



NORTHSTAR

Section I
Mental Health
LEVEL OF CARE CRITERIA

State Approved 7/1/06

TABLE OF CONTENTS

| <i>Level of Care</i> | <i>Page</i> |
|---|-------------|
| LEVEL OF CARE REFERENCE GRID | 4 |
| INTRODUCTION | 8 |
| ASSESSMENT AND TREATMENT REFERRAL | 14 |
| INPATIENT SERVICES | |
| Acute (Mental Health) Inpatient Hospitalization | 21 |
| Sub-Acute (Mental Health) Inpatient Hospitalization | 24 |
| CRISIS SERVICES | |
| Mobile Crisis | 27 |
| Crisis Stabilization (Hospital-based, 1-3 days) | 29 |
| Crisis Stabilization (Community-based, 1-3 days) | 32 |
| 23 Hour Observation/Treatment (Hospital-based) | 34 |
| RESIDENTIAL SERVICES | |
| Intensive Crisis Residential (1 – 14 days) | 37 |
| Residential Treatment Centers | 40 |
| Personal Care Homes / Assisted Living | 43 |
| DAY SERVICES | |
| Partial Hospitalization | 46 |
| Day Treatment for Acute Needs – Rehabilitative | 49 |
| Intensive Outpatient Programs | 52 |
| SPECIALTY PROVIDER COMMUNITY BASED SERVICES | |
| Community Services Assessment | 56 |
| Adult TRAG Dimensions | 56 |
| Child and Adolescent TRAG Dimensions | 65 |
| Crisis Intervention Services | 71 |
| Psychosocial Rehabilitation Services | 73 |
| Skills Training and Development Services | 75 |
| Medication Training and Support Services | 78 |

ValueOptions' NorthSTAR Clinical Level of Care Criteria

| <i>Level of Care</i> | <i>Page</i> |
|--|--------------------|
| Counseling and Psychotherapy | 80 |
| Assertive Community Treatment | 81 |
| Case Management Services | 84 |
| Intensive Case Management – Youth | 87 |
| Supported Employment- Add-On Service | 89 |
| Early Intervention | 91 |
| PLACEMENT SERVICES | |
| Respite Care | 92 |
| Therapeutic Foster Care | 94 |
| Adult Foster Care | 98 |
| SPECIALTY CHILDRENS PROGRAMS | |
| Specialty Program - Early Childhood Pre-School Day Treatment (Ages 3-5) | 99 |
| Specialty Program - Children and Youth Wrap – around | 100 |
| Specialty Program - Mental Health Services-Birth to Age Six | 102 |
| Specialty Program – Treatment Foster Care | 103 |
| OUTPATIENT SERVICES | |
| Outpatient Treatment – Diagnostic Interview/Clinical Assessment Individual/Family/Group/Multiple Family Group | 104 |
| Medication Management | 112 |
| Walk-in Crisis/Assessment | 115 |
| Home-based Behavioral Health Treatment | 116 |
| Psychological Testing / Neurological Testing Battery | 118 |
| Narcosynthesis | 120 |
| ADDITIONAL VALUE-ADDED SERVICES | |
| Consumer-Run Drop in Centers | 121 |
| Minority and Specialty Populations Outreach and Advocacy | 121 |
| Family Support Groups | 121 |
| Peer Education, Support and Counseling | 122 |
| School-based Prevention | 122 |
| Dual Diagnosis Support Groups | 122 |
| Telephonic Recordings of Publications and Event Notification | 123 |
| Transportation | 123 |

LEVEL OF CARE REFERENCE GRID

| LEVEL OF CARE | AGE | ELIGIBILITY ADULTS | ELIGIBILITY CHILDREN | PROVIDED BY |
|---|-------------------|------------------------------|-----------------------------|---------------------------|
| INPATIENT SERVICES | | | | |
| Acute (Mental Health) Inpatient Hospitalization | Children & Adults | Medicaid & Indigent MH/SMI | Medicaid & All Indigent | Licensed Facilities |
| Sub-Acute (Mental Health) Inpatient Hospitalization | Children & Adults | Medicaid & Indigent SMI Only | Medicaid & All Indigent | Licensed Facilities |
| CRISIS SERVICES | | | | |
| Mobile Crisis | Children & Adults | Medicaid & All Indigent | Medicaid & All Indigent | Credentialed Providers |
| Crisis Stabilization (Hospital-based, 1-3 days) | Children & Adults | Medicaid & Indigent SMI | Medicaid & All Indigent | Credentialed Providers |
| Crisis Stabilization (Community-based, 1-3 days) | Children & Adults | Medicaid & Indigent SMI | Medicaid & All Indigent | Credentialed Providers |
| 23 Hour Observation/Treatment (Hospital-based) | Children & Adults | Medicaid & Indigent SMI | Medicaid & All Indigent | Licensed Facilities |
| RESIDENTIAL SERVICES | | | | |
| Intensive Crisis Residential (1 – 14 days) | Children & Adults | Medicaid & Indigent SMI | Medicaid & All Indigent | SPN & Licensed Facilities |
| Residential Treatment Centers | Children & Adults | Medicaid & Indigent SMI | Medicaid & All Indigent | SPN & Licensed Facilities |
| Personal Care Homes / Assisted Living | Adults | Medicaid & SMI Only | N/A | SPN |
| DAY SERVICES | | | | |
| Partial Hospital | Children & Adults | Medicaid & Indigent SMI | Medicaid & All Indigent | Credentialed Providers |
| Day Treatment for Acute Needs - Rehabilitative | Children & Adults | Medicaid & SMI Only | Medicaid & All Indigent | SPN |
| Day Treatment for Skills Training - Rehabilitative | Children & Adults | Medicaid & SMI Only | Medicaid & All Indigent | SPN |
| Day Treatment for Skills Maintenance - Rehabilitative | Adults | Medicaid & SMI Only | N/A | SPN |

ValueOptions' NorthSTAR Clinical Level of Care Criteria

| LEVEL OF CARE | AGE | ELIGIBILITY ADULTS | ELIGIBILITY CHILDREN | PROVIDED BY |
|---|---------------------|---------------------------|-----------------------------|----------------------------------|
| Intensive Outpatient Programs | Children & Adults | Medicaid & SMI Only | Medicaid & All Indigent | |
| SPECIALTY PROVIDER COMMUNITY BASED SERVICES | | | | |
| Routine Case Management | Children & Adults | Medicaid & SMI Only | Medicaid & All Indigent | SPN |
| Intensive Case Management | Children | Medicaid & SMI Only | Medicaid & All Indigent | SPN |
| | | | | |
| Supported Employment | Adults | Medicaid & SMI Only | | SPN |
| Early Intervention | Children 3-5 | N/A | Medicaid & All Indigent | SPN |
| Assertive Community Treatment | Adults | Medicaid & SMI Only | N/A | SPN |
| | | | | |
| PLACEMENT SERVICES | | | | |
| Respite Care | Children & Adults | Medicaid & SMI Only | Medicaid & All Indigent | SPN |
| Therapeutic Foster Care | Children | N/A | Medicaid & All Indigent | SPN |
| Adult Foster Care | Adults | Medicaid & SMI Only | N/A | SPN |
| SPECIALTY CHILDRENS' PROGRAMS | | | | |
| Specialty Program - Early Childhood Pre-School Day Treatment (Ages 3-5) | Children Ages 3-5 | N/A | Medicaid & All Indigent | Existing Specialty Provider Only |
| Specialty Program - Children and Youth Wrap – around | Children Ages 10-17 | N/A | Medicaid & All Indigent | Existing Specialty Provider Only |
| Specialty Program - Mental Health Services-Birth to Age Six | Children Ages 0 – 6 | N/A | Medicaid & All Indigent | Existing Specialty Provider Only |
| Specialty Program – Treatment Foster Care | Children | N/A | Medicaid & All Indigent | Existing Specialty Provider Only |
| OUTPATIENT SERVICES | | | | |
| Diagnostic Interview/Clinical | Children & | Medicaid & All | Medicaid & All | Credentialed |

ValueOptions' NorthSTAR Clinical Level of Care Criteria

| LEVEL OF CARE | AGE | ELIGIBILITY ADULTS | ELIGIBILITY CHILDREN | PROVIDED BY |
|--|---------------------|---------------------------|-----------------------------|--------------------------|
| Assessment | Adults | Indigent | Indigent | Providers |
| Medication Management | Children & Adults | Medicaid & SMI Only | Medicaid & All Indigent | Credentialed Providers |
| Walk-in Crisis/Assessment | Children & Adults | Medicaid & All Indigent | Medicaid & All Indigent | Credentialed Providers |
| Home-based Behavioral Health Treatment | Children & Adults | Medicaid & All Indigent | Medicaid & All Indigent | Credentialed Providers |
| Psychological Testing / Neurological Testing Battery | Children & Adults | Medicaid & SMI Only | Medicaid & All Indigent | Credentialed Providers |
| Outpatient Treatment Modalities – Counseling services | Children & Adults | Medicaid & MDD w/GAF <50 | Medicaid & All Indigent | Credentialed Providers |
| Narcosynthesis | Adult | Medicaid & SMI Only | N/A | Credentialed Providers |
| ADDITIONAL VALUE-ADDED SERVICES | | | | |
| Consumer-Run Drop in Centers | Adults | Medicaid & All Indigent | N/A | Providers under contract |
| Minority and Specialty Populations Outreach and Advocacy | Adults and Children | Medicaid & All Indigent | Medicaid & All Indigent | Providers under contract |
| Family Support Groups | Adults and Children | Medicaid & All Indigent | Medicaid & All Indigent | Providers under contract |
| Peer Education, Support and Counseling | Adults | Medicaid & All Indigent | N/A | Providers under contract |
| School-based Services | Children | N/A | Medicaid & All Indigent | Providers under contract |
| Dual Diagnosis Support Groups | Adults and Children | Medicaid & All Indigent | Medicaid & All Indigent | Providers under contract |
| Telephonic Recordings of Publications and Event Notification | Adults and Children | Medicaid & All Indigent | Medicaid & All Indigent | Providers under contract |
| Transportation | Adults and Children | TBD | TBD | Providers under contract |

***SMI = Severe Mental Illness and is defined as person with DSM IV AXIS I 295. Through 296. disorders of Major Depression (GAF ≤ than 50), Bipolar, and Schizophrenia and related disorders to schizophrenia. NOTE – Services to Medicaid recipients is based on medical necessity for the service and not specific diagnoses.** Services may be provided to persons who do not meet the target population but who are determined by ValueOptions to be at great risk if they are not retained in services. ValueOptions will complete a UM override to allow these persons to continue to be treated.

INTRODUCTION

This manual is intended for use as a guide by Clinical Care/Service Management Staff in determining the clinical necessity and appropriate level of mental health (MH) care for individuals receiving services through NorthSTAR.

Criteria contained in this manual provide guidelines for the provision of appropriate, cost-effective services that promote recovery from the symptoms of mental illnesses, serious emotional disturbances for children and adolescents and addictive disorders, and lead to recovery or stabilization at the highest level of functioning. They also require consideration of other critical issues, such as a consumer's psychosocial needs; desired outcomes; accessing community resources; and coordination of care between behavioral health, physical health, specialty providers, and other systems of care.

The approach to the delivery of services is based on the premise that individuals are more likely to access appropriate services and remain engaged in treatment when they feel that their needs are understood and met. Through the application of these criteria, staff and clinical providers will be able to provide consumers with comprehensive and individualized services. These include: (1) Assessment and referral to clinical practitioners and programs; (2) Assistance with identifying resources to meet basic necessities (e.g., food, housing, transportation, and child care); (3) Working with local human service agencies and educational institutions (e.g., social services, child protective services, and school-based programs) to coordinate a continuum of services; (4) Identifying community support resources (e.g., peer support, vocational rehabilitation); (5) Providing consumers and family members with educational materials concerning MH disorders; and/or (6) Directing family members to local support groups.

Individuals Served by the NorthSTAR Program

The NorthSTAR program serves members of diverse populations, ranging from individuals who use services to address a single episode to those who have longer-term disabilities and are at high risk for recurrence of their mental illness, serious emotional disturbance for children and adolescents disorders. Individuals served by the NorthSTAR program include, but are not limited to:

Pregnant women with mental health needs;
Adults and children receiving Temporary Assistance to Needy Families (TANF);
Adults with severe and persistent mental illness or addictive disorders;
Elderly adults;
Children in out-of-home placement and their families;
Children and families in need of family preservation services;
Persons with Co-occurring condition of mental illness disorder;
Children/adolescents with serious emotional disturbances;
Adolescents at high risk for chronic alcohol and/or other drug addiction; and
Individuals who are homeless;
Persons with severe medical conditions such as Tuberculosis and HIV/AIDS

Members of each population often present unique challenges for maintaining long-term stability, rehabilitation, and recovery. The treatment approach for all service phases must be tailored to fit a consumer's unique needs, recognizing the complexity of care/service management and the necessity for coordination of clinicians providing primary and specialty medical care.

Clinical Criteria Manual Development

The clinical services contained in this document are specifically applicable to individuals with complex needs. *ValueOptions* medical and clinical staff working with DSHS and representatives of our Clinical Advisory Committee (CAC) under this contract developed the manual. It is based on information from community clinicians in the NorthSTAR service delivery area with expertise in the diagnosis and treatment of individuals with mental illness disorders, national experts, internal experts from *ValueOptions* in a particular subject area, Mental Health Statutes and standard clinical references.

The criteria will be modified as necessary. This will occur within the structure of the Clinical Advisory Committee for the NorthSTAR Program working with *ValueOptions* staff as they interact with providers around requests for certification, as new modalities or programs are identified, as a result of new directions from the state of Texas or based on findings published by clinical organizations or academic institutions. Proposed revisions to the criteria will be presented to *ValueOptions'* Clinical Advisory Committee and *ValueOptions* staff. The committee will critique the proposed revision and approve the criteria or suggest changes. Once approved, it will be incorporated into the Clinical Level of Care Criteria Manual and distributed to providers for training and

implementation. Over and above the ad hoc reviews and subsequent modifications, a comprehensive review of the manual will be conducted at least annually, led by *ValueOptions* Medical Director and the Clinical Advisory Committee for *ValueOptions'* NorthSTAR Program.

ValueOptions protocols for *ValueOptions*-NorthSTAR services address all levels of behavioral health care and are designed to facilitate continuity of care through the implementation of a Disease Management strategy as defined by the DSHS Resiliency and Disease Management for Mental Health Services Model throughout the course of service delivery. The descriptions of services provided under the NorthSTAR program will be revised as necessary to reflect changes occurring in the national standards for care and as are occurring in the requirements and statutes of the State of Texas.

According to the “DSHS Disease Management for Resiliency and Disease Management for Mental Health Services description” there are specific goals and components of Disease Management. Disease management establishes a collaborative multidisciplinary approach to patient care, which relies on a standardized assessment of symptoms and outcomes. Treatment interventions follow evidence-based clinical guidelines. Patient and family education is emphasized. The goals of disease management are:

- Prevent or reduce acute episodes;
- Decrease residual symptoms of illness;
- Improve overall health;
- Increase productivity (improve role functioning); and
- Reduce health care costs.

To accomplish these goals, each of the following components is needed:

- Population Identification
 - Disease management is a population-specific intervention. A correct diagnosis is critical to achieve optimal outcomes. This is accomplished using standardized assessment tools that are considered valid, reliable, and quantifiable.
- Consumer-Centered Care
 - Disease management involves a holistic approach to consumer care that focuses on the individual’s overall health and ability to function in his or her environment. Treatment planning and identified goals go beyond the narrow consideration of diagnosis and take into account the individual’s level of acuity, chronicity, functional status, and psychosocial needs. Tailoring care to the consumer’s individual needs improves clinical and quality of life outcomes and more efficiently utilize resources.
- EVIDENCE-BASED PRACTICE GUIDELINES
 - Use of evidence-based practice guidelines is the clinical foundation of disease management. One way in which this is accomplished is through the employment of consensus- and evidence-derived treatment algorithms, which incorporate current science, including strategies, and tactics for patient care. Appropriately designed algorithms guide treatment decisions,

promote outcome-based decision-making, and make current scientific knowledge available to and useable by clinicians. In order to successfully implement an algorithm-driven treatment approach, ongoing training, technical assistance, and support for clinicians in the use of algorithms is necessary.

- COLLABORATIVE PRACTICE MODELS
 - Persons with chronic disorders have multiple needs. Multiple treatment providers are the norm. An interdisciplinary approach increases the amount of information available for clinical decision-making, improves the skills mix for delivery of services, and reduces duplication of effort and gaps in meeting service needs. Additionally, research related to the treatment of severe and persistent mental illness consistently demonstrates that a team-based approach provides the support necessary for improved individual provider performance and reduced provider burnout.³
- CONSUMER ILLNESS SELF-MANAGEMENT
 - Recognition of consumers as critical partners in care is a core principle of disease management. Establishment of this partnership relies heavily on a therapeutic alliance between the consumer and the provider. Evidence shows that consumer self-management education is a useful tool for improving therapeutic alliance. By linking personal responsibility to personal health outcomes, consumer self-management education increases the consumer's adherence to treatment and self-care requirements.
- OUTCOMES MEASUREMENT
 - In a disease management construct, each clinical decision is based on scientific evidence, the patient's particular situation, and the outcome of previously provided treatment. This process is defined as outcome-based decision making. Ongoing assessment of symptoms and functioning using uniform measurement and documentation tools provides the clinician the information and documentation necessary to facilitate clinical decision-making. It is equally important to measure fidelity of treatment and service delivery with practice guidelines in order to accurately evaluate the effectiveness of the intervention. This is accomplished through the use of standardized fidelity instruments.
- ROUTINE REPORT/FEEDBACK
 - Real-time information needs to be available at the point of clinical decision making to facilitate necessary modification of treatment in a timely manner. Required information includes symptom and functioning data, current encounter data, and summary of past treatment decisions and response. This is accomplished through the use of simplified uniform documentation and information technology. In summary, disease management is a defined model involving multiple critical components, each essential to realizing improved outcomes for persons diagnosed with severe and persistent mental illness, and systems responsible for their care and treatment.

ValueOptions NorthSTAR implements the DSHS concepts of Disease Management through Resiliency and Disease Management for Mental Health Services at the level specific interventions using tools such as the ValueOptions Treatment Guidelines which are summaries of evidence-based, accepted approaches to behavioral treatment. *ValueOptions* recognizes three different types of treatment guidelines:

- a. Diagnosis-based treatment guidelines, which detail evidence-based approaches to the treatment of specific diagnoses and conditions;
- b. Treatment-based guidelines, which detail evidence-based approaches to specific modalities of care;
- c. Program-based guidelines, which detail evidence-based approaches to organized treatment programs.

ValueOptions NorthSTAR adopts the operational concepts of the DSHS Resiliency and Disease Management for Mental Health Services for the treatment of Adult MH members who are enrolled in NorthSTAR. The Level of Care Criteria are modified to reflect the changes as established by the Resiliency and Disease Management for Mental Health Services protocols.

It should be noted that while evidence--based practices are a primary building block in a disease management model, there are limitations on the current level of evidence available for various conditions. The paradigm to be used is to begin with the science and only expand outside of the known science when treatment fails. The concept is NOT to begin with the science and stop if treatment fails. If practices based on evidence-based practices fail, the provider can propose other methods that, in his or her professional judgement, may provide some degree of improvement in the medical condition.

