially the same type and intensity (including medical and nursing) as would be provided in a hospital but for the fact that the individual is in the program fewer than 24 hours a day and is not considered a resident in the program. A multidisciplinary team uses a person-centered treatment plan to design services that address the individual's mental health disorder.

5. Intensive Outpatient

   Intensive outpatient programs have the capacity for planned and structured services at least 2 hours a day, 3 days a week. Programs include an array of coordinated and integrated multidisciplinary services designed to address a mental health disorder. These services could include group, individual, family or multi-family group psychotherapy, psychoeducational services, and adjunctive services such as medical monitoring. Services include multiple or extended treatment visits or professional supervision and support.

6. Outpatient Treatment

   Outpatient treatment usually consists of individual, family and/or group psychotherapy and case management.

Verity Criteria for Admission to Inpatient Hospitalization: Adult Member

ADMISSION CRITERIA	CONTINUED STAY CRITERIA	DISCHARGE CRITERIA
Criteria for reimbursement of initial admission to the inpatient hospitalization level of care must include items one through six:	Criteria for continued stay must include all of the following:	Criteria for discharge includes any one of the following:
1. Have a DSM-IV Axis I (or Axis II) mental health diagnosis paired with the procedure code (CPT/HCPC) for this service as specified in the Oregon Health Plan Prioritized List. This diagnosis must be a significant focus of the level of care requested. 2. There is a reasonable expectation that level of care will stabilize and/or improve the symptoms and behaviors or prevent further regression produced by the mental health diagnosis. 3. Current mental health assessment completed within the last 24-hours that supports the clinical need for admission to level of care requested. 4. No less restrictive setting is available that will safely meet the member's treatment needs. 5. Substance use or intoxication has been ruled out as the primary cause of presenting mental or behavioral symptoms. 6. Medical cause(s) of presenting mental or behavioral symptoms must be ruled out or be very unlikely given the clinical circumstances. 7. Admission is not solely for the purposes of placement or convenience of the member, the family, or the provider. **And must meet at least one of the following:** 8. There is evidence of imminent danger to self or others, or acute deterioration in functioning causing exacerbation of other medical conditions. 9. The member has developed serious side effects to psychotropic medication or requires psychotropic medication changes and/or 24-hour medication titration at an inpatient hospitalization level of care.	1. Clinical criteria for acute treatment services are met due to either continuation of presenting DSM-IV behaviors and/or symptoms or the emergence of new and/or previously unidentified DSM-IV behaviors and/or symptoms. 2. The member has developed serious side effects to psychotropic medication, if prescribed, or requires psychotropic medication changes and/or 24-hour medication monitoring at an inpatient hospitalization level of care. 3. Active discharge planning begins at admission, and continues throughout treatment. 4. Member is currently involved in and cooperating with the treatment process. If member is not actively participating s/he must meet one of the following for continued stay: a) The treatment plan and/or discharge goals are reformulated to address the lack of expected treatment progress. b) There are measurable indicators that the member is progressing toward active engagement in treatment.	1. Continued stay criteria no longer met. 2. Continued progress toward treatment goals can be accomplished at a less intensive level of care. 3. After an adequate treatment trial that includes reformulation of treatment interventions, member does not show measurable progress in treatment. 4. Behavioral, psychological or medical problems necessitate transfer to a more intensive level of care. 5. Discharging the member to a less intensive level of care does not pose a threat to the member, others, or property.

Verity Criteria for Admission to Inpatient Hospitalization: Child/Adolescent

ADMISSION CRITERIA	CONTINUED STAY CRITERIA	DISCHARGE CRITERIA
Criteria for reimbursement of initial admission to the inpatient hospitalization level of care must include the following:	Criteria for continued stay must include all of the following:	Criteria for discharge includes any one of the following:
1. Must have a DSM-IV Axis I mental health diagnosis paired with the procedure code (CPT/HCPC) for this service as specified in the Oregon Health Plan Prioritized List. This diagnosis must be a significant focus of the level of care requested. 2. There is a reasonable expectation that the level of care requested will improve the child/adolescent's condition or prevent further regression. 3. Current mental health assessment completed within the last 24-hours that supports the clinical need for admission to level of care requested. 4. Admission request is not solely for purposes of placement or convenience of the family, the provider or other child serving agencies. 5. The child/adolescent meets the following criteria: a) Acute deterioration of developmental progression and/or psychosocial functioning in one or more of the following areas: 1) education; 2) vocation; 3) family; and/or 4) social peer relations; or 5) is at imminent risk to self or others or at imminent risk of deterioration of other medical conditions due to DSM-IV mental health diagnosis. b) The child/adolescent's symptoms and behaviors result from a mental health diagnosis that requires 24-hour nursing and daily monitoring by a psychiatrist in a supervised, secure setting. c) No less restrictive setting is available that will safely meet the child/adolescent's treatment needs.	1. Clinical criteria for acute treatment services are met due to either continuation of presenting DSM-IV behaviors and/or symptoms or the emergence of new and/or previously unidentified DSM-IV behaviors and/or symptoms. 2. The child/adolescent, if prescribed, has developed serious side effects to psychotropic medication, or requires psychotropic medication changes and/or 24-hour medication monitoring in a hospital setting. 3. Active discharge planning begins at admission and continues throughout treatment. 4. Child/adolescent is currently involved in and cooperating with the treatment process. If child/adolescent is not actively participating s/he must meet one of the following for continued stay: a) The treatment plan and/or discharge goals are reformulated to engage the child/family and address the lack of expected treatment progress b) There are measurable indicators that the child/adolescent is progressing toward active engagement in treatment.	1. Continued stay criteria are no longer met. 2. Continued progress toward treatment goals can be accomplished at a less intensive level of care. 3. After an adequate treatment trial that includes reformulation of treatment interventions, child/adolescent does not show measurable progress in treatment. 4. Behavioral, psychological or medical problems necessitate transfer to a more intensive level of care. 5. Releasing the child/adolescent to a less intensive level of care does not pose a threat to the child/adolescent, others, or property.

Verity Criteria for Admission to Partial Hospitalization: Adult Member

ADMISSION CRITERIA	CONTINUED STAY CRITERIA	DISCHARGE CRITERIA
Criteria for reimbursement of initial admission to partial hospitalization level of care must include all of the following:	Criteria for continued stay must include all of the following:	Criteria for discharge includes any one of the following:
1. Primary DSM-IV Axis I (or Axis II) mental health diagnosis must be above the funded line on the prioritized list from the Oregon Health Plan. This diagnosis must be a significant focus of the level of care requested. 2. There is a reasonable expectation that the level of care will stabilize and/or improve the symptoms and behaviors or prevent further regression produced by the mental health diagnosis, and the member must be able to participate and benefit from the level of care requested. 3. There is clinical evidence that the member's condition requires a structured program with a minimum of four to six hours of daily nursing and medical supervision, intervention, and or treatment that cannot be provided in a less intensive level of care and/or a partial hospital program can safely substitute for or shorten a hospital stay. 4. Substance use or intoxication has been ruled out as the primary cause of presenting mental or behavioral symptoms. 5. Member is medically stable and does not require 24-hour medical/nursing monitoring or procedures available in an inpatient hospital level of care. 6. No less restrictive setting is available that will safely meet the member's treatment needs. 7. Professional and/or social supports must be available to the member outside of the program hours. 8. Member is not actively using substances at a level that could interfere with treatment.	1. Clinical criteria for partial hospital treatment services are met due to either continuation of presenting DSM-IV behaviors and/or symptoms or the emergence of new and/or previously unidentified DSM-IV behaviors and/or symptoms. 2. The member requires daily nursing and medical supervision. 3. Active discharge planning begins at admission, and continues throughout treatment. 4. Member is currently involved in and cooperating with the treatment process. If member is not actively participating s/he must meet one of the following for continued stay: a) The treatment plan and/or discharge goals are reformulated to address the lack of expected treatment progress. b) There are measurable indicators that the member is progressing toward active engagement in treatment.	1. Continued stay criteria are no longer met. 2. Continued progress toward treatment goals can be accomplished at a less intensive level of care. 3. After an adequate treatment trial that includes reformulation of treatment interventions, member does not show measurable progress in treatment. 4. Behavioral, psychological or medical problems necessitate transfer to a more intensive level of care. 5. Discharging the member to a less intensive level of care does not pose a threat to the member, others, or property.

Verity Criteria for Admission to Sub-Acute Treatment: Adult Member

ADMISSION CRITERIA	CONTINUED STAY CRITERIA	DISCHARGE CRITERIA
Criteria for reimbursement of initial admission to sub-acute level of care must include all of following:	Criteria for continued stay must include all of the following:	Criteria for discharge includes any one of the following:
1. Have a DSM-IV Axis I (or Axis II) mental health diagnosis paired with the procedure code (CPT/HCPC) for this service as specified in the Oregon Health Plan Prioritized List. This diagnosis must be a significant focus of the level of care requested. 2. There is a reasonable expectation that level of care will stabilize and/or improve the symptoms and behaviors or prevent further regression produced by the mental health diagnosis. 3. Current mental health assessment completed within the last 24-hours that supports the clinical need for admission to level of care requested. 4. No less restrictive setting is available that will safely meet the member's treatment needs. 5. Substance use or intoxication has been ruled out as the primary cause of presenting mental or behavioral symptoms. 6. Medical cause(s) of presenting mental or behavioral symptoms must be ruled out, or be very unlikely, given the clinical circumstances. 7. Admission is not solely for purposes of placement or the convenience of the member the family, or the provider. 8. There is a potential but not immediate threat to self or others. 9. Is able to participate in the therapeutic milieu. 10. Does not have multiple co-occurring medical conditions that require a more intensive level of care. 11. Can perform activities of daily living (ADL) with minimal or no assistance. 12. Requires 24-hour medically supervised setting to maintain safety, or for psychotropic medication changes.	1. Clinical criteria for member sub-acute treatment services are met due to either continuation of presenting DSM-IV behaviors and/or symptoms or the emergence of new and/or previously unidentified DSM-IV behaviors and/or symptoms. 2. The member requires 24-hour daily nursing supervision and medical availability. 3. Active discharge planning begins at admission, and continues throughout treatment. 4. Member is currently involved in and cooperating with the treatment process. If member is not actively participating s/he must meet one of the following for continued stay: a) The treatment plan and/or discharge goals are reformulated to address the lack of expected treatment progress. b) There are measurable indicators that the member is progressing toward active engagement in treatment.	1. Continued stay criteria are no longer met. 2. Continued progress toward treatment goals can be accomplished at a less intensive level of care. 3. After an adequate treatment trial that includes reformulation of treatment interventions, member does not show measurable progress in treatment. 4. Behavioral, psychological or medical problems necessitate transfer to a more intensive level of care. 5. Discharging the member to a less intensive level of care does not pose a threat to the member, others, or property.

Verity Criteria for Admission to Sub-Acute Treatment Services: Child/Adolescent

ADMISSION CRITERIA	CONTINUED STAY CRITERIA	DISCHARGE CRITERIA
Criteria for reimbursement of initial admission to the sub-acute level of care must include one or more of the following:	Criteria for continued stay must include all of the following:	Criteria for discharge includes any one of the following:
1. Must have a DSM-IV Axis I (or Axis II) mental health diagnosis paired with the procedure code (CPT/HCPC) for this service as specified in the Oregon Health Plan Prioritized List. This diagnosis must be a significant focus of the level of care requested. 2. There is a reasonable expectation that the level of care requested will improve the child/adolescent's condition or prevent further regression. 3. Current mental health assessment completed within the last 24-hours that supports the clinical need for admission to level of care requested. 4. Admission request is not solely for purposes of placement or convenience of the family, the provider or other child serving agencies. 5. The child/adolescent meets the following criteria: a) Serious and persistent impairment of developmental progression and/or psychosocial functioning in one or more of the following areas: 1) education; 2) vocation; 3) family; and/or 4) social/peer relations due to a DSM-IV mental health diagnosis. b) The child/adolescent is experiencing acute and severe symptoms and/or behaviors which result from a mental health diagnosis requiring 24-hour supervision for safety and stabilization or medication changes that can only occur at this level of care. Supervision includes: availability of daily nursing as needed; a mental health technician in the milieu 24-hours per day; and a licensed medical practitioner contact as needed, but not less than 3 times per week. c) No less restrictive setting is available that can safely meet the child/adolescent's treatment needs.	1. Clinical criteria for sub-acute treatment services are met due to either continuation of presenting DSM-IV behaviors and/or symptoms or the emergence of new and/or previously unidentified DSM-IV behaviors and/or symptoms. 2. The child/adolescent, if prescribed, has developed serious side effects to psychotropic medication, or requires psychotropic medication changes and/or 24-hour medication monitoring at a sub-acute level of care. 3. Active discharge planning begins at admission and continues throughout treatment. 4. Child/adolescent is currently involved in and cooperating with the treatment process. If child/adolescent is not actively participating s/he must meet one of the following for continued stay: a) The treatment plan and/or discharge goals are reformulated to engage the child/family and address the lack of expected treatment progress b) There are measurable indicators that the child/adolescent is progressing toward active engagement in treatment.	1. Continued stay criteria are no longer met. 2. Continued progress toward treatment goals can be accomplished at a less intensive level of care. 3. After an adequate treatment trial that includes reformulation of treatment interventions, child/adolescent does not show measurable progress in treatment. 4. Behavioral, psychological or medical problems necessitate transfer to a more intensive level of care. 5. Releasing the child/adolescent to a less intensive level of care does not pose a threat to the child/adolescent, others, or property.