Persons who are Medicaid Eligible

For any clients in need of Rehabilitative Services or Service Coordination or Physician Services under the Medicaid program, medical necessity criteria will supercede Resiliency and Disease Management for Mental Health Services criteria. NorthSTAR ValueOptions will continue to follow Medicaid rules and law in serving this population.

Persons who are not Medicaid Eligible

1. Non-crisis services will be provided to persons in the “Target Population” defined as persons with:
 - Schizophrenia and Related Disorders
 - Bipolar Disorder, or
 - Major Depression and a GAF of 50 or under. (GAF is determined at intake to hospital or if not admitted through the hospital at intake into the NorthSTAR.)

2. Persons who meet the Priority Population definition but do not meet the “Target Population” will not be eligible for non-crisis services except as provided below (number 3) and will be transitioned to appropriate resources in the community as available.
3. Services may be provided to persons who do not meet the target population but who are determined by ValueOptions to be at great risk if they are not retained in services. ValueOptions will complete a UM override to allow these persons to continue to be treated.

Crisis and Follow-up Services

Persons who meet the Priority Populations Definition will continue to be eligible for short-term crisis and follow-up services as defined in the level of care criteria.

Re-Evaluation of diagnosis

Clients who meet the priority population but not the target population will be re-evaluated to certify an accurate diagnosis.

Post-Acute Stabilization Services

Clients who meet the priority population and/or target population definitions who have been discharged from acute levels of care (23 hour observation or inpatient) may be eligible for time limited post-acute stabilization services (community support, outpatient therapy, service coordination and medication management) pending authorization by ValueOptions.

ASSESSMENT AND TREATMENT REFERRAL CONCEPTS

Clinicians who are serving the NorthSTAR consumers evaluate individuals' conditions to determine the risk of harm to themselves and/or others, the need for emergency intervention, and whether the proposed treatment and services are clinically necessary and appropriate given the conditions and circumstances. This evaluation assists Care Managers and providers with:

- Determining a consumer's symptoms, diagnosis, functional impairments, clinical and psychosocial needs; and
- Identifying the treatment, services, and referrals required.

The following information details the steps that must be taken in order to 1) assess and refer consumers for treatment; 2) determine clinical necessity; 3) determine appropriate level of care or service; 4) evaluate clinical necessity for continued treatment; and 5) plan for discharge and/or transition to a less intensive level of care or home setting, including linkages to community-based services.

In many instances, a single level of care is neither adequate nor appropriate in serving the needs of the individual and multiple levels of care must be utilized simultaneously. In these instances, where the service level might be listed as an exclusion as a single entity, attempts will be made to provide other services to complement the service being reviewed in order to meet the needs of the individual and to keep the individual in the least restrictive setting, in the community and at the highest level of function. This approach promotes greater flexibility in service provision, more opportunities for improved skill development and role performance and ultimately better outcome in rehabilitation and recovery. An example is that of the individual who is in an outpatient program and experiences a recurrence of symptoms. This person will not necessarily move to a higher level of care but may have additional services added to the existing service in order to maintain continuity and consistency in the community.

Assessment and Referral

Clinical assessments result in both the assignment of a risk rating and an evaluation of associated clinical and psychosocial (e.g., family dynamics, support system, financial and social need, homelessness, abuse/neglect, and unemployment) conditions which may

significantly alter the impact of the illness on the consumer and his/her environment. Although psychiatric emergencies are *caller defined*, Care Managers also assess each call to determine if an emergency exists, even if not defined as such by the caller. Based on the assessment, Care Managers assign a risk rating to the request.

When the call is from a *provider*, Care Managers conduct a telephone review to determine the appropriateness of the proposed level of care and treatment plan. Care Managers facilitate a clinical discussion around symptoms, diagnosis, history, treatment goals, medication, physical health status, and any psychosocial considerations.

Determining Clinical Necessity

Care Managers and Peer Advisors must ascertain that the proposed services are clinically necessary according to the following four parameters:

Service must be an adequate and essential response for the evaluation, treatment, or intervention of a mental disorder and psychosocial condition.

To be considered clinically necessary, treatment must address a MH disorder as defined by standard diagnostic nomenclatures (DSM-IV-TR, qualified by all five axes, with the exception of certain DSM-IV-TR diagnoses for which psychiatric intervention is generally not appropriate or its equivalent in ICD-9CM). Psychosocial rehabilitation interventions are considered appropriate if they are in response to treatment for a given clinical condition and are expected to contribute to an individual's maximum functioning, independence, and quality of life.

Service must be expected to improve *and/or maintain* an individual's condition or level of functioning.

To be considered necessary, interventions must be *active* and have a reasonable *clinical and/or social* expectation that they will improve, or are required to maintain, an individual's condition or psychosocial functioning.

Service must meet state and national standards for mental health professional practice.

ValueOptions-NorthSTAR clinical protocols and procedures manual was developed based on input from community MH clinicians, national experts and, internal experts in a particular subject area.

For services to be considered clinically necessary, they must be rendered by licensed and qualified mental health professionals or other providers (such as those employed by a credentialed agency or facility as required by contract) who are credentialed by ValueOptions-NorthSTAR. Such providers include, but are not limited to:

- Board-certified psychiatrists;
- Texas -licensed psychologists;
- Licensed Professional Counselors, Licensed Master's Social Workers – ACP;
- Licensed chemical dependency counselors; and
- Other Qualified Credentialed Counselors (QCC)/providers and/or credentialed facility/agency employees.

Treatment facilities and settings such as the following must be appropriately licensed and qualified to provide the appropriate level of care.

- Inpatient programs;
- Partial hospitalization;
- Day treatment programs;
- Residential treatment centers;
- Psychiatric/ mental health home care;
- Crisis residential services;
- Community support services;
- Service coordination
- Outpatient programs;
- Other specific programs as identified for NorthSTAR and credentialed by *ValueOptions-NorthSTAR*.

4. Service must be provided at the most appropriate level of care.

Treatment at the appropriate level of care is that which is provided to meet a specific clinical, rehabilitation/recovery, and psychosocial need.

Determining Appropriate Level of Care

Three parameters are used to determine the appropriate level of care: 1) *Severity of Condition – Criteria for Admission or Program Participation*; 2) *Intensity of Service Criteria*; and 3) *Psychosocial Factors*. Taken as a whole, they enable Care Managers to make recommendations based on an understanding of the consumer's individual clinical and psychosocial needs. ***Diagnosis alone does not determine the necessity of treatment***

at a given level. Individuals with the same diagnosis or one individual over time may exhibit a wide range of severity of signs and symptoms of illness or psychosocial needs. The applicability of these criteria to each individual will depend on the information obtained by the Care Managers from the consumer, behavioral health and medical providers, family members, and other caregivers.

1. Severity of Condition (SC) – Criteria for Admission or Program Participation

These criteria address the question:

“What specific clinical condition exists as a result of a present DSM-IV-TR diagnosis or ‘contract-specific’ situation?”

These represent, for a given level of care, the signs, symptoms, and functional impairments of such a nature and severity as to require treatment at a specified level at a given point in time. In addition, the presence of certain “high risk” clinical factors warrants consideration in evaluating a consumer to determine his/her severity of condition. These factors include the following but are not limited to these items:

- Repeated attempts at self-harm, with documented suicidal intent;
- Significant Co-Occurring factors (e.g., psychiatric/medical; psychiatric/substance abuse; psychiatric/mental retardation/development disability; substance abuse/medical);
- Medication non-adherence;
- Unstable Axis I or Axis II disorder;
- History of violent or assaultive behavior;
- Multiple family members requiring treatment; and

2. Intensity of Service (IS) Criteria

These criteria should match the individual’s condition, taking into consideration his/her developmental strengths and limitations (e.g., physical, psychological, social, cognitive/intellectual, academic) and psychosocial considerations. The criteria represent therapeutic modalities that, by virtue of their complexity and/or attendant risks, require a specified level of care for their safe, appropriate, and effective application. These criteria address the question:

“Does the individual’s condition and situation (e.g., behavior, symptoms, psychosocial issues) warrant this level of care (i.e., is it clinically necessary?)”

For example, acute mental health inpatient services may be necessary for individuals with a condition that results in the expression of suicidal/homicidal ideas, threats, plans, or attempts. While some individuals' condition may be less serious, as defined by *ValueOptions-NorthSTAR Risk Rating Scale*, the presence of psychosocial factors (e.g., isolation, chronic illness) may warrant a more intensive level of care.

3. Psychosocial Considerations

These represent factors that are aggravating a consumer's clinical condition such that a more intensive level of care may become necessary if the issues are not addressed. These considerations address the question:

“What specific psychosocial factors are present that may change the risk assessment and should be considered when making level of care placement decisions?”

Psychosocial factors to consider in making this determination include:

- Homelessness;
- Housing issues (e.g., risk of losing housing; inadequate housing; dissatisfaction with housing arrangements; hazardous living situation; placed at risk for abuse by current housing situation);
- Lack of effective social support (e.g., minimal social network; strained interpersonal relationships; abuse/neglect in living environment; family member with mental illness; single parent or non-parent family);
- Family dynamics;
- Physical disability;
- Financial difficulties;
- Lack of access to medical/dental care;
- Recent critical life event (e.g., sudden death of parent or child; divorce);
- Chronic illness;
- Isolated (e.g., rural resident, homebound);
- Lack of transportation;
- Lack of daycare;
- Active legal issues;
- Unemployment/employment issues (e.g., performance pressure, non-supportive workplace);
- Performance pressure and/or non-supportive work/school environment; and

Recent incarceration.

Evaluating Clinical Necessity for Continued Care

In evaluating clinical necessity for continued care, three situations may exist:

1. ***The severity of illness and intensity of service criteria and psychosocial considerations present at the start of treatment continue to apply and no other level of care would be adequate.*** Care Managers and Providers will cite the criteria and any psychosocial issues that apply, and describe the consumer's current functioning to support the decision.
2. ***New symptoms have emerged so that additional SI/IS criteria and/or psychosocial considerations are applicable and no other level of treatment would be adequate.*** Care Managers and Providers will cite the newly relevant SI/IS criteria and any psychosocial issues, as well as describe the consumer's current functioning to support the decision.
3. ***Symptom acuity and risk have significantly decreased and psychosocial issues have been addressed to such a degree that a shift to another level of care or addition of other services appears imminent.*** A brief period of time for continued observation and completion of transition is warranted. Care Managers and Providers will cite the level of care followed by the notation, "SI/IS/PS Transition" and will document justification for transition (e.g., progress in meeting rehabilitation goals).

When evaluating the need for continued care, the Care Manager confirm that the treatment plan 1) remains clinically appropriate and 2) reflects any psychosocial factors which impacted the level of care determination. The following criteria should be present for continuation of a treatment plan:

Progress in relation to specific symptoms or impairments is clearly evident and measurable or stability at the maximum level of function has been obtained and can be sustained only by this level of care;

Active evaluation and treatment appropriate for the condition are occurring with cooperation of the consumer and his/her family or other support system with timely relief of symptoms either evident or reasonably expected;

Treatment or rehabilitation goals are realistic and established within an appropriate time frame for this level of treatment;

Psychosocial issues are being addressed through timely referral to and coordination with community and psychosocial rehabilitation resources (e.g., social services agencies, homeless shelters, peer support, recovery groups, legal aid, clubhouse programs, assertive community treatment, warm lines);

All service and treatment modalities are carefully structured to achieve maximum results with the greatest efficiency in the use of resources so that the individual is treated at the lowest level of care appropriate to the conditions and achieves the results desired (e.g., a less intensive level of care, reunification of the family).

Discharge Criteria

The discharge criteria reflect the circumstances under which a consumer is able to transition to a less intensive level of care. In the majority of cases, this will entail meeting the appropriate treatment goals as identified in the treatment plan. For some individuals whose condition has not stabilized but has intensified (e.g., exhibits severe behavior such as a suicide/homicide attempt), discharge will involve transition to a more intensive level of care. For children/adolescents in out-of-home placements, discharge may be prompted by reunification with parent(s), transition to a more permanent level of care (e.g., adoption) or an independent living situation, or by symptoms (e.g., psychosis) that require a more highly structured setting. In all discharges from a given level of care, there should be adequate planning for follow-up care that is documented in the record.

In all instances, the discharge criteria should include appropriate follow-up care to assist the individual in maintaining or improving their level of function, support further skill development and role performance.

INPATIENT SERVICES

Acute Inpatient (Mental Health) Hospitalization

Acute inpatient mental health treatment represents the most intensive level of psychiatric care. Multi-disciplinary assessments and multi-modal interventions are provided in a 24-hour secure and protected, medically staffed, and psychiatrically supervised treatment environment. This service includes 24 hour monitoring, supervision and assistance in an environment designed to provide safety and security during acute psychiatric symptomatology and restore patients ability to function in less restrictive settings. The necessary items and services ordinarily furnished by a general acute care hospital under the direction of a physician are provided. Typically, consumers in need of such services display acute psychiatric conditions, which are associated with a relatively sudden onset and a short severe course, or a marked exacerbation of symptoms associated with a more persistent, recurring disorder. Consumers in need of this level of care may also pose a significant danger to themselves and/or others or to destruction of property.

Criteria

**Severity of Condition
Criteria for
Admission**

- A consumer is eligible for this level of care if s/he has been evaluated by a physician within 24 hours of admission, and at least one of the following (1-8) is present and the consumer cannot be treated at a less intense level of care:
1. A suicide attempt, which is judged by the evaluating psychiatrist to be serious by degree of lethality and intentionality and is accompanied by feelings of hopelessness and helplessness. Impulsive behavior and/or concurrent intoxication increase the need for consideration of this level of care;
 2. Current assaultive threats or behavior which result from a DSM-IV-TR, Axis I-II, of a severe mental illness or emotional and/or behavioral disorder and pose a clear risk of escalation or future repetition;
 3. Current suicidal ideation that places the individual in "real and present danger" (e.g., has a plan and a means for suicide), particularly when accompanied by an Axis I disorder;
 4. Disordered/bizarre behavior or psychomotor agitation or retardation that interferes with the activities of daily living to such a degree that the individual cannot function at a lower level of care;
 5. Disorientation or memory impairment that endangers the welfare of the

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| | <p>individual or others when due to an Axis I disorder;</p> <ol style="list-style-type: none"> 6. Inability to maintain adequate nutrition or self care due to a psychiatric disorder, and family/community support cannot be relied on to provide essential care; 7. Severe, sustained, and pervasive inability to attend to age-appropriate responsibilities and/or severe deterioration of family and work/school functioning and no other level of care would be intensive and safe enough to evaluate and treat the disorder. And, 8. Reasonable documented treatment within a less restrictive setting has been provided by a mental health professional, and/or careful consideration of treatment within an environment less restrictive than that of a Psychiatric Inpatient Hospitalization, and the direct reasons for its rejection have been documented <p><i>Note: For those with a dual diagnosis of mental illness and substance abuse disorder, placement in a mental health program, which is also credentialed to provide substance abuse services, may be justified during acute withdrawal.</i></p> |
| <p>Intensity of Service and Continued Stay Criteria</p> | <p>At least one of the following criteria must be necessary for continued treatment at this level of care:</p> <ol style="list-style-type: none"> 1. Close and continuous skilled medical observation and supervision to make significant changes in psychotropic medication; 2. Continuous observation and control of behavior (e.g., isolation, restraining, other suicidal/homicidal precautions) to protect individual, others, and/or property; 3. Close and continuous skilled medical observation due to dangerous side effects (e.g., hypotension, arrhythmia) of psychotropic medication; or 4. A comprehensive multi-modal therapy plan <i>requiring</i> close supervision and coordination in a medical (psychiatric) setting. |
| <p>Psychosocial Factors</p> | <p>These factors, may change the risk assessment and should be considered when making level of care placement decisions.</p> |

ValueOptions' NorthSTAR Clinical Level of Care Criteria

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| Exclusion Criteria | Any of the following criteria are sufficient for exclusion from this level of care: <ol style="list-style-type: none">1. Condition is diagnosed as chronic in nature without acute symptoms and would be more appropriately placed in a long-term facility;2. Symptoms result from a medical condition which warrants a medical/surgical setting for treatment;3. Consumer can be effectively treated at a less intensive level of care. |
| Discharge Criteria | Any of the following criteria are sufficient for discharge from this level of care: <ol style="list-style-type: none">1. Treatment plan goals and objectives have been substantially met and symptoms, functional impairments and/or coexisting medical conditions that necessitated admission or continued have diminished in severity; or2. No longer meets admission criteria or meets criteria for a less/more intensive level of care; or3. Individual is non-participatory with treatment and/or no longer a danger to self/others, withdraws from treatment and does not meet criteria for involuntary commitment; and4. There is an appropriate discharge plan which includes living arrangements and follow-up care; or5. Acute physical condition necessitates transfer to a medical facility.6. Transfer to a lesser level of care is unlikely to produce re-emergence of admission criteria. |

INPATIENT PROGRAMS

Sub-acute Inpatient (Mental Health) Hospitalization

This service is designed to prevent longer-term hospitalizations by allowing consumers to access an inpatient level of care before their symptomatology reaches an acute state. It serves consumers known to have disorders, which if left untreated or under-treated will likely result in lengthy inpatient stays. It can also be used to “step-down” a consumer who continues to need 24-hour supervision, but no longer needs acute inpatient treatment.

Sub-acute inpatient mental health treatment represents the second most intensive level of psychiatric care. Multi-disciplinary assessments and multi-modal interventions are provided in a 24-hour secure and protected, medically staffed, and psychiatrically supervised treatment environment.