Verity Criteria for Admission to Inpatient Hospital Eating Disorder Treatment: Adult Member, Child/Adolescent

ADMISSION CRITERIA	CONTINUED STAY CRITERIA	DISCHARGE CRITERIA
Criteria for reimbursement of initial admission to the inpatient hospitalization level of care for eating disorders must include items one through seven:	Criteria for continued stay must include all of the following criteria:	Criteria for discharge includes any one of the following criteria:
1. Have an eating disorder diagnosis in accordance with the DSM-IV Axis I criteria paired with the procedure code (CPT/HCPC) for this service as specified in the Oregon Health Plan Prioritized List. This diagnosis must be a significant focus of the level of care requested. 2. There is a reasonable expectation that level of care will stabilize and/or improve the symptoms and behaviors produced by the mental health diagnosis. 3. The adult or child/adolescent requires 24-hour medical and nursing intervention to immediately interrupt behaviors caused by mental health diagnosis or the eating disorder such as binging, purging, food restriction, excessive exercise, or use of laxatives/diet pills/diuretics that put the individual at imminent risk of serious medical complications and that present a health, safety or mortality risk 4. Current mental health assessment completed within the last 24-hours that supports the clinical need for admission to level of care requested. 5. Adult or child/adolescent must have physiological instability that may include but is not limited to: a. Adult Member: disturbances in heart rate, blood pressure, glucose, potassium, electrolyte balance, temperature, and hydration; clinically significant compromise in liver, kidney or cardiovascular functions; and/or poorly controlled diabetes. b. Child/Adolescent: disturbances in heart rate, blood pressure, including orthostatic blood pressure changes; hypokalemia, hypophosphatemia, or hypomagnesaemia. 6. No less restrictive setting is available that will safely meet the adult or child/adolescent's treatment needs. 7. Substance use or intoxication has been ruled out as the primary cause of presenting mental or behavioral symptoms. 8. Admission is not solely for purposes of placement or the convenience of the individual, the family, or the provider.	1. Clinical criteria for inpatient hospitalization eating disorder services are met due to either continuation of presenting DSM-IV behaviors and/or symptoms. 2. Adult or child/adolescent demonstrates an inability to adhere to a meal plan and maintain control over food restricting or urges to binge/purge such that continued supervision during and after meals and/or in bathrooms is required. 3. Active discharge planning begins at admission, and continues throughout treatment. 4. Adult or child/adolescent is currently involved in and cooperating with the treatment process. If not actively participating s/he must meet one of the following for continued stay: a) The treatment plan and/or discharge goals are reformulated to address the lack of expected treatment progress. b) There are measurable indicators that the individual is progressing toward active engagement in treatment.	1. Continued stay criteria are no longer met. 2. Continued progress toward treatment goals can be accomplished at a less intensive level of care. 3. After an adequate treatment trial that includes reformulation of treatment interventions, adult or child does not show measurable progress in treatment. 4. Discharging the adult or child/adolescent to a less intensive level of care does not pose a threat to the individual, others, or property.

Verity Criteria for Admission to Partial Hospitalization Eating Disorder Treatment: Adult Member, Child/Adolescent

ADMISSION CRITERIA	CONTINUED STAY CRITERIA	DISCHARGE CRITERIA
Criteria for reimbursement of initial admission to the partial hospitalization level of care for eating disorders must include items one through nine:	Criteria for continued stay must include all of the following criteria	Criteria for discharge includes any one of the following criteria:
1. Have an eating disorder diagnosis in accordance with the DSM-IV Axis I criteria paired with the procedure code (CPT/HCPC) for this service as specified in the Oregon Health Plan Prioritized List. This diagnosis must be a significant focus of the level of care requested. 2. There is a reasonable expectation that level of care will stabilize and/or improve the symptoms and behaviors or prevent further regression produced by the diagnosis. 3. There is clinical evidence that individual's condition requires a structured program with a minimum of four to six hours of daily nursing and medical supervision, intervention, and or treatment, which cannot be provided in a less intensive level of care and/or a partial hospital program, can safely substitute for or shorten a hospital stay. 4. Current mental health assessment completed within the last 24-hours that supports the clinical need for admission to level of care requested. 5. Individual is medically stable and does not require 24-hour medical/nursing monitoring or procedures available in an inpatient hospital level of care. 6. If anorectic, s/he has an IBW between 75-85% and there is clinical evidence that to gain weight and/or control eating disorder behaviors s/he requires a structured program with medical monitoring and nursing supervision during and between two meal periods per day, to a degree which cannot be provided in a less intensive treatment setting. 7. No less restrictive setting is available that will safely meet the individual's treatment needs. 8. Professional and/or social supports must be available to the adult member or child/adolescent outside of the program hours. 9. Adult member or child/adolescent is not actively using substances at a level that could interfere with treatment. 10. The eating disordered behavior is not responding to an adequate therapeutic trial of treatment in a less intensive setting or there is clinical evidence that s/he is not likely to respond in a less intensive setting.	1. Clinical criteria for partial hospitalization eating disorder services met due to either continuation of presenting DSM-IV behaviors and/or symptoms. 2. S/he demonstrates an inability to adhere to a meal plan and maintain control over food restricting or urges to binge/purge such that continued supervision during and after meals and/or in bathrooms is required. 3. If anorectic, his or her weight remains between 75-85% of IBW and s/he fails to achieve a reasonable and expected weight gain despite provision of adequate caloric intake. 4. Active discharge planning begins at admission, and continues throughout treatment. 5. Adult member or child/adolescent is currently involved in and cooperating with the treatment process. If not actively participating s/he must meet one of the following for continued stay: a) The treatment plan and/or discharge goals are reformulated to address the lack of expected treatment progress. b) There are measurable indicators that s/he is progressing toward active engagement in treatment.	1. Continued stay criteria are no longer met. 2. Continued progress toward treatment goals can be accomplished at a less intensive level of care. 3. After an adequate treatment trial that includes reformulation of treatment interventions, adult member or child/adolescent does not show measurable progress in treatment. 4. Behavioral, psychological or medical problems necessitate transfer to a more intensive level of care. 5. Discharging the adult member or child/adolescent to a less intensive level of care does not pose a threat to the individual, others, or property.

Verity Criteria for Admission to Residential Eating Disorder Treatment: Adult Member

ADMISSION CRITERIA	CONTINUED STAY CRITERIA	DISCHARGE CRITERIA
Criteria for reimbursement of initial admission to residential eating disorder level of care must include all of the following:	Criteria for continued stay must include all of the following:	Criteria for discharge includes any one of the following:
1. Have an eating disorder diagnosis in accordance with the DSM-IV Axis I criteria paired with the procedure code (CPT/HCPC) for this service as specified in the Oregon Health Plan Prioritized List. This diagnosis must be a significant focus of the level of care requested. 2. There is a reasonable expectation that level of care will stabilize and/or improve the symptoms and behaviors or prevent further regression produced by the mental health diagnosis. 3. The member requires 24-hour intervention by mental health professionals to provide interruption of the eating disorder symptoms and to avoid further deterioration of these symptoms that would lead to imminent health, safety, functional risk, or risk of death. 4. Member must not have an Ideal Body Weight (IBW) below 85% or dangerously low electrolytes requiring hospital services on a medical unit. 5. If anorectic, the member has an IBW of at least 85%. If body weight is >85% the member must have a weight loss or fluctuation of >10% in one month or the member is within five to ten pounds of a weight at which psychological instability occurred in the past. 6. No less restrictive setting is available that will safely meet the member's treatment needs. 7. Substance use or intoxication has been ruled out as the primary cause of presenting mental or behavioral symptoms. 8. Medical cause(s) of presenting mental or behavioral symptoms must be ruled out or be very unlikely given the clinical circumstances. 9. Admission not solely for purposes of placement or the convenience of the member, the family, or the provider.	1. Clinical criteria for residential eating disorder services are met due to either continuation of presenting DSM-IV behaviors and/or symptoms. 2. Member demonstrates an inability to adhere to a meal plan and maintain control over food restricting or urges to binge/purge such that continued supervision during and after meals and/or in bathrooms is required. 3. If anorectic, the member's weight remains <85% of IBW and s/he fails to achieve a reasonable and expected weight gain despite provision of adequate caloric intake. 4. Active discharge planning begins at admission, and continues throughout treatment. 5. Member is currently involved in and cooperating with the treatment process. If member is not actively participating s/he must meet one of the following for continued stay: a) The treatment plan and/or discharge goals are reformulated to address the lack of expected treatment progress. b) There are measurable indicators that the member is progressing toward active engagement in treatment.	1. Continued stay criteria are no longer met. 2. Continued progress toward treatment goals can be accomplished at a less intensive level of care. 3. After an adequate treatment trial that includes reformulation of treatment interventions, member does not show measurable progress in treatment. 4. Behavioral, psychological or medical problems necessitate transfer to a more intensive level of care. 5. Discharging the member to a less intensive level of care does not pose a threat to the member, others, or property.

Verity Criteria for Admission to Inpatient Hospitalization Electroconvulsive Treatment: Adult Member, Child/Adolescent

ADMISSION CRITERIA	CONTINUED STAY CRITERIA	DISCHARGE CRITERIA
Criteria for reimbursement of admission to inpatient hospitalization level of care for electroconvulsive treatment (ECT) must include items one through nine:	Criteria for continued stay must include all of the following criteria:	Criteria for discharge includes any one of the following criteria:
1. Have a diagnosis in accordance with the DSM-IV Axis I criteria and accepted by medical standards that can be expected to improve significantly through medical necessary and appropriate ECT and paired with the procedure code (CPT/HCPC) for this service as specified in the Oregon Health Plan Prioritized List. This diagnosis must be a significant focus of the level of care requested. 2. There is a reasonable expectation that level of care will stabilize and/or improve the symptoms and behaviors or prevent further regression produced by the diagnosis. 3. The type and severity of the symptoms are such that a rapid response is required. Symptoms may include, but are not limited to, high suicide or homicide risk, extreme agitation, life-threatening inanition, catatonia, psychosis and/or stupor. 4. Current mental health assessment completed within the last 24-hours that supports the clinical need for admission to level of care requested. 5. There has been an inadequate response to multiple trials of medications and/or combination treatments for the diagnosis (es) and condition(s) or the individual is unable or unwilling to comply with or tolerate the side effects of available medications. 6. ECT has been used previously and there is a history of good response. 7. The individual is pregnant and has severe mania or depression and the risks of providing no treatment outweigh the risks of providing ECT. 8. Either ECT cannot be safely administered on an outpatient basis due to a co-morbid medical condition that requires 24-hour nursing and medical supervision or there are not adequate supports available in the community to monitor recovery post treatment. 9. Substance use or intoxication has been ruled out as the primary cause of presenting mental or behavioral symptoms. 10. Admission is not solely for purposes of placement or convenience of the individual, the family, or the provider.	1. Clinical criteria for inpatient hospitalization for ECT are met due to either continuation of presenting DSM-IV behaviors and/or symptoms or the emergence of new and/or previously unidentified DSM-IV behaviors and/or symptoms. 2. The adult member or child/adolescent, if prescribed, has developed serious side effects to psychotropic medication or ECT and requires 24-hour monitoring at an inpatient hospitalization level of care. 3. Active discharge planning begins at admission, and continues throughout treatment. 4. Adult members or child/adolescent is currently involved in and cooperating with the treatment process. If s/he is not actively participating s/he must meet one of the following for continued stay: a) The treatment plan and/or discharge goals are reformulated to address the lack of expected treatment progress. b) There are measurable indicators that s/he is progressing toward active engagement in treatment.	1. Continued stay criteria are no longer met. 2. Continued progress toward treatment goals can be accomplished at a less intensive level of care. 3. After an adequate treatment trial that includes reformulation of treatment interventions, s/he does not show measurable progress in treatment. 4. Discharging the individual to a less intensive level of care does not pose a threat to the individual, others, or property.

Verity Criteria for Admission to Outpatient Electroconvulsive Treatment: Adult Member, Child/Adolescent

ADMISSION CRITERIA	CONTINUED STAY CRITERIA	DISCHARGE CRITERIA
Criteria for reimbursement of initial admission to outpatient level of care for electroconvulsive treatment (ECT) must include items one through nine:	Criteria for continued stay must include all of the following criteria:	Criteria for discharge includes any one of the following criteria:
1. Have a diagnosis in accordance with the DSM-IV Axis I criteria and accepted by medical standards that can be expected to improve significantly through medical necessary and appropriate ECT and paired with the procedure code (CPT/HCPC) for this service as specified in the Oregon Health Plan Prioritized List. This diagnosis must be a significant focus of the level of care requested. 2. There is a reasonable expectation that level of care will stabilize and/or improve the symptoms and behaviors or prevent further regression produced by the diagnosis. 3. The type and severity of the symptoms are such that a rapid response is required. Symptoms may include, but are not limited to, high suicide or homicide risk, extreme agitation, life-threatening inanition, catatonia, psychosis and/or stupor. 4. Current mental health assessment completed within the last 24-hours that supports the clinical need for admission to level of care requested. 5. There has been an inadequate response to multiple trials of medications and/or combination treatments for the diagnosis (es) and condition(s) or the individual is unable or unwilling to comply with or tolerate the side effects of available medications. 6. ECT has been used previously and there is a history of good response. 7. The individual is pregnant and has severe mania or depression and the risks of providing no treatment outweigh the risks of providing ECT. 8. ECT can be safely administered on an outpatient basis, as there are no co-morbid medical conditions that require 24-hour nursing and medical supervision on an inpatient basis. 9. There are adequate supports available in the community to monitor recovery post treatment. 10. Substance use or intoxication has been ruled out as the primary cause of presenting mental or behavioral symptoms.	1. Clinical criteria for outpatient ECT met due to either continuation of presenting DSM-IV behaviors and/or symptoms or the emergence of new and/or previously unidentified DSM-IV behaviors and/or symptoms. 2. Active discharge planning begins at admission, and continues throughout treatment. 3. Adult member or child/adolescent is currently involved in and cooperating with the treatment process. If s/he is not actively participating s/he must meet one of the following for continued stay: a) The treatment plan and/or discharge goals are reformulated to address the lack of expected treatment progress. b) There are measurable indicators that s/he is progressing toward active engagement in treatment.	1. Continued stay criteria no longer met. 2. Continued progress toward treatment goals can be accomplished at a less intensive level of care. 3. After an adequate treatment trial that includes reformulation of treatment interventions, adult member or child/adolescent does not show measurable progress in treatment. 4. Behavioral, psychological or medical problems necessitate transfer to a more intensive level of care. 5. Discharging the adult member or child/adolescent to a less intensive level of care does not pose a threat to the individual, others, or property.

Verity Criteria for Admission to Respite Treatment: Adult Member

ADMISSION CRITERIA	CONTINUED STAY CRITERIA	DISCHARGE CRITERIA
Criteria for reimbursement of initial admission to respite level of care must include all of the following:	Criteria for continued stay must include all of the following:	Criteria for discharge includes any one of the following:
1. Must have a DSM-IV Axis I (or Axis II) mental health diagnosis paired with the procedure code (CPT/HCPC) for this service as specified in the Oregon Health Plan Prioritized List. This diagnosis must be significant focus of the level of care requested. 2. Is at risk for a higher level of care placement due to member's mental health diagnosis or is currently in a more intensive level of care and no longer meets continued stay criteria. 3. There is a reasonable expectation that level of care will stabilize and/or improve the symptoms and behaviors or prevent further regression or decrease the emotional distress and is not solely to prevent homelessness. 4. Member can be safely contained at this level of care, does not require restraints or seclusion, and is not actively suicidal, homicidal or aggressive.	1. Clinical criteria for respite are met due to either continuation of presenting DSM-IV behaviors and/or symptoms or the emergence of new and/or previously unidentified DSM-IV behaviors and/or symptoms. 2. Active discharge planning begins at admission, and continues throughout treatment. 3. Member is currently involved in and cooperating with the treatment process. If member is not actively participating s/he must meet one of the following for continued stay: a) The treatment plan and/or discharge goals are reformulated to address the lack of expected treatment progress. b) There are measurable indicators that the member is progressing toward active engagement in treatment.	1. Continued stay criteria are no longer met. 2. Continued progress toward treatment goals can be accomplished at a less intensive level of care. 3. Behavioral, psychological or medical problems necessitate transfer to a more intensive level of care.