Criteria

Severity of Condition Criteria for Admission

A consumer is eligible for this level of care if s/he has been evaluated by a physician, and at least one of the following (1-8) is present (or is at reasonable risk of developing) and the consumer is assessed to need this level of care to prevent an escalation of symptoms, or to allow the consumer to “step-down” to this less restrictive setting following initial acute inpatient treatment for:

1. A suicide attempt, which is judged by the evaluating psychiatrist to be serious by degree of lethality and intentionality and is accompanied by feelings of hopelessness and helplessness. Impulsive behavior and/or concurrent intoxication increase the need for consideration of this level of care;
2. Assaultive threats or behavior which result from a DSM-IV-TR, Axis I-II, of a severe mental illness or emotional and/or behavioral disorder and pose a clear risk of escalation or future repetition;
3. Suicidal ideation that places the individual in "real and present danger" (e.g., has a plan and a means for suicide), particularly when accompanied by an Axis I disorder;
4. Disordered/bizarre behavior or psychomotor agitation or retardation that interferes with the activities of daily living to such a degree that the individual cannot function at a lower level of care;
5. Disorientation or memory impairment that endangers the welfare of the individual or others when due to an Axis I disorder;

ValueOptions' NorthSTAR Clinical Level of Care Criteria

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| | <p>6. Inability to maintain adequate nutrition or self care due to a psychiatric disorder¹, and family/community support cannot be relied on to provide essential care;</p> <p>7. Severe, sustained, and pervasive inability to attend to age-appropriate responsibilities and/or severe deterioration of family and work/school functioning and no other level of care would be intensive enough to evaluate and treat the disorder.² And,</p> <p>8. Reasonable documented treatment within a less restrictive setting has been provided by a mental health professional, and/or careful consideration of treatment within an environment less restrictive than that of a Psychiatric Inpatient Hospitalization, and the direct reasons for its rejection, have been documented</p> <p><i>Note: For those with a dual diagnosis of mental illness and substance abuse disorder, placement in a mental health program, which is also credentialed to provide substance abuse services, may be justified during acute withdrawal.</i></p> |
| <p>Intensity of Service and Continued Stay Criteria</p> | <p>At least one of the following criteria must be necessary for continued treatment at this level of care:</p> <ol style="list-style-type: none"> 1. Close and continuous skilled medical observation and supervision to make significant changes in psychotropic medication; 2. Continuous observation and control of behavior (e.g., isolation, restraining, other suicidal/homicidal precautions) to protect individual, others, and/or property; 3. Close and continuous skilled medical observation due to dangerous side effects (e.g., hypotension, arrhythmia) of psychotropic medication; or 4. A comprehensive multi-modal therapy plan <i>requiring</i> close supervision and coordination in a medical (psychiatric) setting. |
| <p>Psychosocial Factors</p> | <p>These factors, may change the risk assessment and should be considered when making level of care placement decisions.</p> |
| <p>Exclusion Criteria</p> | <p>Any of the following criteria are sufficient for exclusion from this level of care:</p> <ol style="list-style-type: none"> 1. Condition is diagnosed as long-term in nature requiring placement in a long-term facility; 2. Symptoms result from a medical condition which warrants a medical/surgical setting for treatment; |

ValueOptions' NorthSTAR Clinical Level of Care Criteria

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| | 3. Consumer can be effectively treated at a less intensive level of care. |
| Discharge Criteria | <p>Any of the following criteria are sufficient for discharge from this level of care:</p> <ol style="list-style-type: none">1. Treatment plan goals and objectives have been substantially met and symptoms, functional impairments and/or coexisting medical conditions that necessitated admission or continued have diminished in severity; or2. No longer meets admission criteria or meets criteria for a less/more intensive level of care; or3. Individual is non-participatory with treatment and/or no longer a danger to self/others, withdraws from treatment and does not meet criteria for involuntary commitment; and4. There is a viable discharge plan which includes living arrangements and follow-up care; or5. Acute physical condition necessitates transfer to a medical facility.6. Transfer to a lesser level of care is unlikely to produce re-emergence of admission criteria. |

CRISIS SERVICES

Mobile Crisis Services

Mobile crisis services consist of clinically staffed mobile treatment units that can provide face-to-face emergency evaluation and services when a consumer in crisis cannot be served, for whatever reason, at a hospital or clinic setting. These services are designed to reach individuals at their place of residence, school and/or other community based locations, 24 hours per day, 365 days per year. Although the service unit is not required to transport the individual, should it be necessary the mobile crisis clinician will arrange for transportation.

The service shall be available with prompt response. Service may be individual or team delivered by mental health professionals or crisis workers. Service includes crisis intervention, assessment, counseling, resolutions, referral and follow-up. The service provides back up and linkages with other services and referrals.

Criteria

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| <p>Severity of Condition Criteria for Participation</p> | <p>The consumer, family member, emergency room staff, law enforcement agencies, social service/mental health agencies or providers must request this level of care. Consumers are eligible for this level of care if they meet one of the following criteria:</p> <ol style="list-style-type: none"> 1. Consumer is in an active state of crisis; 2. Suicidal/assaultive/destructive ideas, threats, plans, or attempts as evidenced by degree of intent, lethality of plan, means, hopelessness, or impulsivity; or acute behavioral, cognitive, or affective loss of control that could result in danger to self or others; 3. Consumer demonstrates a significant incapacitating or debilitating disturbance in mood/thought that is disruptive to interpersonal, familial, or occupational functioning to the extent that immediate intervention is required; or 4. The intervention must be reasonably expected to improve the individual's condition or resolve the crisis. |
| <p>Intensity of Service and Continued Stay Criteria</p> | <p>Not applicable for this level of care.</p> |
| <p>Psychosocial Factors</p> | <p>These factors, may change the risk assessment and should be considered</p> |

ValueOptions' NorthSTAR Clinical Level of Care Criteria

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| | when making level of care placement decisions. |
| Exclusion Criteria | <p>Either of the following criteria are sufficient for exclusion from this level of care:</p> <ol style="list-style-type: none">1. The presenting situation does not demonstrate elements of an acute crisis of a life threatening nature, or stand to affect significant change in the individual's life, environment, or family dynamics;2. Individual would be more effectively treated in a facility and can be safely transported there or to a clinic office.3. If the intervention requires law enforcement or paramedics, the mobile crisis team may assist as a secondary resource. |
| Discharge Criteria | <p>The following criterion is sufficient for discharge from this level of care:</p> <ol style="list-style-type: none">1. Individual is released or transferred to appropriate treatment setting based on crisis screening, evaluation, and resolution. |

CRISIS SERVICES

Crisis Stabilization - Hospital based

This level of care offers intensive crisis intervention in a secure and protected, clinically staffed, psychiatrically supervised treatment environment. These programs are designed to provide a safe and secure environment for short-term stabilization of symptoms that may or may not require a continued stay in an acute care facility. This program is appropriate for those who, as a result of a psychiatric disorder, pose an acute and significant danger to themselves and/or others or who are unable to meet their own basic needs and role functions. During the period of emergency intervention, a comprehensive assessment is conducted and a preliminary treatment plan developed to stabilize the individual and discharge to an appropriate level of care.

The primary objective of this level of care is for prompt evaluation and/or stabilization of consumers presenting with acute psychiatric symptoms or distress. As a part of the planning, every effort should be made to involve the family (or legal guardian) in the process unless such involvement is contraindicated. The treatment plan should place emphasis on crisis intervention services necessary to stabilize and restore the consumer to an acceptable level of functioning. This level of care may also be used for a comprehensive assessment and to obtain clarification regarding previously incomplete patient information that may lead to a determination that the consumer requires a more intensive level of care.

Criteria

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| Admission Criteria | <p><i>All of the following are necessary for admission to this level of care:</i></p> <ol style="list-style-type: none"> 1. Presenting crisis with symptoms consistent with a DSM-IV-TR (Axis I-II) diagnosis. and cannot be safely evaluated and managed in a less intense level of care. 2. Indications that the symptoms may be stabilized in this environment and an alternative treatment may be initiated. 3. The consumer / parent or <i>legal guardian</i> is willing to sign in voluntarily, or the consumer meets involuntary criteria for emergency evaluation and stabilization. <p><i>In addition to the above, at least one of the following must be present:</i></p> <ol style="list-style-type: none"> 4. There is an indication of actual or potential danger to self as evidenced by serious suicidal intent or a recent attempt with continued intent as evidenced by the circumstances of the attempt, the consumer's statements, or intense feelings of hopelessness and helplessness. 5. Command auditory/visual hallucinations or delusions leading to suicidal |
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ValueOptions' NorthSTAR Clinical Level of Care Criteria

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| | <p>or homicidal intent.</p> <ol style="list-style-type: none"> 6. There is an indication of actual or potential danger to others as evidenced by a current threat and the means to seriously harm or kill someone as a result of their psychiatric illness. 7. Loss of impulse control leading to life-threatening behavior and/or other psychiatric symptoms that require immediate stabilization in a structured, psychiatrically monitored setting. 8. Substance intoxication with suicidal/homicidal ideation. 9. The consumer is experiencing a crisis demonstrated by an abrupt or substantial change in normal life functioning brought on by a specific cause, sudden event, and/or severe stressor. 10. The consumer demonstrates a significant incapacitating or debilitating disturbance in mood and/or thought interfering with ADLs to the extent that immediate stabilization is required. |
| Psychosocial, Occupational, and Cultural and Linguistic Factors | <p>These factors, as detailed in the Introduction, may change the risk assessment and should be considered when making level of care decisions.</p> |
| Exclusion Criteria | <p>Any of the following criteria are sufficient for exclusion from this level of care:</p> <ol style="list-style-type: none"> 1. The consumer can be safely maintained and effectively treated at a less restrictive level of care. 2. Threat or assault toward others is not accompanied by a DSM-IV-TR diagnosis. 3. The primary problem is social, economic (i.e. housing, family conflict, etc.), or one of physical health without a concurrent major psychiatric episode meeting the criteria for this level of care, or admission is being used as an alternative to incarceration. |
| Continuing Stay Criteria | <p>There is no continued stay associated with this level of care.</p> |
| Discharge Criteria | <p>Any of the following criteria are sufficient for discharge from this level of care:</p> <ol style="list-style-type: none"> 1. Treatment plan goals and objectives have been substantially met. 2. The consumer no longer meets admission criteria or meets criteria for less/more restrictive level of care. 3. Consent for treatment is withdrawn and either it has been determined that involuntary inpatient treatment is inappropriate or the court has |

ValueOptions' NorthSTAR Clinical Level of Care Criteria

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| | <p>denied involuntary inpatient treatment.</p> <p>4. Support systems allowing the consumer to be maintained in a less restrictive treatment environment have been secured.</p> |
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CRISIS SERVICES

Crisis Stabilization – Community Based

Crisis stabilization services provide an alternative to hospitalization that provides short-term psychiatric treatment in structured community based therapeutic environments. This service provides continuous 24-hour observation and supervision to consumers who do not require the intensive medical care of a hospital environment. Services are accessible and available 24 hours a day, 365 days a year.

This level of care provides 24-hour observation and supervision for individuals who do not require intensive clinical treatment in an inpatient psychiatric setting and would benefit from a short-term, structured stabilization setting that offers such services as crisis stabilization, evaluation, care management, medication management, and mobilization of family support and community resources. This service is designed to facilitate the return of the individual to the community as rapidly as possible while generating the support necessary to maintain the optimum level of functioning. Length of stay is generally 1- 3 days.

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| Severity of Condition Criteria for Admission | <p>To be eligible for this level of care, a psychiatric evaluation (conducted by a physician or individual working under the supervision of a physician within 24 hours of the request) must reveal that the individual:</p> <ol style="list-style-type: none"> 1. Does not have symptoms due solely to a substance abuse disorder; 2. Has active symptoms consistent with a DSM-IV-TR (Axis I/II) diagnosis that requires an intensive structured intervention; 3. Is experiencing dramatic and sudden decompensation, with a strong potential for danger to self and/or others, and has no available family/significant supports to provide continuous monitoring; 4. Can be effectively treated with short-term intensive stabilization services and returned to a less intensive level of care within a brief time frame; and 5. Is experiencing the onset of a life-endangering psychiatric condition, but there is insufficient information to determine the appropriate level of care. |
| Intensity of Service and Continued Stay Criteria | <p>All of the following criteria are necessary for continued treatment at this level of care:</p> <ol style="list-style-type: none"> 1. Care is rendered in a clinically appropriate manner and is focused on the outcomes defined in the discharge/transition plan; |

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| | <ol style="list-style-type: none"> 2. Treatment planning is individualized, realistic, and appropriate to the individual's condition, with specific goals and objectives stated; 3. All services and treatments are carefully structured to achieve maximum results (e.g., self-sufficiency) in the most timely way possible; 4. Condition continues to meet admission criteria at this level of care and a less intensive level of care would be inadequate; 5. Documented evidence of concerted efforts to establish a realistic discharge plan to transition the individual to a less intensive level of care; and 6. Individual demonstrates the ability to derive a benefit from the evaluation and treatment services provided within the program. |
| Psychosocial Factors | These factors may change the risk assessment and should be considered when making level of care placement decisions. |
| Exclusion Criteria | <p>Any of the following criteria are sufficient for exclusion from this level of care:</p> <ol style="list-style-type: none"> 1. Condition is such that it can only be safely treated in an acute inpatient setting; 2. Sole need is permanent/temporary placement for housing, food, clothing or other social needs. |
| Discharge Criteria | <p>Any of the following criteria are sufficient for discharge from this level of care:</p> <ol style="list-style-type: none"> 1. Treatment plan goals and objectives have been substantially met; 2. No longer meets admission criteria or meets criteria for a less/more intensive level of care; 3. Individual is actively noncompliant in treatment or in following program rules and regulations; or 4. Alternative support systems that enable the individual to be maintained in a less restrictive treatment environment have been secured. |

CRISIS SERVICES

23-Hour Observation and Treatment / Hospital-based

This level of care offers observation/holding beds in a secure and protected, clinically staffed, psychiatrically supervised treatment environment. These programs are designed to provide a safe and secure environment for short-term stabilization of symptoms that may or may not require a continued stay in an acute care facility. This program is appropriate for those who, as a result of a psychiatric disorder, pose an acute and significant danger to themselves and/or others or who are unable to meet their own basic needs and role functions. During the observation/holding period, a comprehensive assessment is conducted and a treatment plan developed to stabilize the individual and discharge to an alternate level of care or to make a determination to hospitalize.

The primary objective of this level of care is for prompt evaluation and/or stabilization of consumers presenting with acute psychiatric symptoms or distress. Before or at admission, a psychiatric assessment is conducted and a treatment plan developed. As a part of the planning, every effort should be made to involve the family (or legal guardian) in the process unless such involvement is contraindicated. The treatment plan should place emphasis on crisis intervention services necessary to stabilize and restore the consumer to a level of functioning that does not require hospitalization. This level of care may also be used for a comprehensive assessment and to obtain clarification regarding previously incomplete patient information that may lead to a determination that the consumer requires a more intensive level of care. This service is not appropriate for consumers who by history or initial clinical presentation require services of an acute care setting exceeding 23 hours. Duration of services at this level of care may not exceed 23 hours, by which time stabilization and/or a determination of the appropriate level of care will be made, and facilitation of appropriate treatment and the treatment team will coordinate support linkages.

Criteria

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| Admission Criteria | <ol style="list-style-type: none"> 1. <i>All of the following are necessary for admission to this level of care:</i> 2. Symptoms consistent with a DSM-IV-TR (Axis I-II) diagnosis and likely to respond to therapeutic intervention. 3. Indications that the symptoms may stabilize and an alternative treatment may be initiated within a 23-hour period. 4. Presenting crisis cannot be safely evaluated or managed in a less restrictive setting. 5. The consumer / parent or legal guardian is willing to sign in voluntarily, or the consumer meets involuntary commitment criteria. 6. In addition to the above, at least one of the following must be present: |
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ValueOptions' NorthSTAR Clinical Level of Care Criteria

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| | <ol style="list-style-type: none"> 7. There is an indication of actual or potential danger to self as evidenced by serious suicidal intent or a recent attempt with continued intent as evidenced by the circumstances of the attempt, the consumer's statements, or intense feelings of hopelessness and helplessness. 8. Command auditory/visual hallucinations or delusions leading to suicidal or homicidal intent. 9. There is an indication of actual or potential danger to others as evidenced by a current threat and the means to seriously harm or kill someone as a result of their psychiatric illness. 10. Loss of impulse control leading to life-threatening behavior and/or other psychiatric symptoms that require immediate stabilization in a structured psychiatrically monitored setting. 11. Substance intoxication with suicidal/homicidal ideation. 12. The consumer is experiencing a crisis demonstrated by an abrupt or substantial change in normal life functioning brought on by a specific cause, sudden event, and/or severe stressor. 13. The consumer demonstrates a significant incapacitating or debilitating disturbance in mood and/or thought interfering with ADLs to the extent that immediate stabilization is required. |
| <p>Psychosocial, Occupational, and Cultural and Linguistic Factors</p> | <p>These factors, as detailed in the Introduction, may change the risk assessment and should be considered when making level of care decisions.</p> |
| <p>Exclusion Criteria</p> | <p>Any of the following criteria are sufficient for exclusion from this level of care:</p> <ol style="list-style-type: none"> 1. The consumer can be safely maintained and effectively treated at a less restrictive level of care. 2. Threat or assault toward others is not accompanied by a DSM-IV-TR diagnosis. 3. Presence of any condition requiring acute psychiatric inpatient, medical, or surgical care. 4. The primary problem is social, economic (i.e. housing, family conflict, etc.), or one of physical health without a concurrent major psychiatric episode meeting the criteria for this level of care, or admission is being used as an alternative to incarceration. |

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| <p>Continuing Stay Criteria</p> | <p>There is no continued stay associated with 23-hour observation. Consumer must be transferred to a more/less intensive level of care.</p> |
| <p>Discharge Criteria</p> | <p>Any of the following criteria are sufficient for discharge from this level of care:</p> <ol style="list-style-type: none"> 1. Treatment plan goals and objectives have been substantially met. 2. The consumer no longer meets admission criteria or meets criteria for less/more restrictive level of care. 3. Length of stay at this level of care has surpassed the program's maximum 23-hour length of stay and a plan for continuation of services at another level of care has been established. 4. The consumer / family/guardian and/or custodian is competent and non-participatory in treatment or in following the program rules and regulations. The non-participation is of such a degree that treatment at this level of care is rendered ineffective or unsafe, despite multiple, documented attempts to address non-participation issues. In addition, either it has been determined that involuntary inpatient treatment is inappropriate, or a court has denied a request to issue an order for involuntary inpatient treatment. 5. Consent for treatment is withdrawn and either it has been determined that involuntary inpatient treatment is inappropriate or the court has denied involuntary inpatient treatment. 6. Support systems allowing the consumer to be maintained in a less restrictive treatment environment have been secured. |

RESIDENTIAL SERVICES

Intensive Crisis Residential

These are 24-hour residential services that are usually short-term and offered to consumers who are demonstrating psychiatric crises that cannot be stabilized in a less restrictive setting. This level of care provides intensive behavioral treatment in a licensed, highly structured residential program for consumers who do not require intensive clinical treatment in an inpatient psychiatric setting and would benefit from a short-term, structured stabilization setting.

This 24-hour supervised, community based, short-term treatment model serves as an alternative to inpatient hospitalization. In this facility-based program, consumers in urgent/emergency need can receive crisis stabilization services in a safe, structured setting, with continuous 24-hour observation and supervision. Services at this level of care include crisis stabilization, initial and continuing bio-psychosocial assessment, care management, medication management, and mobilization of family support and community resources.

The primary objective of the crisis residential service is to promptly conduct a comprehensive assessment of the child/adolescent and to develop a treatment plan with emphasis on crisis intervention services necessary to stabilize and restore the child/adolescent to a level of functioning which requires a less restrictive level of care. Duration of services generally is 1 - 14 days by which time a determination of the appropriate level of care will be made and facilitation of appropriate linkages coordinated by treatment team.