Verity Criteria for Admission to Respite Services: Child/Adolescent

ADMISSION CRITERIA	CONTINUED STAY CRITERIA	DISCHARGE CRITERIA
Criteria for reimbursement of initial admission to the respite level of care must include all of the following:	Criteria for continued stay must include all of the following:	Criteria for discharge includes any one of the following:
1. Must have a DSM-IV Axis I (or Axis II) mental health diagnosis paired with the procedure code (CPT/HCPC) for this service as specified in the Oregon Health Plan Prioritized List. This diagnosis must be a significant focus of the level of care requested. 2. Child/adolescent is at risk for an out-of-home placement due to child/adolescent's mental health diagnosis, or crisis respite is likely to be effective in stabilizing the child/adolescent's symptoms and behaviors or decreasing the emotional distress of the family. 3. The child/adolescent can be safely contained at this level of care, does not require restraint or seclusion, and is not actively suicidal, homicidal or aggressive. 4. Child/adolescent is actively engaged in mental health services.	1. Clinical criteria for respite are met due to either continuation of presenting DSM-IV behaviors and/or symptoms or the emergence of new and/or previously unidentified DSM-IV behaviors and/or symptoms. 2. Active discharge planning begins at admission and continues throughout treatment... 3. Child/adolescent is currently involved in and cooperating with the treatment process. If child/adolescent is not actively participating s/he must meet one of the following for continued stay: a) The treatment plan and/or discharge goals are reformulated to engage the child/family and address the lack of expected treatment progress b) There are measurable indicators that the child/adolescent is progressing toward active engagement in treatment.	1. Continued stay criteria are no longer met. 2. Continued progress toward treatment goals can be accomplished at a less intensive level of care. 3. Behavioral, psychological or medical problems necessitate transfer to a more intensive level of care.

Verity Criteria for Admission to Psychiatric Residential Treatment Services (PRTS): Child/Adolescent

ADMISSION CRITERIA	CONTINUED STAY CRITERIA	DISCHARGE CRITERIA
Criteria for reimbursement of initial admission to the psychiatric residential treatment services (PRTS) level of care must include all of the following:	Criteria for continued stay must include all of the following:	Criteria for discharge includes any one of the following:
1. Child/adolescent is enrolled in the Integrated Service Array. 2. Must have a DSM-IV Axis I (or Axis II) mental health diagnosis paired with the procedure code (CPT/HCPC) for this service as specified in the Oregon Health Plan Prioritized List. This diagnosis must be a significant focus of the level of care requested. 3. There is a reasonable expectation that the level of care requested will improve the child/adolescent's condition or prevent further regression, and the child/adolescent must be able to participate and benefit from residential treatment. 4. Current mental health assessment completed within 60 days prior to level of care request, along with the most up to date clinical information available. 5. The child/adolescent meets the following criteria: a) Serious and persistent impairment of developmental progression and/or psychosocial functioning in one or more of the following areas: 1) education; 2) vocation; 3) family; and/or 4) social/peer relations due to a DSM-IV mental health diagnosis. b) The child/adolescent is experiencing acute and severe symptoms and/or behaviors which result from a mental health diagnosis requiring 24-hour supervision for safety and stabilization or medication changes that can only occur at this level of care. Supervision includes: availability of nursing as needed; a mental health technician in the milieu 24-hours per day; and a licensed medical practitioner contact as needed, but not less than 3 times per month. c) No less restrictive setting is available that will safely meet the child/adolescent's treatment needs.	1. Must continue to meet the admission criteria with the exception of item four. 2. Clinical criteria for psychiatric residential treatment services are met due to either continuation of presenting DSM-IV behaviors and/or symptoms or the emergence of new and/or previously unidentified DSM-IV behaviors and/or symptoms. 3. The MHASD child and family team has been consulted. 4. Active discharge planning begins at admission and continues throughout treatment. 5. Child/adolescent is currently involved in and cooperating with the treatment process. If child/adolescent is not actively participating s/he must meet one of the following for continued stay: a) Te treatment plan and/or discharge goals are reformulated to engage the child/family and address the lack of expected treatment progress b) There are measurable indicators that the child/adolescent is progressing toward active engagement in treatment.	1. Continued stay criteria are no longer met. 2. Continued progress toward treatment goals can be accomplished at a less intensive level of care. 3. After an adequate treatment trial that includes reformulation of treatment interventions, child/adolescent does not show measurable progress in treatment. 4. Behavioral, psychological or medical problems necessitate transfer to a more intensive level of care. 5. Releasing the child/adolescent to a less intensive level of care does not pose a threat to the child/adolescent, others, or property.

Verity Criteria for Admission to Psychiatric Day Treatment Services (PDTS): Child/Adolescent

ADMISSION CRITERIA	CONTINUED STAY CRITERIA	DISCHARGE CRITERIA
Criteria for reimbursement of initial admission to the psychiatric day treatment services (PDTS) level of care must include all of the following:	Criteria for continued stay must include all of the following:	Criteria for discharge includes any one of the following:
1. Child/adolescent is enrolled in the Integrated Service Array. 2. Must have a DSM-IV Axis I (or Axis II) mental health diagnosis paired with the procedure code (CPT/HCPC) for this service as specified in the Oregon Health Plan Prioritized List. This diagnosis must be a significant focus of the level of care requested. 3. There is a reasonable expectation that the level of care requested will improve the child/adolescent's condition or prevent further regression, and the child/adolescent must be able to participate and benefit from psychiatric day treatment. 4. Current mental health assessment completed within 60 days prior to level of care request, along with the most up to date clinical information available. 5. The child/adolescent meets the following criteria: a) Serious and persistent impairment of developmental progression and/or psychosocial functioning in one or more of the following areas: 1) education; 2) vocation; 3) family; and/or 4) social/peer relations due to a DSM-IV mental health diagnosis. b) The child/adolescent's symptoms or behaviors result from a mental health diagnosis that requires a psychiatrically supervised and structured daytime milieu. c) No less restrictive setting is available that will safely meet the child/adolescent's treatment needs.	1. Clinical criteria for psychiatric day treatment services are met due to either continuation of presenting DSM-IV behaviors and/or symptoms or the emergence of new and/or previously unidentified DSM-IV behaviors and/or symptoms. 2. The MHASD child and family team has been consulted. 3. Active discharge planning begins at admission and continues throughout treatment. 4. Child/adolescent is currently involved in and cooperating with the treatment process. If child/adolescent is not actively participating s//he meet one of the following for continued stay: a) The treatment plan and/or discharge goals are reformulated to engage the child/family and address the lack of expected treatment progress b) There are measurable indicators that the child/adolescent is progressing toward active engagement in treatment.	1. Continued stay criteria are no longer met. 2. Continued progress toward treatment goals can be accomplished at a less intensive level of care. 3. After an adequate treatment trial that includes reformulation of treatment interventions, child/adolescent does not show measurable progress in treatment. 4. Behavioral, psychological or medical problems necessitate transfer to a more intensive level of care. 5. Releasing the child/adolescent to a less intensive level of care does not pose a threat to the child/adolescent, others, or property.