Criteria

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| <p>Admission Criteria</p> | <p>The following criteria are necessary for admission to this level of care:</p> <ol style="list-style-type: none"> 1. Consumer demonstrates a significant incapacitating or debilitating disturbance in mood/thought interfering with ADLs to the extent that immediate stabilization is required; and 2. Consumer demonstrates active symptomatology consistent with a DSM-IV-TR (AXES I- II) diagnosis which requires and can reasonably be expected to respond to intensive, structured intervention; and 3. Clinical evaluation of the consumer's condition indicates dramatic and sudden decompensation with a strong potential for danger (but not imminently dangerous) to self or others and consumer has no available supports to provide continuous monitoring; and 4. Consumer requires 24 hour observation and supervision but not the constant observation of an inpatient psychiatric setting; and 5. Clinical evaluation indicates that the consumer can be effectively treated |
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ValueOptions' NorthSTAR Clinical Level of Care Criteria

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| | <p>with short-term intensive crisis intervention services and returned to a less intensive level of care within a brief time frame; and</p> <ol style="list-style-type: none"> 6. A less intensive or restrictive level of care has been considered or tried; or 7. Clinical evaluation indicates the onset of a life-endangering psychiatric condition, but there is insufficient information to determine the appropriate level of care: |
| Psychosocial, Occupational, and Cultural and Linguistic Factors | <p>These factors, as detailed in the Introduction, may change the risk assessment and should be considered when making level of care decisions.</p> |
| Exclusion Criteria | <p>Any of the following criteria are sufficient for exclusion from this level of care:</p> <ol style="list-style-type: none"> 1. The consumer's psychiatric condition is of such severity that it can only be safely treated in an inpatient setting. 2. The consumer's medical condition is such that it cannot be safely treated in any setting other than a medical hospital. 3. The consumer can be safely maintained and effectively treated at a less intensive level of care. 4. Consumers has a DSM-IV-TR psychiatric diagnosis/condition, which determines the need for this level of care and it is the focus of intervention. 5. The primary problem is social, economic (i.e., family conflict, etc.) or one of physical health without a concurrent major psychiatric episode meeting criteria for this level of care, or admission is being used as an alternative to incarceration. |
| Continued Stay Criteria | <p>All of the following criteria are necessary for continuing treatment at this level of care:</p> <ol style="list-style-type: none"> 1. The consumer's (and/or the family) situation and/or lack of functioning as a family unit has yet to be resolved. 2. The consumer's treatment does not require a more intensive level of care, and no less intensive level of care would be appropriate. 3. Care is rendered in a clinically appropriate manner and focused on consumer's behavioral and functional outcomes as described in the discharge plan; and 4. Treatment planning is individualized and appropriate to the consumer's |

ValueOptions' NorthSTAR Clinical Level of Care Criteria

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| | <p>changing condition with realistic and specific goals and objectives stated.</p> <ol style="list-style-type: none"> 5. All services and treatment are carefully structured to achieve optimum results in the most time efficient manner possible consistent with sound clinical practice; 6. Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms, but goals of treatment have not yet been achieved or adjustments in the treatment plan to address lack of progress are evident; 7. When medically necessary, appropriate psychopharmacological intervention has been prescribed and/or evaluated. 8. There is documented active discharge planning. |
| <p>Discharge Criteria</p> | <p>Any of the following criteria are sufficient for discharge from this level of care:</p> <ol style="list-style-type: none"> 1. The consumer's documented treatment plan goals and objectives have been substantially met. 2. The consumer no longer meets admission criteria or meets criteria for a less or more intensive level of care. 3. The consumer (or family, guardian, and/or custodian) is competent and non-participatory in treatment or in following the program rules and regulations. The non-participation is of such a degree that treatment at this level of care is rendered ineffective or unsafe, despite multiple, documented attempts to address non-participation issues. In addition, either it has been determined that involuntary inpatient treatment is inappropriate, or a court has denied a request to issue an order for involuntary inpatient treatment. 4. Consent for treatment is withdrawn by the consumer and/or parent/guardian and it is determined that the individual has the capacity to make an informed decision and the child/adolescent does not meet criteria for an inpatient level of care. 5. Support systems that allow the consumer to be maintained in a less restrictive treatment environment have been secured. 6. The consumer is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care. |

RESIDENTIAL SERVICES

Residential Treatment Center (RTC)

24-Hour residential treatment services provide short-term crisis stabilization or long-term rehabilitation 7 days per week, 24 hours per day. Facility provides a highly structured milieu of intensive residential treatment that may be necessary for consumers with symptoms requiring 24-hour supervision and therapeutic intervention but may not need acute hospitalization in order to stabilize and treat the mental illness or condition. Services are organized and staffed to provide both general and specialized interdisciplinary services. Residential treatment may be provided in freestanding non-hospital connected facilities or units of larger entities.

Residential treatment provides 24-hour services in a facility setting for consumers who have demonstrated severe and persistent psychiatric disorders. Consumer's therapeutic intervention and specialized programming in a controlled environment with a high degree of supervision and structure. The program addresses the identified problems through a wide range of diagnostic and treatment services as well as through training in basic skills such as social skills and activities of daily living in the context of a comprehensive, multidisciplinary treatment plan. This level of care requires at least weekly physician visits. This treatment primarily provides social, psychosocial, educational and rehabilitative training, and focuses on family or caregiver reintegration.

Criteria

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| <p>Admission Criteria</p> | <p>All of the following criterion is necessary for admission:</p> <ol style="list-style-type: none"> 1. The consumer demonstrates symptomatology consistent with a DSM-IV-TR (AXES I- II) diagnosis, which requires and can reasonably be expected to respond to therapeutic intervention. 2. The consumer is not sufficiently stable to be treated outside of a highly structured 24-hour therapeutic environment 3. The consumer demonstrates a capacity to respond favorably to rehabilitative counseling and training in areas such as problem solving, life skills development, and medication compliance training. 4. The consumer has a history of multiple hospitalizations or other treatment episodes and/or recent inpatient stay with a history of poor treatment adherence or outcome. |
| <p>Psychosocial, Occupational, and Cultural and Linguistic Factors</p> | <p>These factors, as detailed in the Introduction, may change the risk assessment and should be considered when making level of care decisions.</p> |

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| <p>Exclusion Criteria</p> | <p>Any of the following criteria is sufficient for exclusion from this level of care:</p> <ol style="list-style-type: none"> 1. The consumer exhibits severe suicidal, homicidal or acute mood symptoms/thought disorder and is in imminent danger of harm to self or others, and requires a more intensive level of care. 2. The consumer or parent/guardian does not voluntarily consent to admission or treatment. 3. Consumer has a DSM-IV-TR psychiatric diagnosis/condition that determines the need for this level of care and it is the focus of intervention. 4. The consumer can be safely maintained and effectively treated at a less intensive level of care. 5. The consumer has medical conditions or impairments that would prevent beneficial utilization of services, or is not stabilized on medications. 6. The primary problem is social, economic (i.e. housing, family, conflict, etc.), or one of physical health without concurrent major psychiatric episode meeting criteria for this level of care, or admission is being used as an alternative to incarceration. 7. The child is under 5 years of age. |
| <p>Continued Stay Criteria</p> | <p>All of the following criteria are necessary for continuing treatment at this level of care:</p> <ol style="list-style-type: none"> 1. The consumer's condition continues to meet admission criteria at this level of care. 2. The consumer's treatment does not require a more intensive level of care, and no less intensive level of care would be appropriate. 3. Treatment planning is individualized and appropriate to the consumer's changing condition, with realistic and specific goals and objectives clearly stated. 4. All services and treatment are carefully structured to achieve optimum results in the most time efficient manner possible consistent with sound clinical practice. 5. Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms, but goals of treatment have not yet been achieved or adjustments in the treatment plan to address lack of progress are evident. 6. Care is rendered in a clinically appropriate manner and focused on the child/adolescent's behavioral and functional outcomes as described in |

ValueOptions' NorthSTAR Clinical Level of Care Criteria

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| | <p>the discharge plan.</p> <ol style="list-style-type: none"> 7. Unless contraindicated, family, guardian, and/or custodian are actively involved in the treatment on at least a weekly basis. 8. When medically necessary, appropriate psychopharmacological intervention has been prescribed and/or evaluated. 9. There is documented active discharge planning. |
| <p>Discharge Criteria</p> | <p>Any of the following criteria are sufficient for discharge from this level of care:</p> <ol style="list-style-type: none"> 1. The consumer's documented treatment plan goals and objectives have been substantially met. 2. The consumer no longer meets admission criteria, or meets criteria for a less or more intensive level of care. 3. The consumer, family, guardian and/or custodian are competent and non-participatory in treatment or in following the program rules and regulations. There is non-participation of such a degree that treatment at this level of care is rendered ineffective or unsafe, despite multiple, documented attempts to address non-participation issues. 4. Consent for treatment is withdrawn, and it is determined that the child/adolescent or parent/guardian has the capacity to make an informed decision and does not meet criteria for an inpatient level of care. 5. Support systems that allow the child/adolescent to be maintained in a less restrictive treatment environment have been secured. 6. The consumer is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care |

RESIDENTIAL TREATMENT SERVICES

Personal Care Home / Assisted Living (Adults)

An establishment, including board and care homes, that furnish, in one or more facilities, food and shelter to four or more persons who are unrelated to the proprietor of the establishment and that provides personal care services such as assistance with meals, dressing, movement, bathing, or other personal needs and maintenance. These services also include assistance with or supervision of medication by a person licensed to administer medication or general oversight of the physical and mental well being of a person who needs assistance to manage the person's personal life, regardless of whether a guardian has been appointed for the person. The Texas Department of Human Services must appropriately license these homes.

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| Admission Criteria | <p>All of the following criteria are necessary for admission:</p> <ol style="list-style-type: none"> 1. The consumer demonstrates symptomatology consistent with a DSM-IV-TR diagnosis of Bipolar Disorder or Schizophrenia or related disorder, which requires and can reasonably be expected to respond to therapeutic intervention. Services may be provided to persons who do not meet the target population but who are determined by ValueOptions to be at great risk if they are not retained in services. ValueOptions will complete a UM override to allow these persons to continue to be treated. 2. The consumer is not sufficiently stable to be treated outside of a supervised environment 3. The consumer demonstrates a capacity to respond favorably to assistance in areas such as problem solving, life skills development, and medication compliance training such that reintegration into the family unit or a foster home is a realistic goal. 4. The consumer is able to function with some independence and participate in community-based activities for limited periods of time (e.g., employment, drop-in centers) |
| Psychosocial, Occupational, and Cultural Linguistic Factors | <p>These factors, may change the risk assessment and should be considered when making level of care decisions.</p> |

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| Exclusion Criteria | <p>Any of the following criteria is sufficient for exclusion from this level of care:</p> <ol style="list-style-type: none">1. Suicidal/assaultive/destructive ideas, threats, plans or attempts as evidenced by degree of intent, lethality of plan, means, hopelessness or impulsiveness; or acute behavioral, cognitive, or affective loss of control that could result in danger to self or others and cannot be controlled in this setting.2. The consumer does not voluntarily consent to admission or treatment.3. The consumer has medical conditions or impairments that would prevent beneficial utilization of services, or is not stabilized on medications.4. The consumer requires a level of structure and supervision beyond the scope of the program.5. The consumer can be safely maintained and effectively treated at a less intensive level of care.6. The primary problem is social, economic (i.e. housing, family, conflict, etc.), or one of physical health without a concurrent major psychiatric episode meeting criteria for this level of care, or admission is being used as an alternative to incarceration. |
| Continued Stay Criteria | <p>All of the following criteria are necessary for continuing treatment at this level of care:</p> <ol style="list-style-type: none">1. The consumer's condition continues to meet admission criteria at this level of care.2. The consumer's treatment does not require a more intensive level of care, and no less intensive level of care would be appropriate.3. Treatment planning is individualized and appropriate to the consumer's changing condition, with realistic and specific goals and objectives clearly stated.4. All services and treatment are carefully structured to achieve optimum results in the most time efficient manner possible consistent with sound clinical practice.5. Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms, but goals of treatment have not yet been achieved or adjustments in the treatment plan to address lack of progress are evident.6. Care is rendered in a clinically appropriate manner and is focused on the consumer's behavioral and functional outcomes as described in the discharge plan. |

ValueOptions' NorthSTAR Clinical Level of Care Criteria

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| | <ol style="list-style-type: none"> 7. Where appropriate, family involvement is incorporated into the treatment/discharge plan. 8. When medically necessary, appropriate psychopharmacological intervention has been prescribed and/or evaluated. 9. There is documented active discharge planning. |
| <p>Discharge Criteria</p> | <p>Any of the following criteria are sufficient for discharge from this level of care:</p> <ol style="list-style-type: none"> 1. The consumer's documented treatment plan, goals and objectives have been substantially met. 2. The consumer no longer meets admission criteria, or meets criteria for a less or more intensive level of care. 3. The consumer, family, guardian and/or custodian are competent and non-participatory in treatment or in following the program rules and regulations. The non-participation is of such a degree that treatment at this level of care is rendered ineffective or unsafe, despite multiple, documented attempts to address non-participation issues 4. Consent for treatment is withdrawn, and it is determined that the child/adolescent or parent/guardian has the capacity to make an informed decision and does not meet criteria for an inpatient level of care. 5. Support systems that allow the child/adolescent to be maintained in a less restrictive treatment environment have been secured. 6. The consumer is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care. |

DAY SERVICES

Partial Hospitalization

Therapeutically intensive acute treatment in a stable therapeutic environment for the comprehensive assessment, diagnosis, and treatment of severe emotional and/or behavioral disabilities. This short-term mental health programming must be available for a minimum of 6 hours a day, 5 days a week and offer late afternoon and early evening hours. The program may be either attached to a hospital, or a community mental health center for members who require intensive treatment and structure. The goal of partial hospitalization is to increase the level of consumer functioning. It may serve to divert consumer from acute inpatient treatment or shorten the length of stay; enhance crisis stabilization; support transition of consumers back to the community.

Psychiatric partial hospitalization provides the major diagnostic services and psychosocial and prevocational treatment modalities found in a comprehensive inpatient program, and is appropriate for consumers who do not require the intensive level of services provided in an inpatient setting, but need a level of care that is more structured and comprehensive than that which is offered through an outpatient setting. The staff-consumer ratio must be sufficient to ensure therapeutic services and professional monitoring.

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| Severity of Condition Criteria for Admission | <p>Consumers are considered for admission to this level of care if they present with 1, and either 2 or 3:</p> <ol style="list-style-type: none"> 1. Need for treatment of a DSM IV Axis I or II psychiatric disorder; 2. Have ample social support system to provide the necessary stability; or 3. The risk to self, others or property is not so serious as to require 24-hour medical supervision. <p>At least one of 4-10:</p> <ol style="list-style-type: none"> 4. Suicidal ideation or non-intentional threats or gestures; 5. Recent history of self-mutilating risk-taking, or other self-endangering behavior; 6. Destructive behavior toward property, which may or may not include behavior that threatens others; 7. Disordered or bizarre behavior, psychomotor agitation, or retardation interferes with activities of daily living to the extent that psychiatric structure and supervision are required for a significant portion of the day; 8. Mood or thought disorder interferes with the ability to fully resume family, or school responsibilities unless psychiatric/social/vocational |

ValueOptions' NorthSTAR Clinical Level of Care Criteria

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| | <p>rehabilitation services are provided;</p> <p>9. Has experienced side effects of atypical complexity resulting from psychotropic drugs; or</p> <p>10. There is severe, sustained, and pervasive inability to attend to age-appropriate responsibilities and/or severe deterioration of family and school functioning requiring structured psychiatric programming.</p> |
| <p>Intensity of Service and Continued Stay Criteria</p> | <p>At least one of the following conditions must be met for a consumer to satisfy the continuing care criteria for this level of care:</p> <ol style="list-style-type: none"> 1. Routine medical observation and supervision are required to effect significant regulation of psychotropic and other medication; 2. Active structured treatment and behavioral interventions are needed to maximize functioning or minimize risks to self, others, and property; 3. Routine medical observation and supervision are necessary to minimize serious side effects (e.g., hypotension, arrhythmia) of medication or to maximize medical management of co-existing medical conditions; 4. A comprehensive, multi-modal treatment plan requiring medical supervision and coordination is required because: <ol style="list-style-type: none"> a) A treatment plan formulated during inpatient hospitalization has enabled the individual to function without continuous observation and supervision, but not at a lower level of care below partial hospitalization; or b) In the absence of partial hospital care, the child/adolescent would require admission to acute inpatient care. |
| <p>Psychosocial Factors</p> | <p>These factors, may change the risk assessment and should be considered when making level of care placement decisions.</p> |
| <p>Exclusion Criteria</p> | <p>Any of the following criteria are sufficient for exclusion from this level of care:</p> <ol style="list-style-type: none"> 1. Consumer meets criteria for 24-hour inpatient or other more intensive level of treatment; 2. Consumer chooses not to participate in treatment and this treatment is not court ordered. |

ValueOptions' NorthSTAR Clinical Level of Care Criteria

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| Discharge Criteria | Any of the following criteria are sufficient for discharge from this level of care: <ol style="list-style-type: none">1. Consumer has met all the treatment goals as identified by the treatment plan; and,2. Transfer to a lesser level of care is unlikely to produce a re-emergence of admission criteria; or3. Consumer exhibits severe disruptive or dangerous behaviors (e.g., suicide/homicide attempt, drug/alcohol addiction, or symptoms of psychosis) that require stabilization at a more intensive level of care. |
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DAY SERVICES

Day Treatment for Acute Needs - Rehabilitative

Intensive site based, age appropriate services provided to individuals who require services in order to control symptoms and prevent hospitalization or reduce the amount of time spent in a hospital. Services focus on intensive medically oriented multidisciplinary interventions such as behavior skills training, crisis management, and nursing services that are designed to stabilize acute psychiatric symptoms. The program must meet the requirements of TAC 419.462.

Day treatment provides a coordinated set of individualized, therapeutic services to individuals with psychiatric disorders who may be able to function only partially in a normal school, work, and/or home environment and need the additional structured activities of this level of care. The goal of day treatment is to assist individuals with developing the social, educational, and psychological skills necessary to live as independently as possible. Services are usually provided in a school or community setting and are distinct from partial hospitalization services which are more intense and structured and provided in a medical setting which may or may not be connected to an inpatient facility.

Criteria

**Severity of Condition
Criteria for
Admission**

Individuals are eligible for admission to this level of care if they present with an Axis I diagnosis (DSM-IV-TR) of Schizophrenia (and Schizophrenia related disorders), Bipolar Disorder, or Major Depressive Disorder with Psychotic Features and a GAF less than 50 (Services may be provided to persons who do not meet the target population but who are determined by ValueOptions to be at great risk if they are not retained in services. ValueOptions will complete a UM override to allow these persons to continue to be treated), and at least one of the following:

1. Must be 18 years old or older
2. Treatment of a psychiatric disorder and/or Co-occurring substance abuse requiring a structured milieu based treatment setting;
3. Suicidal ideation without imminent threat and/or chronic non-intentional threats or gestures requiring monitoring 24 hours a day;
4. Recent and/or chronic history of self-mutilating, risk-taking, or other self-endangering behavior;
5. Assaultive and/or threatening tendencies exist but do not clearly require a 24-hour protected, controlled, or monitored environment; or

ValueOptions' NorthSTAR Clinical Level of Care Criteria

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| | <p>6. There has been destructive behavior toward property, which may or may not include behavior that threatens others and there is evidence of the individual's capacity to reliably attend the program;</p> |
| <p>Intensity of Service and Continued Stay Criteria</p> | <p>The following are necessary for continuing treatment at this level of care:</p> <ol style="list-style-type: none"> 1. The development of an individualized, goal-directed treatment plan; 2. Participation by the consumer in a structured program at least two days a week, with services that include: 3. Individual, group, family, and other therapy as indicated in the treatment plan; 4. Therapeutic recreation and structured leisure time activities; 5. Assistance with developing skills to maintain activities of daily living; 6. Crisis intervention; 7. Supervision of self-administration of medication; and 8. Development of a rehabilitation plan with self-determined goals. 9. Providers ensure that the consumer has: 10. Opportunities for involvement in community, social, athletic, and recreational programs, and 11. Opportunities to pursue personal, ethnic, and cultural interests. |
| <p>Psychosocial Factors</p> | <p>These factors may change the risk assessment and should be considered when making level of care placement decisions.</p> |
| <p>Exclusion Criteria</p> | <p>Any of the following criteria are sufficient for exclusion from this level of care:</p> <ol style="list-style-type: none"> 1. Meets criteria for 24-hour inpatient or other more intensive level of treatment; 2. Is actively suicidal or homicidal and is judged to be dangerous to self or others; 3. Refuses or is unable to participate in all aspects of treatment; or 4. Requires medical and/or nursing monitoring and observation for regulation of medications, minimize risk of harm to self or others or for other behavioral interventions. |

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| Discharge Criteria | <p>Any of the following criteria are sufficient for transition from this level of care:</p> <ol style="list-style-type: none">1. Has met all necessary and appropriate treatment goals as identified by the treatment plan.2. Behavioral symptoms secondary to the psychiatric diagnosis have decreased to a level where:<ol style="list-style-type: none">a) There is no immediate risk of out of community placement; andb) There is no indication that hospitalization, rehospitalization, or readmission to other acute levels of care is imminent.3. The consumer appears able to remain stable with a less intense level of services including routine outpatient care, physician-prescribed medications as needed, community-based support, and in-district special educational programming as needed; or4. Individual exhibits severe disruptive or dangerous behaviors (e.g., suicide/homicide attempt, drug/alcohol addiction, or symptoms of psychosis) that require stabilization at a more intensive level of care. |
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DAY SERVICES

Intensive Outpatient Programs

Intensive Outpatient Programs (IOP) provide time limited, multidisciplinary, multi-modal structured treatment in an outpatient setting, typically 3 hours per day, 2 to 4 times per week for brief episodes of care. . Such programs are less intensive than a partial hospital program or day treatment (e.g., may not always include medical oversight and medication evaluation and management) but significantly more intensive than outpatient psychotherapy and medication management. This level of care is used to intervene in a complex or refractory clinical situation and should be differentiated from longer-term structured day programs intended to achieve or maintain stability for individuals with severe and persistent mental illness. Clinical interventions available should include modalities typically delivered in office-based settings such as 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.

As functioning improves, the individual will receive a diminishing number of treatment hours. All treatment plans must be individualized and should focus on acute stabilization and transition to community outpatient treatment and support groups as needed. Although individuals may present as sub-acute, the environment must be sufficiently staffed to allow rapid professional assessment of a change in mental status, which warrants a shift to a more intensive level of care or a change in medication. Should address quantifying this to include use for dual diagnosis clients

Criteria

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| <p>Admission Criteria</p> | <p>All of the following criteria are necessary for admission:</p> <ol style="list-style-type: none"> 1. The consumer demonstrates symptomatology consistent with an Axis I diagnosis (DSM-IV-TR) of Schizophrenia (and Schizophrenia related disorders), Bipolar Disorder, or Major Depressive Disorder with Psychotic Features which requires and can reasonably be expected to respond to therapeutic intervention (Services may be provided to persons who do not meet the target population but who are determined by ValueOptions to be at great risk if they are not retained in services. ValueOptions will complete a UM override to allow these persons to continue to be treated). 2. The consumer's GAF score should be within the range of 31-50. 3. There is an expectation that the consumer will show significant progress |
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ValueOptions' NorthSTAR Clinical Level of Care Criteria

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| | <p>toward treatment goals within the specified time frames as dictated by the focus of the program.</p> <p>4. There are significant symptoms that interfere with the consumer's ability to function in at least one life area.</p> <p style="text-align: center;">OR</p> <p>Complex family dysfunction interferes with the consumer's ability to benefit from traditional outpatient treatment without family involvement.</p> <p style="text-align: center;">OR</p> <p>Noncompliance makes outpatient psychotherapy management impossible without team interventions and structure.</p> <p>5. The consumer's condition requires a coordinated, office-based treatment plan of services that may require different modalities and/or clinical disciplines for progress to occur.</p> |
| <p>Psychosocial, Occupational, and Cultural and Linguistic Factors</p> | <p>These factors, as detailed in the Introduction, may change the risk assessment and should be considered when making level of care decisions.</p> |
| <p>Exclusion Criteria</p> | <p>Any of the following criteria is sufficient for exclusion from this level of care:</p> <ol style="list-style-type: none"> 1. The consumer is a danger to self and others or sufficient impairment exists that a more intensive level of service is required. 2. The consumer has medical conditions or impairments that would prevent beneficial utilization of services, or is not stabilized on medications. 3. The consumer requires a level of structure and supervision beyond the scope of the program. 4. The consumer can be safely maintained and effectively treated at a less intensive level of care 5. The primary problem is social, economic (i.e. housing, family, conflict, etc.), or one of physical health without a concurrent major psychiatric episode meeting criteria for this level of care, or admission is being used as an alternative to incarceration. 6. The primary etiology of dysfunction is related to an Axis II Personality disorder, which would be best treated through individual, or group psychotherapy led by a licensed professional. |

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| Continued Stay Criteria | <p>All of the following criteria are necessary for continuing treatment at this level of care:</p> <ol style="list-style-type: none">1. The consumer's condition continues to meet admission criteria at this level of care.2. The consumer's treatment does not require a more intensive level of care, and no less intensive level of care would be appropriate.3. Treatment planning is individualized, appropriate to the individual's changing condition, with realistic and specific goals and objectives clearly stated.4. All services and treatment are carefully structured to achieve optimum results in the most time efficient manner possible consistent with sound clinical practice.5. Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms, but goals of treatment have not yet been achieved or adjustments in the treatment plan to address lack of progress are evident.6. Care is rendered in a clinically appropriate manner and focused on individual's behavioral and functional outcomes as described in the discharge plan.7. The consumer is an active participant in continued treatment as evidenced by compliance with program rules and procedures.8. When medically necessary, appropriate psychopharmacological intervention has been prescribed and/or evaluated.9. There is documented active discharge planning. |
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| Discharge Criteria | <p>Any of the following criteria are sufficient for discharge from this level of care:</p> <ol style="list-style-type: none">1. The consumer's documented treatment plan goals and objectives have been substantially met.2. The consumer no longer meets admission criteria, or meets criteria for less or more intensive level of care.3. The consumer, family, guardian and/or custodian are competent and non-participatory in treatment or in following the program rules and regulations. The non-participation is of such a degree that treatment at this level of care is rendered ineffective or unsafe, despite multiple, documented attempts to address non-participation issues4. 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.5. Support systems that allow the individual to be maintained in a less restrictive treatment environment have been secured.6. The consumer is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care. |
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Specialty Provider Community Based Services