Verity Criteria for Admission to Facility-Based Intensive Outpatient Services: Adult Member

ADMISSION CRITERIA	CONTINUED STAY CRITERIA	DISCHARGE CRITERIA
Criteria for reimbursement of initial admission to facility-based intensive outpatient level of care must include all of the following:	Criteria for continued stay must include all of the following:	Criteria for discharge includes any one of the following:
1. Primary DSM-IV Axis I (or Axis II) mental health diagnosis must be above the funded line on the prioritized list from the Oregon Health Plan. This diagnosis must be a significant focus of the level of care requested. 2. There is a reasonable expectation that level of care will stabilize and/or improve the member's symptoms and behaviors or prevent further regression, and the member must be able to participate and benefit from the level of care requested. 3. There is clinical evidence that the member 's condition requires a structured program with nursing and medical supervision, intervention, and or treatment available for at least four hours a day, three days a week which cannot be provided in a less intensive level of care. 4. Substance use or intoxication has been ruled out as the primary cause of presenting mental or behavioral symptoms. 5. Member is medically stable and does not require 24-hour medical/nursing monitoring or procedures available in a more intensive level of care. 6. No less restrictive setting is available that will safely meet the member's treatment needs.	1. Clinical criteria for facility-based intensive outpatient treatment services are met due to either continuation of presenting DSM-IV behaviors and/or symptoms or the emergence of new and/or previously unidentified DSM-IV behaviors and/or symptoms. 2. The member requires daily nursing and medical supervision. 3. Active discharge planning begins at admission, and continues throughout treatment 4. Member is currently involved in and cooperating with the treatment process. If member is not actively participating s/he meet one of the following for continued stay: a) The treatment plan and/or discharge goals are reformulated to address the lack of expected treatment progress. b) There are measurable indicators that the member is progressing toward active engagement in treatment.	1. Continued stay criteria are no longer met. 2. Continued progress toward treatment goals can be accomplished at a less intensive level of care. 3. After an adequate treatment trial that includes reformulation of treatment interventions, member does not show measurable progress in treatment. 4. Behavioral, psychological or medical problems necessitate transfer to a more intensive level of care. 5. Discharging the member to a less intensive level of care does not pose a threat to the member, others, or property.

Verity Criteria for Admission to Community Based Intensive Outpatient Services: Adult Member

ADMISSION CRITERIA	CONTINUED STAY CRITERIA	DISCHARGE CRITERIA
Criteria for reimbursement of initial admission to community based intensive outpatient level of care must include all of the following:	Criteria for continued stay must include all of the following:	Criteria for discharge includes any one of the following:
1. Primary DSM-IV Axis I (or Axis II) mental health diagnosis paired with the procedure code (CPT/HCPC) for this service as specified in the Oregon Health Plan prioritized list. This diagnosis must be a significant focus of the level of care requested. 2. There is a reasonable expectation that level of care will stabilize and/or improve the member's symptoms and behaviors or prevent further regression, and the member must be able to participate and benefit from the level of care requested. 3. There is clinical evidence that the member's condition requires a specialized structured program that includes multidisciplinary treatment such as intensive case management, nursing, medical supervision, and assistance with housing and/or rehabilitation. These various services may occur one to four hours per day, multiple days a week and cannot be provided under general outpatient services. 4. Member may have a co-occurring disorder, but substance use or intoxication has been ruled out as the primary cause of presenting mental or behavioral symptoms.	1. Clinical criteria for intensive outpatient treatment services are met due to either continuation of presenting DSM-IV behaviors and/or symptoms or the emergence of new and/or previously unidentified DSM-IV behaviors and/or symptoms. 2. Active discharge planning begins at admission, and continues throughout treatment. 3. Member is currently involved in and cooperating with the treatment process. If member is not actively participating s/he must meet one of the following for continued stay: a) The treatment plan and/or discharge goals are reformulated to address the lack of expected treatment progress. b) There are measurable indicators that the member is progressing toward active engagement in treatment. c) Active outreach continues in order to prevent decompensation and/or further regression.	1. Continued stay criteria are no longer met. 2. Continued progress toward treatment goals can be accomplished at a less intensive level of care. 3. Behavioral, psychological or medical problems necessitate transfer to a more intensive level of care. 4. If after an adequate treatment trial that includes reformulation of treatment interventions, member does not show measurable progress in treatment and discharging the member to a less intensive level of care is appropriate as long as it does not pose a threat to the member, others, or property.

Verity Criteria for Admission to Intensive Community-Based Treatment Services (INTOP): Child/Adolescent

ADMISSION CRITERIA	CONTINUED STAY CRITERIA	DISCHARGE CRITERIA
Criteria for reimbursement of initial admission to the intensive community based services level of care must include all of the following:	Criteria for continued stay must include all of the following:	Criteria for discharge includes any one of the following:
1. Child/adolescent is enrolled in the Integrated Service Array (ISA). 2. Must have a DSM-IV Axis I (or Axis II) mental health diagnosis paired with the procedure code (CPT/HCPC) for this service as specified in the Oregon Health Plan Prioritized List. This diagnosis must be a significant focus of the level of care requested. 3. There is a reasonable expectation that the level of care requested will improve the child/adolescent's condition or prevent further regression, and the child/adolescent must be able to participate and benefit from intensive community based treatment. 4. Current mental health assessment with diagnosis that supports the clinical need for admission to level of care requested. 5. Serious and persistent impairment of developmental progression and/or psychosocial functioning in one or more of the following areas: 1) education; 2) vocation; 3) family; and/or 4) social/peer relations due to a DSM-IV mental health diagnosis. 6. Episodic need for 24/7 community based treatment services.	1. Clinical criteria for intensive community based treatment services are met due to either continuation of presenting DSM-IV behaviors and/or symptoms or the emergence of new and/or previously unidentified DSM-IV behaviors and/or symptoms. 2. The child and family team has been consulted. 3. Active discharge planning begins at admission and continues throughout treatment... 4. Child/adolescent is currently involved in and cooperating with the treatment process. If child/adolescent is not actively participating s/he must meet one of the following for continued stay: a) The treatment plan and/or discharge goals are reformulated to engage the child/family and address the lack of expected treatment progress. b) There are measurable indicators that the child/adolescent is progressing toward active engagement in treatment.	1. Continued stay criteria are no longer met. 2. Continued progress toward treatment goals can be accomplished at a less intensive level of care. 3. After an adequate treatment trial that includes reformulation of treatment interventions, child/adolescent does not show measurable progress in treatment. 4. Behavioral, psychological or medical problems necessitate transfer to a more intensive level of care. 5. The child/adolescent no longer meets admission criteria for ISA eligibility and has demonstrated stability in a community based setting where treatment was tapered to the outpatient services level of care. 6. Releasing the child/adolescent to a less intensive level of care does not pose a threat to the child/adolescent, others, or property.