Assessment For Community Based Services

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| <p>Clinical Eligibility Criteria</p> | <p>Community based behavioral health services are provided by specialty network providers to members who demonstrate medical necessity according to the Texas Recommended Authorization Guidelines (TRAG). In addition to SPN providers, CBT Counseling can be provided by any NorthSTAR contracted licensed independent professional.</p> <p>In addition to meeting criteria for the specialty rehabilitation services, the following criteria for must be met for an individual or family to receive this service</p> <ol style="list-style-type: none"> 1. The individual is: <ol style="list-style-type: none"> A. Under 18 years of age with a diagnosis of a mental illness (but not a sole diagnosis of substance abuse, mental retardation, autism, or pervasive developmental disorder) and exhibit a serious emotional, behavioral, or mental disorder and: <ol style="list-style-type: none"> a. have been determined to have a Global Assessment of Functioning (GAF) score of 50 or less within the 365 days preceding the date of the eligibility determination; b. be enrolled in a school system's special education program because of a serious emotional disturbance; or c. be at risk of disruption of the preferred living or child care environment due to psychiatric symptoms; or B. 18 years of age or older and: <ol style="list-style-type: none"> a. Has a diagnosis of schizophrenia and related disorders, or bipolar disorder; or has a diagnosis of Major depression and has a current functioning level established by the Global Assessment of Functioning Scale, DSM IV, rating 50 or lower (Services may be provided to persons who do not meet the target population but who are determined by ValueOptions to be at great risk if they are not retained in services. ValueOptions will complete a UM override to allow these persons to continue to be treated); b. The individual requires and can reasonably be expected to respond to therapeutic interventions. C. The consumer meets TRAG score requirements for the specific service based on the TRAG Assessment Dimensions as described below: <p>Adult TRAG Assessment Dimensions</p> <p>The Adult-TRAG dimensions for assessment are used by a QMHP-CS to evaluate a person's mental health service needs face-to-face. It defines the dimensions clinicians consider when recommending the most appropriate level</p> |
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| | <p>of care for adults with severe mental illness who are in the public mental health system:</p> <ol style="list-style-type: none">1. Risk of Harm;2. Support Needs;3. Psychiatric-Related Hospitalizations;4. Functional Impairment;5. Employment Problems;6. Housing Instability;7. Co-Occurring Substance Use;8. Criminal Justice Involvement; and9. Response to Medication Treatment (MDD Only). <p>Most dimensions are rated 1 to 5, and for each potential dimension rating, one or more criteria is defined. For most ratings with multiple criteria, only one criterion needs to be met for that rating to be selected. Therefore, the clinician should choose the highest rating for which at least <i>one</i> of the criteria is satisfied.</p> <p>1. Risk of Harm</p> <p>This dimension considers the extent to which a person is at risk for harming themselves or others. This risk may be due to suicidal or homicidal ideation, or due to impaired judgment or impulse control resulting from intoxication or otherwise altered mental states. Criteria for this dimension include factors such as suicidal or homicidal thoughts, intentions, ambivalence, history of attempts, impulsiveness, availability of means, and ability to contract for safety. In addition, criteria are included that indicate the degree to which the person's ability to remain safe may be impaired. Risk of Harm may be rated according to the following criteria:</p> <p>1 – None (one or more of the following)</p> <ul style="list-style-type: none">◆ No current indication of suicidal or homicidal thoughts, impulses or ideation.◆ No indication of significant distress.◆ Clear ability to care for self now and in the past. <p>2 – Low (one or more of the following)</p> <ul style="list-style-type: none">◆ Fleeting suicidal or homicidal thoughts, impulses or ideation without intent or conscious plan and without past history.◆ Substance use without significant episodes of potentially harmful behaviors.◆ Occasional self-neglect without current evidence of such behavior. |
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| | <p>3 – Moderate (one or more of the following)</p> <ul style="list-style-type: none"> ◆ Significant current suicidal or homicidal ideation without intent or conscious plan and without past history. ◆ Fleeting suicidal or homicidal thoughts, impulses or ideation with extreme distress and/or history of suicidal/homicidal behavior exists. ◆ Current expression of suicidal/homicidal behavior does not represent significant change from baseline (chronic history). ◆ Binge or excessive use of substances resulting in potentially harmful behaviors without current involvement in such behavior. ◆ Some evidence of self-neglect and/or compromise in ability to care for oneself in current environment. <p>4 – Significant (one or more of the following)</p> <ul style="list-style-type: none"> ◆ Current and/or past (i.e., in the past 90 days) suicidal or homicidal ideation with expressed intentions but with at least one of the following... <ul style="list-style-type: none"> ◆ some expressed inability to carry out threat, or ◆ a stated ambivalence to carry out the threat, or ◆ the ability to contract with a provider or loved one to protect their own safety or the safety of others. ◆ Recent pattern of excessive substance use resulting in clearly harmful behaviors with no demonstrated ability to abstain from use (e.g., car accident, drug overdose, etc.). ◆ Clear compromise of ability to care adequately for oneself in current environment. <p>5 – High (one or more of the following)</p> <ul style="list-style-type: none"> ◆ Current suicidal or homicidal behavior with intention, plan and available means to follow through with threat... <ul style="list-style-type: none"> ◆ with expressed intention and ability to carry out threat, or ◆ with a history of serious past attempts which are of a lethal nature, or ◆ in presence of command hallucinations or delusions which threaten to override usual impulse control. ◆ Repeated episodes of violence and/or harmful behavior toward self or others, while under the influence of intoxicating substances with pattern of nearly continuous and uncontrolled use. ◆ Inability to care for oneself in current environment with evidence of deterioration in physical/mental condition or injury related to these deficits (e.g., starving self, no diabetic control, etc.). <p>2. Support Needs</p> <p>This dimension measures the extent to which support is unavailable from family, friends, and community sources, and the likelihood that these supports will be unable and unwilling to provide sufficient help when needed.</p> <p>1 – None</p> |
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| | <ul style="list-style-type: none"> ◆ Abundant natural and community supports with ample time and interest to provide for both emotional and material needs in all circumstances. <p>2 – Low</p> <ul style="list-style-type: none"> ◆ Natural and community supports are available and are capable of and willing to provide significant aid in times of need. <p>3 – Moderate</p> <ul style="list-style-type: none"> ◆ A few natural and community supports exist and are capable of providing some help if needed. Barriers may include.... <ul style="list-style-type: none"> ◆ ambivalence, or ◆ difficult access, or ◆ limited time, or ◆ limited available resources. <p>4 – Significant</p> <ul style="list-style-type: none"> ◆ Very few actual or potential natural and community supports are available. Barriers may include... <ul style="list-style-type: none"> ◆ unwillingness on part of recipient, or ◆ limited resources in community, or ◆ unwillingness on part of family or friends to participate. <p>5 – High</p> <ul style="list-style-type: none"> ◆ No natural and community supports are available in current environment. <p>3. Psychiatric-Related Hospitalizations</p> <p>This dimension considers the number of times the person has been hospitalized for psychiatric-related reasons in the past 180 days and/or two years. Importantly, this excludes hospital transfers, and each hospitalization must exceed 24 hours to be classified as such according to this scale.</p> <p>1 – None (one of the following)</p> <ul style="list-style-type: none"> ◆ No psychiatric-related hospitalizations in the past 180 days. ◆ No psychiatric-related hospitalizations in the past two years. <p>2 – Low (one of the following)</p> <ul style="list-style-type: none"> ◆ 1 psychiatric-related hospitalization in the past 180 days. ◆ 1 to 3 psychiatric-related hospitalizations in the past two years. <p>3 – Moderate (one of the following)</p> <ul style="list-style-type: none"> ◆ 2 psychiatric-related hospitalizations in the past 180 days. ◆ 4 psychiatric-related hospitalizations in the past two years. <p>4 – Significant (one of the following)</p> |
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| | <ul style="list-style-type: none"> ◆ 3 psychiatric-related hospitalizations in the past 180 days. ◆ 5 psychiatric-related hospitalizations in the past two years. <p>5 – High (one of the following)</p> <ul style="list-style-type: none"> ◆ 4 or more psychiatric-related hospitalizations in the past 180 days. ◆ 6 or more psychiatric-related hospitalizations in the past two years. <p>4. Functional Impairment</p> <p>This dimension considers a person’s level of functional impairment using several indicators. The criteria include ability to interact with others, to maintain hygiene and functions of daily living, to fulfill role responsibilities, and to maintain activities, such as sleep, eating, and/or sexual interest. These factors are considered relative to the person’s normal level of functioning.</p> <p>1 – None</p> <ul style="list-style-type: none"> ◆ No functional impairment or minor functional impairment that does not disrupt ability to interact with others, to maintain hygiene and functions of daily living, to fulfill role responsibilities, and to maintain activities, such as sleep, eating, and/or sexual interest, during the past 90 days. <p>2 – Low (one or more of the following)</p> <ul style="list-style-type: none"> ◆ Evidence of deterioration in some interactions with others, with increased incidence of arguments, hostility or conflict, yet still able to maintain some meaningful and satisfying relationships during the past 90 days. ◆ Evidence of some minor disruptions in self-care and/or other activities during the past 90 days. ◆ Evidence of minor but consistent difficulties in social role functioning such as difficulty fulfilling parental responsibilities or performing at expected level in work or school, yet still able to maintain those roles during the past 90 days. <p>3 – Moderate (one or more of the following)</p> <ul style="list-style-type: none"> ◆ Becoming withdrawn, isolated, or otherwise troubled in most significant relationships, with no evidence of any impulsive or abusive behaviors during the past 90 days. ◆ Appearance and hygiene are below baseline some of the past 90 days. ◆ Moderate disturbance in activities such as sleep, eating, and/or sexual interest that do not pose a serious threat to health during the past 90 days. ◆ Moderate inability to fulfill responsibilities and obligations to job, school, self, or significant others during the past 90 days. ◆ Evidence of moderate difficulties in interactions with others and ability to maintain responsibilities during the past 90 days. ◆ Able to maintain responsibilities in school, work, parenting, or other obligations during the past 90 days but only in a structured and/or |
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| | <p>protected setting.</p> <p>4 – Significant (one or more of the following)</p> <ul style="list-style-type: none"> ◆ Evidence of significant difficulties in interactions with others, which may include impulsive or abusive behaviors during the past 90 days. ◆ Evidence of significant withdrawal and avoidance of almost all social interactions during the past 90 days. ◆ Appearance and hygiene are below baseline consistently for most of the past 90 days. ◆ Significant disturbance in activities such as sleep, eating, and/or sexual interest as evidenced by such things as weight change or fatigue that threaten physical/mental well being during the past 90 days. ◆ Significant inability to fulfill responsibilities in school, work, parenting, or other obligations to the point of complete neglect on a frequent basis or for an extended period of time during the past 90 days. <p>5 – High (one or more of the following)</p> <ul style="list-style-type: none"> ◆ Evidence of extreme deterioration in interactions with others which may include inappropriate or unintelligible communication, threatening behaviors with little or no provocation and/or loss of control over impulses or abusive behavior during the past 90 days. ◆ Evidence of total withdrawal from all social interactions during the past 90 days. ◆ Evidence of inability to attend to the most basic daily needs such as personal hygiene, appearance, nutrition and safe shelter during the past 90 days. ◆ Extreme weight change and extreme disruptions in sleep, or fatigue causing serious harm to physical/mental health during the past 90 days. ◆ Evidence of complete inability to maintain any aspect of personal responsibility in community, social and/or family roles during the past 90 days. <p>5. Employment Problems</p> <p>This dimension takes into account the degree of employment problems experienced by the person within the past year, including the person's number of jobs, number of days of employment, and whether or not the person has a need or desire to work.</p> <p>1 – None (one of the following)</p> <ul style="list-style-type: none"> ◆ Stable employment as indicated by 181 or more days of regular community employment in the past year. ◆ No need or desire to work. <p>2 – Low</p> <ul style="list-style-type: none"> ◆ Substantial employment as indicated by 90 to 180 days of regular community employment in 1 or 2 jobs in the past year. <p>3 – Moderate</p> |
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| | <ul style="list-style-type: none"> ◆ Unstable employment as indicated by 90 to 180 days of regular community employment in 3 or more jobs in the past year. <p>4 – Significant</p> <ul style="list-style-type: none"> ◆ Substantial barriers to employment as indicated by 1 to 90 days of regular community employment in the past year regardless of the number of jobs. <p>5 – High</p> <ul style="list-style-type: none"> ◆ No employment is likely without support as indicated by 0 days of regular community employment in the past year. <p>6. Housing Instability This dimension examines the person’s housing situation according to whether they experience no or minimal housing instability, or whether they are marginally or literally homeless.</p> <p>1 – None (one or more of the following)</p> <ul style="list-style-type: none"> ◆ Person has no housing instability as indicated by stable housing for over two years. ◆ Person pays no more than 30% of their monthly income for housing. ◆ Person experiences no financial difficulties in meeting other basic needs, such as paying for food, medicine or health care. <p>2 – Low (one of the following)</p> <ul style="list-style-type: none"> ◆ Person has minimal housing instability as indicated by safe and decent housing that is in an integrated setting, but is paying more than 30% of their monthly income towards rent. ◆ Person experiences occasional financial difficulties in meeting other basic needs such as paying for food, medicine or health care. <p>3 – Moderate</p> <ul style="list-style-type: none"> ◆ Person experiences episodic financial difficulties in meeting other basic needs such as paying for food, medicine or health care, and has moderate housing instability as indicated by... <ul style="list-style-type: none"> ◆ living with other persons due to an inability to afford housing, or ◆ a dissatisfaction with their living arrangements and may be considered to be “doubled-up,” or ◆ may be facing minimal pressure to find safe, decent and affordable housing. <p>4 – Significant (one of the following)</p> <ul style="list-style-type: none"> ◆ Person experiences consistent financial difficulties in meeting other basic needs such as paying for food, medicine or health care, and is marginally homeless in that they are at imminent risk of becoming homeless as indicated by being in a temporary or transitional living situation that is either basically unstable or about to be terminated, causing the person to be literally homeless. ◆ Person may have received an eviction notice, is behind in rent, and has been asked to leave where they are staying, or may be facing persistent pressure to find safe, decent and affordable housing. |
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| | <p>5 – High</p> <ul style="list-style-type: none"> ◆ Person is literally homeless in that they are actually without shelter, except for emergency shelter provided by such organizations such as the Salvation Army, is most frequently found in shelters or streets, and is unable to find safe, decent and affordable housing. <p>7. Co-Occurring Substance Use</p> <p>This dimension focuses on the person’s co-occurring substance use (i.e., alcohol, illegal drugs, prescription medication, or over-the-counter medication), including the frequency and duration as well as the cognitive, behavioral, and/or physiological consequences of it within a 12-month period.</p> <p>1 – None</p> <ul style="list-style-type: none"> ◆ No substance use, or substance use with NO adverse cognitive, behavioral, or physiological consequences related to the use of substances within a 12-month period. <p>2 – Low</p> <ul style="list-style-type: none"> ◆ Low substance use with MINIMAL adverse cognitive, behavioral, or physiological consequences related to the use of substances within a 12-month period. <p>3 – Moderate</p> <ul style="list-style-type: none"> ◆ Moderate substance use that... ◆ EXCLUDES tolerance, withdrawal, and other signs of physiological dependence, but ◆ INCLUDES <u>moderate</u> adverse cognitive, behavioral, or physiological consequences related to the use of substances within a 12-month period (i.e., failure to fulfill a major role obligation; substance use when it is physically hazardous; legal problems, or social and interpersonal problems). <p>4 – Significant</p> <ul style="list-style-type: none"> ◆ Significant substance use that... ◆ INCLUDES tolerance, withdrawal, or a pattern of compulsive use, and ◆ INCLUDES <u>significant</u> adverse cognitive, behavioral, or physiological consequences related to the use of substances within a 12-month period (i.e., failure to fulfill a major role obligation; substance use when it is physically hazardous; legal problems, or social and interpersonal problems), and ◆ INCLUDES current clinically <u>significant</u> distress or impairment in important areas of functioning related to the recent use of substances. <p>5 – High</p> <ul style="list-style-type: none"> ◆ High substance use that... ◆ INCLUDES tolerance, withdrawal, or a pattern of compulsive use, and ◆ INCLUDES <u>extreme</u> adverse cognitive, behavioral, or physiological consequences related to the use of substances within a 12-month period (i.e., failure to fulfill a major role obligation; substance use when it is physically hazardous; legal problems, or social and interpersonal |
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| | <p>problems), and</p> <ul style="list-style-type: none"> ◆ INCLUDES current clinically <u>extreme</u> distress or impairment in important areas of functioning related to the recent use of substances. <p>8. Criminal Justice Involvement This dimension examines the person's criminal justice contact, including their current involvement with parole or probation, history of arrests, and type of offense.</p> <p>1 - None</p> <ul style="list-style-type: none"> ◆ No involvement with the criminal justice system in the past 90 days. <p>2 – Low (one of the following)</p> <ul style="list-style-type: none"> ◆ 1 misdemeanor arrest in the past 90 days. ◆ Detained by law enforcement but charges dropped in the past 90 days. <p>3 – Moderate (one or more of the following)</p> <ul style="list-style-type: none"> ◆ 2 misdemeanor arrests in the past 90 days. ◆ 2 nights spent in jail in the past 90 days. ◆ Misdemeanor charges are adjudicated. <p>4 – Significant (one or more of the following)</p> <ul style="list-style-type: none"> ◆ 3 or more misdemeanor arrests in the past 90 days. ◆ 3 or more nights spent in jail in the past 90 days. ◆ Misdemeanor charges are pending. ◆ Currently on parole or probation. <p>5 – High (one or more of the following)</p> <ul style="list-style-type: none"> ◆ Currently detained in jail. ◆ Felony charges are pending. ◆ On deferred adjudication. <p>9. Response to Medication Treatment (MDD Only) This dimension is specific to persons with Major Depressive Disorder (MDD) without psychotic features as their most recent principal diagnosis, and who are being considered for Service Package 2. The parameter focuses on the person's response to medication treatment as the primary indicator of the need for psychotherapy. Response to treatment is measured by the Quick Inventory of Depressive Symptoms-Self Report or Quick Inventory of Depressive Symptoms-Clinician version (QIDS-SR or QIDS-C; Trivedi, et al., 2003). Methods and criteria for determining response to a trial of an anti-depressant medication is defined in the TIMA Procedural Manual for Major Depression Medication Algorithms (Trivedi, Shon, Crismon, and Key, 2002). Movement from one stage of an algorithm to the next indicates insufficient response (i.e., a clinically significant level of residual symptoms) to a medication strategy after an adequate trial of the medication(s) has been conducted (i.e., dose in specified range for a specified time period). Movement to the next algorithm stage may also occur due to drug intolerance (i.e., significant side-effects). Importantly, a rating of 2 or 3 on dimension 9: Response to Medication Treatment (MDD Only) is predicated upon adequate documentation of the person's treatment</p> |
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| | <p>history that allows assessment of the person's prior medication trials by TIMA criteria.</p> <p>1 – Full Response to Medication Treatment/Response Not Yet Determined (one or more of the following)</p> <ul style="list-style-type: none"> ◆ Person has responded fully to medication treatment for MDD as indicated by a current QIDS score of 5 or lower. ◆ Person has not yet received medication therapy for MDD. ◆ Person is at Stage 1 or 2 of the TIMA MDD algorithm (i.e., insufficient number of trials to determine response). ◆ Person is receiving medication therapy, but response is not being tracked using TIMA tools. ◆ Person is experiencing psychotic symptoms that have not been adequately reduced by medication (and is thus, currently, an inappropriate candidate for psychotherapy). <p>2 – Mild Residual Symptoms (one of the following)</p> <ul style="list-style-type: none"> ◆ Person is at Stage 3 or higher of the TIMA MDD algorithm and has mild residual symptoms (current QIDS score of 6-9). ◆ Person is unable to take medications due to physical health problems or medical complications, and has a current QIDS score of 6-9. <p>3 – Moderate to Severe Residual Symptoms (one of the following)</p> <ul style="list-style-type: none"> ◆ Person is at Stage 3 or higher of the TIMA MDD algorithm and has moderate to severe residual symptoms (current QIDS score of 10 or higher). ◆ Person is unable to take medications due to physical health conditions or medical complications, and has a current QIDS score of 10 or higher. <p>CA TRAG Assessment Dimensions</p> <p>Domains for Assessment and Rating Systems</p> <p>In addition to the necessary diagnostic category, the CA-TRAG requires that the child or adolescent be assessed within ten domains before a level of care recommendation can be made. The CA-TRAG domain rating system is used to assess the intensity of a child or adolescent's mental health service needs. It defines the domains clinicians consider when recommending the most appropriate level of care for children and adolescents with serious emotional disturbances who are in the public mental health system.</p> <p>The CA-TRAG is comprised of the following domains for assessment:</p> <ol style="list-style-type: none"> 1. Ohio Youth Problem Severity Scale (OYPSS; Ogles et al., 1999) 2. Ohio Youth Functioning Scale (OYFS; Ogles et al., 1999) 3. Risk of Self-Harm 4. Severe Disruptive or Aggressive Behavior 5. Family Resources 6. History of Psychiatric Treatment 7. Co-Occurring Substance Use 8. Juvenile Justice Involvement 9. School Behavior |
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| | <p>10. Psychoactive Medication Treatment</p> <p>1. Ohio Youth Problem Severity Scale (OYPSS; Ogles et al., 1999) This domain is based on an established and psychometrically validated instrument, the Ohio Youth Problem Severity Scale. The OYPSS was developed to assess the problem severity of children and adolescents receiving community mental health services. There are three parallel forms of the 20-item OYPSS completed by the youths parent or primary caregiver (P-form), the youth (Y-form), and the youths agency worker (W-form). Each item is rated from 0 (<i>not at all</i>) to 5 (<i>all the time</i>) with a 0 to 100 total score. The OYPSS Y-form is designed for youth ages 12 to 17, whereas the OYPSS P-form and W-form are designed for youth ages 5 to 17.</p> <p>1. Ohio Youth Functioning Scale</p> <p>2. This domain is based on the Ohio Youth Functioning Scale. Like the OYPSS, the OYFS was developed for the assessment of children and adolescents receiving publicly funded mental health services. There are three parallel forms of the 20-item OYFS completed by the youth's parent or primary caregiver (P-form), the youth (Y-form), and the youth's agency worker (W-form). Each item is rated from 4 (<i>doing very well</i>) to 0 (<i>extreme troubles</i>) with a 0 to 80 total score. The OYFS Y-form is designed for youth ages 12 to 17, whereas the OYFS P-form and W-form are designed for youth ages 5 to 17.</p> <p>3. Risk of Self-Harm</p> <p>1. No Notable Limitations No current suicidal ideation.</p> <p>2. Mild Limitations Fleeting suicidal ideation with no plan.</p> <p>3. Moderate Limitations Suicidal ideation or threats with no plan.</p> <p>4. Serious Limitations (one or more of the following) Ideation with a plan but has no-harm contract with adequate safety plan. Ideation with no plan but has a history of suicide attempts.</p> <p>5. Extreme Limitations Ideation with intent, plan and means without adequate safety plan.</p> <p>4. Severe Disruptive or Aggressive Behavior</p> <p>1. No Notable Limitations (one or more of the following) Interacts appropriately with others. Respectful towards others.</p> <p>2. Mild Limitations (one or more of the following) Frequently irritable or easily annoyed but behavior/moods are easily resolved. Occasional verbal outbursts or aggression towards objects (e.g., yells at someone, slams door). Seen as being .quick tempered.</p> <p>3. Moderate Limitations (one or more of the following) General or vague threats of aggression towards others with no clear intent (e.g. .I'm going to get you!). Assault resulting in no or minimal physical harm to another (e.g., only brief</p> |
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| | <p>pain). Frequent verbal outbursts without provocation or aggression towards objects.</p> <p>4. Serious Limitations (one or more of the following) Significant verbal threats of physical harm towards others with no weapon. Assaults resulting in moderate physical harm to another (e.g., leaves bruises or cuts, lasting pain). Intentionally damages property resulting in moderate damage (e.g., breaks furniture or windows). Repeatedly plays with fire such that damage could likely result. Has been sexually inappropriate with others such that adults are concerned about supervision with other children or adolescents.</p> <p>5. Extreme Limitations (one or more of the following) Assault resulting in serious physical harm to another that necessitates medical care. Significant verbal threats of physical harm towards others with a weapon. Deliberate and severe damage to property (e.g., fire setting). Sexually assaultive towards another. Runs away from home overnight repeatedly or cannot be located for more than 5 days. Imminent risk of out of home placement as a result of behavior that places his others at serious risk of harm.</p> <p>5. Family Resources</p> <p>1. No Notable Limitations Family environment is stable and caregiver feels able to meet the current needs of the child or adolescent. Caregiver reports little or no pressure or stress from lack of external resources (i.e., material or social supports).</p> <p>2. Mild Limitations (one or more of the following) Caregiver expresses concerns regarding their ability to cope with child or adolescent's problems. Caregiver has a slight deficit in problem solving, parenting strategies and/or communication skills but is willing to participate in treatment.</p> <p>3. Moderate Limitations (one or more of the following) Caregiver/other family member's physical or mental health concerns interfere to some extent with the ability to adequately meet child or adolescent's needs. Caregiver reports pressure from unmet material or social supports. Caregiver is often dissatisfied with the relationship with the child or adolescent, but generally feels capable of handling the child or adolescent's behavioral and emotional needs. Caregiver has moderate difficulty in problem solving, parenting strategies and or communication skills or their willingness to participate in treatment is questionable.</p> <p>4. Serious Limitations (one or more of the following) Caregiver reports being overwhelmed by pressure or stress of their child or adolescents problems and has expressed significant concerns regarding</p> |
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| | <p>their ability to deal with the child or adolescent right now. Caregiver demonstrates limited ability or willingness to participate in treatment. Caregiver expresses hostility and resentment toward child or adolescent. Appropriate community supports are lacking to help meet the needs of the child, adolescent, or family.</p> <p>6. Extreme Limitations (one or more of the following)</p> <ul style="list-style-type: none">• Caregiver expresses an unwillingness to participate in treatment right now and feels pessimistic about their child or adolescents future.• Child requires extensive supervision that prevents the caregiver from being employed or fulfilling other responsibilities.• Due to child's behavior, caregiver refuses to allow the child or adolescent to return home or is considering parental relinquishment of legal custody or juvenile justice referral in order to place the child outside the home.• Sexual or physical abuse or neglect or severe or frequent domestic violence present in the home. <p>6. History of Psychiatric Treatment</p> <ol style="list-style-type: none">1. No history of psychiatric residential treatment or hospitalizations.2. Psychiatric residential treatment or hospitalization has not occurred within the last 12 months.3. One episode of psychiatric residential treatment placement or hospitalizations has occurred within the last 12 months.4. More than one psychiatric residential treatment or hospitalization has occurred within the last 12 months but none within the last 90 days.5. Discharged from psychiatric residential treatment or hospitalization within the last 90 days or had 3 or more hospitalizations within the last 180 days. <p>7. Co-Occurring Substance Use</p> <ol style="list-style-type: none">1. No Notable Limitations No substance use reported.2. Mild Limitations (one or more of the following) Occasional use of substances with no identifiable negative consequences. Experimented with substances but does not regularly use.3. Moderate Limitations (one or more of the following) Occasional use of substances with mild to moderate negative consequences (e.g., beginning to interfere with school attendance, relationships, work performance). Regular use of substances to intoxication (i.e., 1 to 2 times per week).4. Serious Limitations (one or more of the following) Evidence of an inability to control use of substances. Regular use of substances with serious negative consequences (e.g., beginning to affect health, suspended or expelled from school, fired from job). |
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| | <p>Chronic use of substances to intoxication (i.e., more than 2 times per week).</p> <p>5. Extreme Limitations (one or more of the following) Has blackouts associated with substance use. Evidence of physical addiction to substances, including need to increase use to maintain effect (i.e., tolerance), withdrawal symptoms when not regularly using substances, or craving substances in order to feel normal or to get through the day.</p> <p>8. Juvenile Justice Involvement</p> <ol style="list-style-type: none">1. No juvenile justice involvement in the last 90 days and not currently on probation or parole.2. Community interventions/diversions (including Child in Need of Supervision or CINS offenses) or informal proceedings with juvenile probation department within past 90 days.3. Arrested and adjudicated for a non-CINS misdemeanor within the past 90 days or currently on probation or parole for non-CINS misdemeanor.4. Arrested and adjudicated for a felony within the past 90 days or currently on probation or parole for a felony.5. Rearrested within past 90 days regardless of the nature of the offense or the outcome. <p>9. School Behavior</p> <ol style="list-style-type: none">1. No Notable Limitations (one or more of the following)<ul style="list-style-type: none">• No behavior problems reported. School behavior problems domain is not applicable for the child or adolescent (e.g., has completed school, dropped out and received GED, or too young for school and not in a structured childcare environment).2. Mild Limitations (one or more of the following)<ul style="list-style-type: none">• Some problems in school/daycare as a result of minor disruptive behaviors.• Occasionally breaks school/daycare rules.3. Moderate Limitations (one or more of the following)<p>Disruptive behavior has resulted in classroom behavior management interventions. Disruptive behavior that leads to frequent disciplinary referrals.</p>4. Serious Limitations (one or more of the following)<p>Ongoing behavior that disrupts the entire class. Disruptive behavior results in additional behavior management interventions (e.g., one-to-one classroom supervision, in-school suspension). Breaks multiple school/daycare rules, regardless of consequences. Frequent unexcused absences or truant from school.</p>6. Severe Limitations (one or more of the following) |
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ValueOptions' NorthSTAR Clinical Level of Care Criteria

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| | <p>Suspended, expelled or dropped out of school/daycare. Made serious threats or harmed teachers or other students. Disruptive behavior has lead to placement in a self-contained classroom or to a Juvenile Justice Alternative Education placement.</p> <p>10. Psychoactive Medication Treatment</p> <ol style="list-style-type: none">1. Not currently treated with psychoactive medication.2. Currently treated with psychoactive medication and continued treatment is clinically indicated. |
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Specialty Provider Community Based Services

Community Based Services Criteria

CIS Crisis Intervention Services

Crisis intervention services are interventions provided in response to a crisis in order to reduce symptoms of severe and persistent mental illness or serious emotional disturbance **and to prevent admission of an individual to a more restrictive environment**. Crisis intervention services include: an assessment of dangerousness of the individual to self or others; the coordination of emergency care services in accordance with TAC §412.314, behavior skills training to assist the individual in reducing stress and managing symptoms; problem-solving; reality orientation to help the individual identify and manage their symptoms of mental illness; and providing guidance and structure to the individual in adapting to and coping with stressors.

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| <p>Severity of Condition Criteria for Admission</p> | <p>Most Recent Principal Diagnosis: Any</p> <p>Adult Dimension Assessment Criteria</p> <ol style="list-style-type: none"> 1. Risk of Harm. A rating of 4-5 is sufficient for this level of care, independent of other dimension ratings. 2. Functional Impairment. A rating of 5 is sufficient for this level of care, independent of other dimension ratings. <p>Child Dimension Assessment Criteria</p> <p>Crisis Services are available to those in the child and adolescent priority population and others experiencing psychiatric crises whether or not they have been assigned to a level of care for on going (non-crisis) services. Services include 24-hour triage, crisis assessment, case coordination, physician services, and inpatient hospitalization, if indicated. Other services may be available, including crisis respite and 23-hour observation. The crisis needs of children, adolescents and families actively receiving treatment will be addressed through their service provider.</p> |
| <p>Psychosocial, Occupational, and Cultural and Linguistic Factors</p> | <p>These factors may change the risk assessment and should be considered when making level of care placement decisions.</p> |
| <p>Exclusion Criteria</p> | <p>Consumer and/or family choose not to participate;</p> <p>The symptoms are not due to a serious mental illness (SMI) or serious emotional disturbance (SED)</p> <p>The level of acuity and intensity of symptoms indicate that a higher level of care is needed for the protection of the patient and family</p> |

ValueOptions' NorthSTAR Clinical Level of Care Criteria

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| Continued Stay Criteria | There must be participation by the consumer and the family to receive these services |
| Discharge Criteria | <ol style="list-style-type: none">1. There is an exacerbation of symptoms and the consumer is transferred to a higher level of care and this service is no longer needed.2. The crisis is resolved. |

| Rehabilitation Services | |
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| Psychosocial Rehabilitation Services | |
| <p>Psychosocial rehabilitation services are social, educational, vocational, behavioral, and cognitive interventions that address deficits in the individual's ability to develop and maintain social relationships, occupational or educational achievement, and independent living skills that are the result of a severe and persistent mental illness in adults. Psychosocial rehabilitation services may also address the impact of co-occurring disorders upon the individual's ability to reduce symptomology and increase daily functioning. Psychosocial rehabilitation services consist of the following component services: independent living services; case management; coordination of services; employment related services; housing related services; and medication related services.</p> <p>Psychosocial Rehabilitation is a part of a team approach to community mental health services. Persons are provided pharmacological management in the form of medications according to TIMA, and medication training and supports (a.k.a., patient and family education). Also, persons are assigned a rehabilitative case manager whose low caseload allows them to provide psychosocial rehabilitation in the form of extensive linking, advocating, and a focused course of individual and small group skills training and development, as well as supported employment. (Housing services and co-occurring substance use services are provided as part of psychosocial rehabilitation by a rehabilitative case manager.)</p> | |
| <p>Severity of Condition Criteria for Admission</p> | <p>Member is 18 or over</p> <p>Most Recent Principal Diagnosis: Schizophrenia and Related Disorders or Bipolar Disorder or Major Depressive Disorder with psychotic features Risk of Harm. A rating of 1-3 is appropriate for this level of care.</p> <p>Support Needs. Independent of other dimension ratings, a rating of 3-5 is necessary for this level of care in conjunction with a rating of 3-4 on dimension 4, and at least one of the following: a rating of 3-5 on dimension 5; a rating of 3-5 on dimension 6; a rating of 3-4 on dimension 7; a rating of 3-5 on dimension 8.</p> <p>Psychiatric-Related Hospitalizations. A rating of 1-2 is appropriate for this level of care.</p> <p>Functional Impairment. Independent of other dimension ratings, a rating of 3-4 is necessary for this level of care in conjunction with a rating of 3-5 on dimension 2, and at least one of the following: a rating of 3-5 on dimension 5; a rating of 3-5 on dimension 6; a rating of 3-4 on dimension 7; a rating of 3-5 on dimension 8.</p> <p>Employment Problems. A rating of 3-5 is necessary for this level of care in conjunction with a rating of 3-5 on dimension 2 and a rating of 3-4 on dimension 4, independent of other dimension ratings.</p> <p>Housing Instability. A rating of 3-5 is necessary for this level of care in conjunction with a rating of 3-5 on dimension 2 and a rating of 3-4 on dimension 4, independent of other dimension ratings.</p> <p>Co-Occurring Substance Use. A rating of 3-4 is necessary for this level of care in conjunction with a rating of 3-5 on dimension 2 and a rating of 3-4 on dimension 4, independent of other dimension ratings.</p> <p>Criminal Justice Involvement. A rating of 3-5 is necessary for this level of care in conjunction with a rating of 3-5 on dimension 2 and a rating of 3-4 on dimension 4, independent of other dimension ratings.</p> <p>Response to Medication Treatment (MDD Only). Not applicable for this level of care.</p> |
| <p>Psychosocial, Occupational, and</p> | <p>These factors may change the risk assessment and should be considered when making level of care placement decisions.</p> |

ValueOptions' NorthSTAR Clinical Level of Care Criteria

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| Cultural and Linguistic Factors | |
| Exclusion Criteria | <ol style="list-style-type: none"> 1. Consumer and/or family choose not to participate; 2. The symptoms are not due to a serious mental illness (SMI) or serious emotional disturbance (SED) 3. The level of acuity and intensity of symptoms indicate that a higher level of care is needed for the protection of the patient and family 4. The member's needs would be more appropriately addressed through cognitive-behavioral individual or group psychotherapy led by a licensed professional 5. The consumer is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care. 6. The primary etiology of dysfunction is related to an Axis II Personality disorder, which would be best treated through individual, or group psychotherapy led by a licensed professional. 7. The Consumer has demonstrated stability at a lower level of care and has been maintained in the community. |
| Continued Stay Criteria | <ol style="list-style-type: none"> 1. The symptoms must continue to indicate the need for these services as demonstrated by continued qualification based on TRAG scores. 2. There must be participation by the consumer and the family to continue to receive these services needed. 3. The member's needs would be more appropriately addressed through traditional individual or group psychotherapy 4. The consumer is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care. |
| Discharge Criteria | <ol style="list-style-type: none"> 1. Consumer and/or family choose not to participate and express wish to withdraw from the program 2. The consumer reaches a stage of independent living and no longer needs the service; 3. There is an exacerbation of symptoms and the consumer is transferred to a higher level of care and this service is no longer |

| STD Skills Training and Development Services | |
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| <p>Skills training and development services is training provided to an individual or the LAR or primary caregiver of a child or adolescent. Such training: addresses severe and persistent mental illness or serious emotional disturbance and symptom-related problems that interfere with the individual's functioning and living, working, and learning environment; provides opportunities for the individual to acquire and improve skills needed to function as appropriately and independently as possible in the community; and facilitates the individual's community integration and increases his or her community tenure. Skills training and development services include teaching an individual the following skills: skills for managing daily responsibilities (e.g., paying bills, attending school and performing chores);communication skills (e.g., effective communication and recognizing or changing problematic communication styles); pro-social skills (e.g., replacing problematic behaviors with behaviors that are socially acceptable); problem-solving skills; assertiveness skills (e.g., resisting peer pressure, replacing aggressive behaviors with assertive behaviors, and expressing one's own opinion acceptably); social skills (e.g., selection of appropriate friends and activities); stress reduction (e.g., progressive muscle relaxation, deep breathing exercises, guided imagery, and selected visualization); anger management skills (e.g., identification of antecedents to anger, calming down, stopping and thinking before acting, handling criticism, avoiding and disengaging from explosive situations); skills to manage the symptoms of mental illness and to recognize and modify unreasonable beliefs, thoughts, and expectations; skills to identify and utilize community resources and informal supports; skills to identify and utilize acceptable leisure time activities (e.g., identifying pleasurable leisure time activities that will foster acceptable behavior); and independent living skills (e.g., money management, accessing and using transportation, grocery shopping, maintaining housing, maintaining a job, and decision making).Skills training and development services include training an LAR or primary caregiver to assist the child or adolescent in learning the skills described above.</p> | |
| <p>Severity of Condition Criteria for Admission</p> | <p>Adults 18 and over:</p> <p>Most Recent Principal Diagnosis: Schizophrenia and Related Disorders or Bipolar Disorder or Major Depressive Disorder;</p> <p>And</p> <ol style="list-style-type: none"> 1. Risk of Harm. A rating of 1-3 is appropriate for this level of care. 2. Psychiatric-Related Hospitalizations. A rating of 1-5 is appropriate for this level of care. 3. Functional Impairment. A rating of 3-4 is necessary for this level of care in conjunction and if diagnosis is MDD rating must be paired with a rating of 2-3 on dimension 9, independent of other dimension ratings. 4. Response to Medication Treatment (MDD Only). A rating of 2-3 is necessary for this level of care in conjunction with a rating of 3-4 on dimension 4, independent of other dimension ratings. <p>YOUTH</p> <p>Necessary Diagnostic Category Externalizing disorders (e.g., ADD/ADHD, Conduct Disorder, Oppositional Defiant Disorder, Disruptive Disorder NOS).</p> <ol style="list-style-type: none"> 1. Ohio Youth Problem Severity Scale (OYPSS) Independent of other domain ratings, a score of 18 or greater is necessary for this service package and a rating of 2 or 3 on domain 4 (Severe Disruptive or Aggressive Behavior) or a rating of 2 or 3 on domain 9 (School |

ValueOptions' NorthSTAR Clinical Level of Care Criteria

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| | <p>Behavior).</p> <ol style="list-style-type: none"> 2. Ohio Youth Functioning Scale (OYFS) Independent of other domain ratings, a score less than 55 is necessary for this service package and a rating of 2 or 3 on domain 4 (Severe Disruptive or Aggressive Behavior) or a rating of 2 or 3 on domain 9 (School Behavior). 3. Severe Disruptive or Aggressive Behavior: Independent of other domain ratings, a rating of 2 or 3 is necessary for this service package and a score of 18 or greater on the OYPSS or a score less than 55 on the OYFS. 4. School Behavior: Independent of other domain ratings, a rating of 2 or 3 is necessary for this service package and a score of 18 or greater on the OYPSS or a score less than 55 on the OYFS. |
| Exclusion Criteria | <ol style="list-style-type: none"> 1. Consumer and/or family choose not to participate; 2. The symptoms are not due to a serious mental illness (SMI) or serious emotional disturbance (SED) 3. The level of acuity and intensity of symptoms indicate that a higher level of care is needed for the protection of the patient and family 4. The member's needs would be more appropriately addressed through cognitive-behavioral individual or group psychotherapy led by a licensed professional 5. The consumer is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care. 6. The primary etiology of dysfunction is related to an Axis II Personality disorder, which would be best treated through individual, or group psychotherapy led by a licensed professional. 7. The Consumer has demonstrated stability at a lower level of care and has been maintained in the community. |
| Psychosocial, Occupational, and Cultural and Linguistic Factors | <p>These factors may change the risk assessment and should be considered when making level of care placement decisions.</p> |
| Continued Stay Criteria | <p>The symptoms must continue to indicate the need for these services as demonstrated by continued qualification for TRAG package based on TRAG scores.;</p> <p>There must be participation by the consumer and the family to continue to receive these services</p> |
| Discharge Criteria | <ol style="list-style-type: none"> 1. Consumer and/or family choose not to participate and express wish to withdraw from the program 2. The consumer reaches a stage of independent living and no longer needs the service; 3. There is an exacerbation of symptoms and the consumer is transferred to a higher level of care and this service is no longer needed. 4. The member's needs would be more appropriately addressed |

ValueOptions' NorthSTAR Clinical Level of Care Criteria

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| | 5. through traditional individual or group psychotherapy The consumer is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care. |
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ValueOptions' NorthSTAR Clinical Level of Care Criteria

| MTS Medication Training and Support Services | |
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| <p>Medication training and support services are training based on curricula promulgated by the department, which is referenced as Exhibit C in TAC §419.468, to assist an individual in: understanding the nature of an adult's severe and persistent mental illness or a child or adolescent's serious emotional disturbance; understanding the role of the individual's prescribed medications in reducing symptoms and increasing or maintaining the individual's functioning; identifying and managing the individual's symptoms and potential side-effects of the individual's medication; learning the contraindications of the individual's medication; understanding the overdose precautions of the individual's medication; and learning self-administration of the individual's medication.</p> | |
| <p>Severity of Condition Criteria for Admission</p> | <ol style="list-style-type: none"> 1. Must meet Adult TRAG criteria for ongoing out-patient services or 2. Must meet CA TRAG criteria for ongoing out-patient services and 3. Must be a new start to Psychiatric Medications or have a history of noncompliance documented over the last 6 months of treatment |
| <p>Psychosocial, Occupational, and Cultural and Linguistic Factors</p> | <p>These factors may change the risk assessment and should be considered when making level of care placement decisions.</p> |
| <p>Exclusion Criteria</p> | <p>Consumer and/or family choose not to participate; The symptoms are not due to a serious mental illness (SMI) or serious emotional disturbance (SED) The level of acuity and intensity of symptoms indicate that a higher level of care is needed for the protection of the patient and family The member's needs would be more appropriately addressed through cognitive-behavioral individual or group psychotherapy led by a licensed professional The consumer is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care. The primary etiology of dysfunction is related to an Axis II Personality disorder, which would be best treated through individual, or group psychotherapy led by a licensed professional. The Consumer has demonstrated stability at a lower level of care and has been maintained in the community.</p> |
| <p>Continued Stay Criteria</p> | <p>The symptoms must continue to indicate the need for these services as demonstrated by continued qualification for TRAG package based on TRAG scores. There must be participation by the consumer and the family to continue to receive these services</p> |
| <p>Discharge Criteria</p> | <p>Consumer and/or family choose not to participate and express wish to withdraw from the program The consumer reaches a stage of independent living and no longer needs</p> |

ValueOptions' NorthSTAR Clinical Level of Care Criteria

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| | <p>the service;</p> <p>There is an exacerbation of symptoms and the consumer is transferred to a higher level of care and this service is no longer needed.</p> <p>The member's needs would be more appropriately addressed through traditional individual or group psychotherapy</p> <p>The consumer is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care.</p> |
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ValueOptions' NorthSTAR Clinical Level of Care Criteria

| Cognitive Behavioral Therapy / Counseling and Psychotherapy | |
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| <p>Counseling and psychotherapy is cognitive behavior therapy focused on the reduction or elimination of an individual's symptoms of severe and persistent mental illness and increasing the individual's ability to perform activities of daily living. Conditions. Counseling and psychotherapy: may only be provided one-to-one or in a group; may be provided on-site or in-vivo; must be provided by: an LPHA; or a master's level professional working under the supervision of an LPHA in accordance with rules adopted by the applicable licensing board.</p> | |
| <p>Severity of Condition Criteria for Admission</p> | <p>Most Recent Principal Diagnosis: Major Depressive Disorder And 1) Risk of Harm. A rating of 1-3 is appropriate for this level of care. 2) Psychiatric-Related Hospitalizations. A rating of 1-5 is appropriate for this level of care. 3) Functional Impairment. A rating of 3-4 is necessary for this level of care in conjunction and if diagnosis is MDD rating must be paired with a rating of 2-3 on dimension 9, independent of other dimension ratings. 4) Response to Medication Treatment: A rating of 2-3 is necessary for this level of care in conjunction with a rating of 3-4 on dimension 4, independent of other dimension ratings.</p> |
| <p>Psychosocial, Occupational, and Cultural and Linguistic Factors</p> | <p>These factors may change the risk assessment and should be considered when making level of care placement decisions.</p> |
| <p>Exclusion Criteria</p> | <p>Consumer and/or family choose not to participate; The symptoms are not due to a serious mental illness (SMI) or serious emotional disturbance (SED) The level of acuity and intensity of symptoms indicate that a higher level of care is needed for the protection of the patient and family The member's needs would be more appropriately addressed through cognitive-behavioral individual or group psychotherapy led by a licensed professional The consumer is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care. The Consumer has demonstrated stability at a lower level of care and has been maintained in the community.</p> |
| <p>Continued Stay Criteria</p> | <p>The symptoms must continue to indicate the need for these services as demonstrated by continued qualification for TRAG package based on TRAG scores.;</p> <p>There must be participation by the consumer and the family to continue to receive these services</p> |
| <p>Discharge Criteria</p> | <p>Consumer and/or family choose not to participate and express wish to withdraw from the program The primary symptoms have been resolved The primary symptoms which are the focus of treatment are not related to Major Depression There is an exacerbation of symptoms and the consumer is transferred to a higher level of care and this service is no longer needed.</p> |

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| | The consumer is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care. |
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SPECIALTY PROVIDER COMMUNITY BASED SERVICE

Assertive Community Treatment (Adult)

These services tend to be long term, and are designed to work closely with consumers in their communities and actively engage and retain them in treatment. The assertive community treatment teams are multidisciplinary.

Assertive Community Treatment (ACT) entails the provision of an array of services delivered by a community-based, mobile, multidisciplinary team of professionals and paraprofessionals to individuals with long-standing psychiatric illnesses or substance abuse disorders who have experienced previous hospitalizations or episodes of impairment that have placed the individual at risk of hospitalization. ACT services are designed to be maximally flexible in supporting individuals who have a demonstrated inability to independently access and sustain involvement with needed services due to history of noncompliance and/or functional limitations. ACT services assist these individuals in developing the competencies needed to achieve recovery, function as independently as possible, and sustain a support network. Services, provided in the individual's primary language, are designed to meet the unique needs of the individual, based on his/her cultural values and norms. Services may be provided at agency-based psychiatric rehabilitation programs (e.g., clubhouse model or other community-based psychosocial program) or through mobile programs, whereby services are delivered offsite in community settings (e.g., a person's home, job site, or homeless shelter). Services include assistance with addressing basic needs (e.g., food, housing, medical care), as well as a comprehensive integrated program of psychosocial rehabilitation services to support improved social, educational, and vocational functioning. In general, these programs provide intense and frequent assistance to individuals with such things as understanding their illness; self-care; budgeting; symptom/medication management; and developing or building on skills that would enhance their employability. Services are less structured and more flexible than intensive outpatient program services.

ACT teams work with individuals living in the community or during transition to independent living from a more restrictive setting. Individuals living in supported living situations (excluding supported housing) may receive ACT services if the objective is prevent the need for placement in a more restrictive setting. ACT also provides mental health services to individuals who are homeless or in imminent risk of becoming homeless. The program has an outreach component geared towards assessment and linkage to appropriate treatment and community services.