Verity Criteria for Admission to Therapeutic School Services: Child/Adolescent

ADMISSION CRITERIA	CONTINUED STAY CRITERIA	DISCHARGE CRITERIA
Criteria for reimbursement of initial admission to therapeutic school level of care must include all of the following:	Criteria for continued stay must include both of the following:	Criteria for discharge includes any one of the following:
1. Must have a DSM-VI Axis I (or Axis II) mental health diagnosis paired with the procedure code (CPT/HCPC) for this service as specified in the Oregon Health Plan Prioritized List. This diagnosis must be a significant focus of the level of care requested. 2. There is a reasonable expectation that the level of care requested will improve the child/adolescent's condition or prevent further regression, and the child/adolescent must be able to participate and benefit from therapeutic school services. 3. Current mental health assessment with diagnosis that supports the clinical need for admission to level of care requested. 4. Serious and persistent impairment of developmental progression and/or psychosocial functioning in one or more of the following areas: 1) education; 2) vocation; 3) family; and/or 4) social/peer relations due to a DSM-IV mental health diagnosis. 5. Episodic need for after hours mental health support. 6. School district has referred child/adolescent to therapeutic school.	1. Clinical criteria for therapeutic school services are met due to either continuation of presenting DSM-IV behaviors and/or symptoms or the emergence of new and/or previously unidentified DSM-IV behaviors and/or symptoms. 2. There is a reasonable expectation that services will improve the child/adolescent's condition or prevent further regression, and the child/adolescent must be able to participate and benefit from therapeutic school services. 3. Active discharge planning begins at admission and continues throughout treatment. 4. Child/adolescent is currently involved in and cooperating with the treatment process. If child/adolescent is not actively participating s/he must meet one of the following for continued stay: a) The treatment plan and/or discharge goals are reformulated to engage the child/family and address the lack of expected treatment progress b) There are measurable indicators that the child/adolescent is progressing toward active engagement in treatment.	1. Continued stay criteria are no longer met. 2. Continued progress toward treatment goals can be accomplished at a less intensive level of care. 3. Behavioral, psychological or medical problems necessitate transfer to a more intensive level of care. 4. After an adequate treatment trial that includes reformulation of treatment interventions, child/adolescent does not show measurable progress in treatment 5. Releasing the child/adolescent to a less intensive level of care does not pose a threat to the child/adolescent, others, or property.

Verity Criteria for Admission to General Outpatient Services: Adult Member

ADMISSION CRITERIA	CONTINUED STAY CRITERIA	DISCHARGE CRITERIA
Criteria for reimbursement of initial admission to general outpatient services level of care must include all of the following:	Criteria for continued stay must include all of the following:	Criteria for discharge includes any one of the following:
1. Must have a DSM-IV Axis I (or Axis II) mental health diagnosis paired with the procedure code (CPT/HCPC) for this service as specified in the Oregon Health Plan Prioritized List. This diagnosis must be a significant focus of the level of care requested. 2. There is a reasonable expectation that level of care will stabilize and/or improve the member's symptoms and behaviors or prevent further regression, and the member must be able to participate and benefit from the level of care requested. 3. Impairment of developmental progression and/or psychosocial functioning in one or more of the following areas: 1) education; 2) employment; 3) family; and/or 4) social/peer relations due to a DSM-IV mental health diagnosis.	1. Clinical criteria for general outpatient treatment services are met due to either continuation of presenting DSM-IV behaviors and/or symptoms or the emergence of new and/or previously unidentified DSM-IV behaviors and/or symptoms. 2. Active discharge planning begins at admission, and continues throughout treatment. 3. Member is currently involved in and cooperating with the treatment process. If member is not actively participating s/he must meet one of the following for continued stay: a) The treatment plan and/or discharge goals are reformulated to engage the child/family and address the lack of expected treatment progress b) There are measurable indicators that the member is progressing toward active engagement in treatment.	1. Continued stay criteria are no longer met. 2. After an adequate treatment trial that includes reformulation of treatment interventions, member does not show measurable progress in treatment. 3. Behavioral, psychological or medical problems necessitate transfer to a more intensive level of care.

Verity Criteria for Admission to General Outpatient Services: Child/Adolescent

ADMISSION CRITERIA	CONTINUED STAY CRITERIA	DISCHARGE CRITERIA
Criteria for reimbursement of initial admission to general outpatient services level of care must include all of the following:	Criteria for continued stay must include both of the following:	Criteria for discharge includes any one of the following:
1. Must have a DSM-IV Axis I (or Axis II) mental health diagnosis paired with the procedure code (CPT/HCPC) for this service as specified in the Oregon Health Plan Prioritized List. This diagnosis must be a significant focus of the level of care requested. 2. There is a reasonable expectation that the level of care requested will improve the child/adolescent's condition or prevent further regression, and the child/adolescent must be able to participate and benefit from general outpatient services. 3. Impairment of developmental progression and/or psychosocial functioning in one or more of the following areas: 1) education; 2) vocation; 3) family; and/or 4) social/peer relations due to a DSM-IV mental health diagnosis.	1. Clinical criteria for general outpatient treatment services are met due to either continuation of presenting DSM-IV behaviors and/or symptoms or the emergence of new and/or previously unidentified DSM-IV behaviors and/or symptoms. 2. Active discharge planning begins at admission and continues throughout treatment. 3. Child/adolescent is currently involved in and cooperating with the treatment process. If child/adolescent is not actively participating s/he must meet one of the following for continued stay: a) The treatment plan and/or discharge goals are reformulated to engage the child/family and address the lack of expected treatment progress b) There are measurable indicators that the child/adolescent is progressing toward active engagement in treatment.	1. Continued stay criteria are no longer met. 2. After an adequate treatment trial that includes reformulation of treatment interventions, child/adolescent does not show measurable progress in treatment. 3. Behavioral, psychological or medical problems necessitate transfer to more intensive level of care.

Definitions of Terminology and Words

Adolescent – an individual from 12 through 17 years of age, or those individuals who are determined by the program to be developmentally appropriate for youth services.

Adult – an individual who is 18 years of age or older or who is an emancipated minor. An individual with Medicaid eligibility who is in need of services specific to children, adolescents, or young adults in transition will be considered a child until age 21.

Care Coordination - means a process-oriented activity to facilitate ongoing communication and collaboration to meet multiple needs. Care coordination includes facilitating communication between the family, natural supports, community resources, and involved providers and agencies; organizing, facilitating and participating in team meetings; and providing for continuity of care by creating linkages to and managing transitions between levels of care and transitions for transition-age young adults to adult services.

Case Management – the service provided to assist individuals in gaining access to the medical, social, educational, entitlement or other programs they need to be successful in their recovery.

Child – an individual under the age of 18. An individual with Medicaid eligibility who is in need of services specific to children, adolescents, or young adults in transition, is considered a child until age 21.

Child and Family Team – those persons who are responsible for creating, implementing, reviewing and revising the service coordination section of the Individual Service and Support Plan in ICTS and ITS programs.

Co-occurring disorder (COD) – the existence of a diagnosis of both a substance use disorder and a mental health disorder.

Crisis – an actual or perceived urgent or emergency situation that occurs when an individual's stability or functioning is disrupted and there is an immediate need to resolve the situation to prevent a serious deterioration in the individual's mental or physical health or to prevent referral to a significantly more intensive level of care.

Cultural Competence – when individuals and systems respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, disabilities, religions, genders, sexual orientations and other diversity factors in a manner that recognizes, affirms and values the worth of individuals, families and communities and protects and preserves the dignity of each.

Culturally Specific Program – a program designed to meet the unique service needs of a specific culture and that provides services to a majority of individuals representing that culture.

Developmentally Appropriate – services and supports that match emotional, social and cognitive development rather than chronological age.

Diagnosis – the principle mental health, substance use or problem gambling diagnosis listed in the most recently published edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM). The diagnosis is determined through the assessment and any examinations, tests or consultations suggested by the assessment, and is the medically appropriate reason for services.

DSM – the current edition of the Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association.

Emergency – the onset of symptoms requiring attention within 24 hours to prevent serious deterioration in mental or physical health or threat to safety.

Family – people identified by the individual or his/her legal guardian as family members. These can be siblings, extended family, biological, foster or legal parents or step-parents, offspring, guardians, spouses, domestic partners, caregivers or other persons significant to the individual.

Family Support – supportive services to the network of persons identified as family or caregivers by the individual. It includes assistance navigating the system of care, coaching, advocacy and helping to develop natural and informal community supports.

Guardian - a person appointed by a court of law to act as guardian of a minor or a legally incapacitated person.

Individual – any person considered for or receiving services and supports.

Intensive Community-based Treatment and Support Services (ICTS) – a specialized set of comprehensive in-home and community-based supports and mental health treatment services for children that are developed by the child and family team and delivered in the most integrated setting available in the community.

Intensive Treatment Services (ITS) – the range of services in the system of care comprised of psychiatric residential treatment facilities (PRTF) and psychiatric day treatment services (PDTS) or other services as determined by the Division, that provide active psychiatric treatment for children with severe emotional disorders and their families.

Integrated Service Array (ISA) – means a range of service components that are coordinated, comprehensive, culturally competent, and include intensive and individualized home and community-based services for children and adolescents with severe mental or emotional disorders whose needs have not been adequately addressed in traditional settings. The ISA integrates inpatient, psychiatric residential and psychiatric day treatment and community-based care provided in a way to ensure that children and adolescents are served in the most natural environment possible and that the use of institutional care is minimized. The intensity, frequency, and blend of these services are based on the mental health needs of the child.

Interdisciplinary Team – the group of people designated to advise in the planning and provision of services and supports to individual's receiving Intensive Treatment Services (ITS) and may include multiple disciplines or agencies.

Level of Care – the range of available services provided from the most integrated setting to the most restrictive and most intensive in an inpatient setting. As required in ORS 430.210(a), individuals are to be served in the most normative, least restrictive, least intrusive level of care appropriate to their needs, legal status, current symptoms and the extent of family or other supports.

Licensed Medical Practitioner (LMP) – means physician or nurse practitioner certified to practice psychiatry. For the treatment of children/adolescents the LMP must also have an additional certification in that specialty or be board eligible as defined by the State of Oregon.

Medically Necessary/Medically Appropriate – services and medical supplies required for prevention, diagnosis or treatment of a physical or mental health condition or injuries and which are:

a) consistent with the symptoms of a health condition or treatment of a health condition ;
b) appropriate with regard to standards of good health practice and generally recognized by the relevant scientific community and professional standards of care as effective;
c) not solely for the convenience of an individual or a provider of the service or medical supplies; and
d) the most cost effective of the alternative levels of medical services or medical supplies that can be safely provided to an individual.

Mental Health Assessment – the process of obtaining all pertinent biopsychosocial information, as identified by the individual, family and collateral sources, for determining a diagnosis and to plan person-centered services and supports.

Natural Supports or Natural Support System – network of people known in an individual's personal life and available to him/her for moral or practical support. This network includes people such as friends, families, church members and club members. These supports enhance the service delivered to individuals and families for the purpose of facilitating progress towards desired outcomes.

Peer – any person supporting an individual, or a family member of an individual, who has similar life experience, either as a current or former recipient of addictions or mental health services, or as a family member of an individual who is a current or former recipient of addictions or mental health services.

Peer Specialist – a person providing peer-delivered services to an individual or family member with similar life experience, under the supervision of a qualified clinical supervisors. A peer specialist must complete a State of Oregon Addictions and Mental Health Division approved training program and be:
a) a self-identified person currently or formerly receiving mental health services; or
b) a self-identified person in recovery from a substance use disorder, who meets the abstinence requirements for recovering staff in alcohol and other drug treatment programs; or
c) a family member of an individual who is a current or former recipient of addictions or mental health services.

Person-centered Care – means the individual, and others involved in supporting the treatment and recovery of the individual, are actively involved in assessment, planning and revising services, supports, and desired outcomes. Individuals are empowered through this process to regain their health, safety and independence to the greatest extent possible and in a manner that is holistic and specific to the individual, including culturally, developmentally, age and gender appropriate.

Professional Supports or Professional Support System - network of people known in an individual's professional or treatment life and available to him/her for moral or clinical support. This network includes people such as physicians, case managers, peer specialists and other treatment team members.

Psychiatric Day Treatment Services (PDTS) – the comprehensive, interdisciplinary, non-residential, community-based program certified under this rule consisting of psychiatric treatment, family treatment and therapeutic activities integrated with an accredited education program.

Psychiatric Residential Treatment Facility – facilities that are structured residential treatment environments with daily 24-hour supervision and active psychiatric treatment, Psychiatric Residential Treatment Services (PRTS), Secure Children's Inpatient Treatment Programs (SCIP), Secure Adolescent Inpatient Treatment Programs (SAIP), and Sub-acute psychiatric treatment for children who require active treatment for a diagnosed mental health condition in a 24-hour residential setting.

Psychiatric Residential Treatment Services (PRTS) – services delivered in a PRTF that include 24-hour supervision for children who have serious psychiatric, emotional or acute mental health conditions that require intensive therapeutic counseling and activity and intensive staff supervision, support and assistance.

Recovery – a process of healing and transformation for a person to achieve full human potential and personhood in leading a meaningful life in communities of his or her choice.

Resilience – the universal capacity that a person uses to prevent, minimize, or overcome the effects of adversity. Resilience reflects a person's strengths as protective factors and assets for positive development.

Significant Improvement – a measurable improvement in an individual's symptoms and behaviors that result in discharge to a less intensive level of care. The level of care requested is expected to alleviate symptoms and reduce the need for more intensive level of care.

Skills Training – information and training for individuals and families designed to assist with the development of skills in areas including, but not limited to, anger management, stress reduction, conflict resolution, self-esteem, parent-child interactions, peer relations, drug and alcohol awareness, behavior support, symptoms management, accessing community services and daily living.

Sub-acute Care – services that are provided by nationally accredited providers to adults or children who need 24-hour intensive mental health services and supports provided in a secure setting to assess, evaluate, stabilize or resolve the symptoms of an acute episode that occurred as the result of a diagnosed mental health condition.

Systems Integration – efforts by providers to work collaboratively with other service systems including, but not limited to, schools, corrections, child welfare and physical health providers, to coordinate and enhance services and supports and reduce barriers to service delivery.

Treatment – the planned, medically appropriate, individualized program of medical, psychological, and rehabilitative procedures, experiences and activities designed to remediate symptoms of a DSM diagnosis.

Urgent – the onset of symptoms requiring attention within 48 hours to prevent a serious deterioration in an individual's mental or physical health or threat to safety.

Young Adult in Transition – an individual who is developmentally transitioning into independence, sometime between the ages of 14 and 25.