ACT services are provided predominantly through face to face individual services in accordance with the Resiliency and Disease Management Model as outlined in the Assertive Community Treatment Fidelity Instrument published at the Department of State Health Services. The primary provider of services is the multidisciplinary ACT team. The multidisciplinary make-up of each team and the small consumer-to-staff ratio, allows the team to provide most services with minimal referrals to other mental health programs or providers. The ACT team members share offices and their roles are interchangeable when providing services to ensure that services are not disrupted during staff absence or turnover. Group services may be utilized on a limited basis if the goals and objectives are consistent with the individual consumer's needs, as well as, the overall function of the ACT team to provide treatment, rehabilitation and support services to support a consumer in successfully living in the community. The specific group must be identified in the consumer's treatment plan and target the individual's established written treatment goals. The ACT Fidelity Instrument requires that 80% or greater of all direct services are delivered out of the office. A combination of office and community based group services should never exceed 40% of the total care delivered each month.

| Criteria | |
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| Admission (Participation) Criteria | <p>At least one of the following criteria is necessary for admission to this level of care:</p> <p>Individual demonstrates behavior consistent with a DSM-IV-TR diagnosis of Bipolar disorder or Schizophrenia related disorders (Services may be provided to persons who do not meet the target population but who are determined by ValueOptions to be at great risk if they are not retained in services as demonstrated by Adult TRAG scores in the Package 4 range. ValueOptions will complete a UM override to allow these persons to continue to be treated) which, by history, has required periodic hospitalization as indicated by a 3 to 5 rating on the Adult-TRAG:</p> <p>3 – Moderate (one of the following)</p> <ul style="list-style-type: none"> ◆ 2 psychiatric-related hospitalizations in the past 180 days. ◆ 4 psychiatric-related hospitalizations in the past two years. <p>4 – Significant (one of the following)</p> <ul style="list-style-type: none"> ◆ 3 psychiatric-related hospitalizations in the past 180 days. ◆ 5 psychiatric-related hospitalizations in the past two years. <p>5 – High (one of the following)</p> <ul style="list-style-type: none"> ◆ 4 or more psychiatric-related hospitalizations in the past 180 days. ◆ 6 or more psychiatric-related hospitalizations in the past two years. <p>In addition to the above, the following criteria must be met:</p> <p>Individual does not have adequate family support and therefore is in need of external “Activities of Daily Living” (ADL) and social support in order to remain stable outside of an inpatient environment, or to transition to independent living from a more restrictive setting; and</p> <p>There has been a lack of therapeutic response to rehabilitation services demonstrated by an inability to sustain involvement with needed services, or evidence that a comprehensive integrated program of medical and psychosocial rehabilitation services is needed to support improved functioning at the least restrictive level of care.</p> |
| Psychosocial, Occupational, and Cultural and Linguistic | <p>These factors may change the risk assessment and should be considered when making level of care decisions.</p> |

ValueOptions' NorthSTAR Clinical Level of Care Criteria

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| Exclusion Criteria | <p>The following criterion is sufficient for exclusion from this level of care:</p> <p>Individual is at imminent (immediate) risk of harm to self or others, or has impairment sufficient enough to require a level of service that is more intensive than community-based care.</p> |
| Continued Stay Criteria | <p>The following criteria are necessary for continuing treatment at this level of care:</p> <ol style="list-style-type: none"> 1. Severity of illness and resulting impairment continues to require this level of service; 2. Services are focused on reintegration of the individual into the community and improving his/her functioning in order to reduce unnecessary utilization of more intensive treatment alternatives (e.g., residential or inpatient); 3. The mode, intensity, and frequency of treatment is appropriate; 4. Active treatment is occurring and continued progress toward goals is anticipated; 5. Treatment planning is individualized and appropriate to the individual's changing condition, and include the following as appropriate to stabilize and improve functioning: <ol style="list-style-type: none"> a) Outreach (e.g., linkage with community agencies, educational presentations); b) Assistance and referral with meeting basic needs (e.g., housing, food, medical care); c) Psychosocial evaluation and treatment; d) Crisis intervention; e) Social rehabilitation; f) Consumer and family support and education (e.g., symptom management); g) Coordination and development of alternative support systems (e.g., religious organizations, self-help groups, peer support); h) Protection and advocacy resources; i) Coordination of services, including vocational, medical, and educational needs; and j) Medication and treatment monitoring. 6. The services provided above ("5 a-j") are provided as needed and agreed upon in the treatment plan by providers and individual. 7. Individual continues to require services in order to maximize functioning and sustain recovery or individual's support network (e.g., family, friends, and peers) is insufficient to allow for independent living. |
| Discharge Criteria | <p>Any one of the following criteria is sufficient for discharge from this level of care:</p> <ol style="list-style-type: none"> 1. Individual's treatment plan and discharge goals have been substantially met; 2. Consent for treatment is withdrawn; 3. Individual meets criteria for a less/more intensive level of care; or 4. Individual chooses not to participate in services described in treatment plan as necessary for this level of care. |

ValueOptions' NorthSTAR Clinical Level of Care Criteria

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| | 5. The consumer is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care. |
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| Routine Case Management | |
| <p>Activities that are provided to assist adults with serious mental illness (SMI) specifically Axis I diagnosis (DSM-IV-TR) of Schizophrenia (and Schizophrenia related disorders), Bipolar Disorder, or Major Depressive Disorder in gaining access to resources and services, coordination of services with the individual and family, and administration of TIMA scales. . The role of persons who provide this service is to support and assist the person in achieving defined personal goals. This service is provided by a QMHP-CS or CSSP trained clinician face to face with the consumer by the assigned Specialty Provider Network “SPN” provider.</p> <p>MH case management services assist an individual in gaining and coordinating access to necessary care and services appropriate to the individual’s needs. Routine case management services include</p> <p>face-to-face meetings with the individual, the LAR, or the Primary Caregiver at the case manager's work site to identify the needs of the individual and assist the individual in gaining access to a community resource that may address those needs. If notified that the individual is in crisis, the case manager will coordinate with the appropriate providers of emergency services to respond to the crisis, as described in TAC §412.314.</p> | |
| Criteria | |
| Severity of Condition Criteria for Admission | <p>The following criteria for diagnostic, treatment history, and functioning level must be met for an individual or family to receive this service</p> <ol style="list-style-type: none"> 1. The individual is: <ol style="list-style-type: none"> A. under 18 years of age with a diagnosis of a mental illness (but not a sole diagnosis of substance abuse, mental retardation, autism, or pervasive developmental disorder) and exhibit a serious emotional, behavioral, or mental disorder and: B. 18 years of age or older and: <ol style="list-style-type: none"> a. have a diagnosis of schizophrenia, or bipolar disorder; or b. have a diagnosis of major depression and have been determined to have a Global Assessment of Functioning (GAF) score of 50 or less within the 365 days preceding the date of the eligibility determination performed in accordance with this section; <p>Has a clinical need for the service as evidenced by TRAG Assessment Scores with service intensity need reflected by higher TRAG score:</p> <ol style="list-style-type: none"> a. Adults: <ol style="list-style-type: none"> 1. Risk of Harm. A rating of 1-3 is necessary for this level of care. 2. Support Needs. A rating of 1-5 is appropriate for this level of care. 3. Psychiatric-Related Hospitalizations. A rating of 1-2 is necessary for this level of care. 4. Functional Impairment. A rating of 1-4 is necessary for this level of care. 5. Employment Problems. A rating of 1-5 is appropriate for this level of care. 6. Housing Instability. A rating of 1-2 is necessary for this level of care. 7. Co-Occurring Substance Use. A rating of 1-2 is necessary for this level of care. |

ValueOptions' NorthSTAR Clinical Level of Care Criteria

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| | <p>8. Criminal Justice Involvement. A rating of 1-2 is necessary for this level of care.</p> <p>9. Response to Medication Treatment (MDD Only). Not applicable for this level of care.</p> <p>b. Youth:</p> <ol style="list-style-type: none"> 1. Ohio Youth Problem Severity Scale (OYPSS) Independent of other domain ratings, a score of 18 or greater is necessary for this service package and a rating of 2 or 3 on domain 4 (Severe Disruptive or Aggressive Behavior) or a rating of 2 or 3 on domain 9 (School Behavior). 2. Ohio Youth Functioning Scale (OYFS) Independent of other domain ratings, a score less than 55 is necessary for this service package and a rating of 2 or 3 on domain 4 (Severe Disruptive or Aggressive Behavior) or a rating of 2 or 3 on domain 9 (School Behavior). 3. Severe Disruptive or Aggressive Behavior: Independent of other domain ratings, a rating of 2 or 3 is necessary for this service package and a score of 18 or greater on the OYPSS or a score less than 55 on the OYFS 4. School Behavior: Independent of other domain ratings, a rating of 2 or 3 is necessary for this service package and a score of 18 or greater on the OYPSS or a score less than 55 on the OYFS. |
| <p>Intensity Service and Continued Stay Criteria</p> | <p>All of the following criteria must be met for continued treatment at this level of care:</p> <p>Continues to meet the Severity of Condition Criteria for Admission;</p> <p>There is progress documented toward the goals established;</p> <p>Continues to meet criteria for adult Package 1 or 2 or child and adolescent package 1.1 or 1.2.</p> <p>Continued inability to obtain or coordinate services without program support.</p> |
| <p>Psychosocial Factors</p> | <p>Psychosocial Factors should be considered when making this level of care available for a consumer.</p> |
| <p>Exclusion Criteria</p> | <p>The following criteria are sufficient for exclusion from this level of care:</p> <ol style="list-style-type: none"> A. Chooses not to participate in program. B. Does not meet criteria above for admission. |
| <p>Discharge Criteria</p> | <p>The following criteria are sufficient for discharge from this level of care:</p> <ol style="list-style-type: none"> 1. There is clinical documentation supporting that the consumer has reached maximum benefit for service package 1 or 2 and further treatment will not promote continued relief and/or change (e.g., consumer has progressed sufficiently to no longer need this service). 2. Individual chooses not to continue with this level of care. 3. Individual moves out of area and cannot be located. |

ValueOptions' NorthSTAR Clinical Level of Care Criteria

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| | <p>4. If the consumer refuses to participate in the program, fails to keep appointments, is disinterested in working on established goals and continues this behavior despite repeated attempts at least once each month to engage the consumer over a period of three months.</p> |
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Intensive Case Management

Mental Health case management services assist an individual in gaining and coordinating access to necessary care and services appropriate to the individual's needs. Intensive Case Management includes: face-to-face meetings with the individual and the individual's LAR or primary caregiver to gather information about the individual's strengths and service needs across life domains from relevant sources, including: the individual; the individual's LAR or primary caregiver; other agencies and organizations providing services to the individual; the individual's clinical record; other sources identified by the LAR or primary caregiver. ICM will utilize wraparound planning to develop a case management plan that addresses the individual's unmet needs across life domains. ICM will assist the individual in gaining access to the needed services and service providers including: making referrals to potential service providers; initiating contact with potential service providers; arranging initial meetings and non-routine appointments; arranging transportation to ensure the individual's attendance; advocating with service providers; and providing relevant information to service providers. ICM will include monitoring of the individual's progress toward the outcomes set forth in the case management plan including: gathering information from the individual, current service providers, and other resources; reviewing pertinent documentation, including the individual's clinical records, and assessments; ensuring the MH case management plan was implemented as agreed upon; ensuring needed services were provided; determining if progress toward the desired outcomes was made; identifying barriers to accessing services or to obtain maximum benefit from services; ICM includes advocating for the modification of services to address the changes in the needs or status of the individual including: identifying emerging unmet service needs; determining if the MH case management plan needs to be modified to address the individual's unmet service needs more adequately; and revising the MH case management plan as necessary to address the individual's unmet service needs. Upon notification that the individual is in crisis, the assigned case manager will coordinate with the appropriate providers of emergency services to respond to the crisis, as described in TAC §412.314.

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| <p>Severity of Condition Criteria for Admission</p> | <p>The following criteria for diagnostic, treatment history, and functioning level must be met for an individual or family to receive this service</p> <p>The individual is: under 18 years of age with</p> <ul style="list-style-type: none"> A. An externalizing disorder (e.g. ADHD/ADD, Conduct Disorder, Oppositional Defiant Disorder, Disruptive Disorder NOS) with a score of 18 or greater on the OYPSS or a score less than 55 on the OYFS. In addition, a rating of 4 or 5 on domain 4 (Severe Disruptive or Aggressive Behavior) or a rating of 4 or 5 on domain 5 (Family Resources) or a rating of 5 on domain 6 (History of Psychiatric Treatment) or a rating of 4 or 5 on domain 9 (School Behavior) is necessary for this service. <p>or</p> B. An internalizing disorder (e.g., Depressive Disorders, Anxiety Disorders, Adjustment Disorders with internalizing symptoms) with a score of 18 or greater on the OYPSS or a score less than 55 on the OYFS. In addition, rating of a 4 or 5 on domain 5 (Family Resources) or a rating of 5 on domain 6 (History of Psychiatric Treatment) is necessary for this service. <p>or</p> C. Bipolar Disorder, Schizophrenia, Major Depressive Disorder with Psychosis, or other psychotic disorders with a score of 18 or greater on the OYPSS or a score less than 55 on the OYFS. |
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ValueOptions' NorthSTAR Clinical Level of Care Criteria

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| | <p>Description</p> <ol style="list-style-type: none"> 1. The individual qualifies for a LOC that, according to the utilization management guideline, includes MH case management; 2. The child and family are willing to participate in treatment. |
| <p>Intensity of Service and Continued Stay Criteria</p> | <p>Up to 3 additional months may be re-authorized if indicated to achieve identified treatment goals.</p> <p>The individual must continue to qualify for a LOC that, according to the admission criteria TRAG Scores.</p> |
| <p>Exclusion Criteria</p> | <p>The following criteria are sufficient for exclusion from this level of care:</p> <ol style="list-style-type: none"> 1. The individual or family chooses not to participate in program. 2. The individual does not meet criteria above for admission. 3. The individual has demonstrated stability at a lower level of care and has been maintained in the community. |
| <p>Discharge Criteria</p> | <p>The following criteria are sufficient for discharge from this level of care:</p> <ol style="list-style-type: none"> 1. Authorized treatment has been completed and the child can continue with progress without additional treatment at this LOC. 2. The child or parent does not participate in or comply with treatment, assuming accommodations (eg. Transportation, appointment times convenient for the family) are offered. 3. The child's condition has worsened and required a higher level of care. 4. The child/family have stabilized but require treatment at a lower level of care to maintain stability. 5. The child or family terminates service. |

SPECIALTY PROVIDER COMMUNITY BASED SERVICES

Add On Services

Supported Employment

Supported Employment services provide individualized assistance in choosing and obtaining employment at integrated work sites in jobs in the community of their choice. Supports are provided by identified staff who will assist the individual in keeping employment and/or finding another job as necessary. This included “Psychosocial Rehabilitative Services” related to addressing the symptoms of mental illness affecting an individuals ability to obtain and retain employment as well as non-billable vocational specific training., and long term supports provided by identified staff who will assist individuals in keeping employment and/or finding another job as necessary.

Criteria

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| <p>Admission Criteria</p> | <p>Consumer meets Adult TRAG criteria for package 2.</p> <p>Consumer must be at least 18 years old.</p> <p>Consumer exhibits symptoms such that s/he needs assistance in choosing and obtaining employment as demonstrated by a score between 3-5 on Dimension 5: Employment Problems of the Adult TRAG</p> |
| <p>Psychosocial, Occupational, and Cultural and Linguistic Factors</p> | <p>These factors may change the risk assessment and should be considered when making level of care placement decisions.</p> |
| <p>Exclusion Criteria</p> | <p>Consumer and/or family chooses not to participate;</p> <p>The symptoms are not due to a mental illness or serious emotional disturbance (SED)</p> <p>The level of acuity and intensity of symptoms indicate that a higher level of care is needed for the protection of the patient and family</p> |
| <p>Continued Stay Criteria</p> | <p>The symptoms and Adult TRAG scores must continue to indicate the need for these services;</p> |

ValueOptions' NorthSTAR Clinical Level of Care Criteria

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| | There must be participation by the consumer and the family to continue to receive these services |
| Discharge Criteria | Consumer and/or family choose not to participate and express wish to withdraw from the program The consumer acquires and is stabilized in integrated employment. The consumer record indicates no identifiable progress made within 6 months of initiation of services. |

SPECIALTY PROVIDER COMMUNITY BASED SERVICES

Early Intervention / Children 3-5

These are services designed to intervene with very young children identified as “at risk” by providing direct-targeted interventions. Including but not limited to: child/family assessment, play therapy, parent counseling and parent educational training.

Criteria

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| Admission Criteria | Children ages three to five who are manifesting serious behaviors consistent with the onset of mental or emotional disturbance. |
| Psychosocial, Occupational, and Cultural and Linguistic Factors | These factors may change the risk assessment and should be considered when making level of care placement decisions. |
| Exclusion Criteria | Consumer and/or family choose not to participate; The level of acuity and intensity of symptoms indicate that a higher level of care is needed for the protection of the patient and family |
| Continued Stay Criteria | The family and consumer will be eligible to continue receiving these services as long as there is a clearly documented need to do so, while child is age 3-5. The symptoms must continue to indicate the need for these services; There must be participation by the consumer and the family to continue to receive these services |
| Discharge Criteria | <ol style="list-style-type: none"> 1. Consumer and/or family choose not to participate and express wish to withdraw from the program 2. There is an exacerbation of symptoms and the consumer is transferred to a higher level of care and this service is no longer needed. 3. Child is age six. |

PLACEMENT SERVICES

Respite Care

Respite care provides breaks for parents and/or caregivers. It is designed to relieve caregiver stress and provide the consumer with opportunities for different social milieu. Respite care can be provided in or out of the home in a variety of settings and may be planned/scheduled in advance or arranged for on an emergency basis.

An out of home, or family-based (in-home), temporary placement responding to the need for a separation between the enrollee and caregiver, which can only be accessed or part of a continuum of current therapeutic services.

| Criteria | |
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| Admission Criteria | <p>All criteria must be met for this level of care.</p> <ol style="list-style-type: none"> 1. The enrollee presents with psychiatric symptoms consistent with a DSM IV (AXIS I-II diagnosis that require and can reasonably be expected to respond to therapeutic intervention. 2. The child/adolescent must currently be receiving behavioral health services and use of this level of care in part of a comprehensive treatment plan. 3. The caregiver has requested this level of care due to a planned event or an immediate need. |
| Exclusion Criteria | <p>Any of the following criteria are sufficient for exclusion from this level of care.</p> <ol style="list-style-type: none"> 1. The child/adolescent exhibits danger to self/danger to others. 2. The child/adolescent's current treatment plan does not reflect the need for this level of care. 3. The child/adolescent has a medical condition that cannot be managed in a home setting without trained personnel. |
| Continuing Stay Criteria | N/A |
| Discharge Criteria | <p>Any of the following criteria are sufficient for discharge from this level of care.</p> <ol style="list-style-type: none"> 1. The hours or time limit has been expended. 2. The enrollee shows signs of de-compensation requiring a higher |

ValueOptions' NorthSTAR Clinical Level of Care Criteria

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| | level of care. 3. The legal guardian requests return of the enrollee. |
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PLACEMENT SERVICES

Therapeutic Foster Care / Child and Adolescent

Therapeutic foster care provides therapeutic services delivered in homes with trained foster parents, supported by a mental health provider on a 24-hour basis. This service represents an alternative to or a step-down from inpatient services.

A level of care provided to children or adolescents who have been removed from their natural home by an agency (i.e. a Court or Child Protective Services agency), or who have been voluntarily placed in the custody of such agency, and who require a higher level of care and supervision than is usually found in a traditional or kinship foster care placement. The individual is placed in the safe and secure environment of a private home setting, licensed as a foster home, with adults (treatment foster parents) who have received specialized training in the care of children/adolescents with emotional or substance abuse disorders. Services provided in this setting include supervision, mentoring, counseling, behavioral management and crisis intervention as needed. Treatment foster parents assure that the youngster receives needed psychiatric and psychological services, medical care and education. Foster parents receive supervision and are supported by the staff and programs of the child placement agency. This level of care is transitional, typically considered for children/adolescents who have been recently discharged, or are being diverted, from residential treatment, observation/stabilization, inpatient psychiatric hospitalization, or inpatient substance abuse services. The purpose of this level of care is to maintain a youngster in the community while preparing for permanency placement: return to family of origin, adoption, permanent foster care or kinship care, or independent living.

| Criteria | |
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| Admission Criteria | <p>All of the following criteria are necessary for admission:</p> <ol style="list-style-type: none"> 1. The child/adolescent demonstrates symptomatology consistent with a DSM-IV-TR (AXES I-V) diagnosis, which requires and can reasonably be expected to respond to therapeutic intervention. 2. The child/adolescent exhibits unpredictable, risk-taking or problematic behaviors significant enough to warrant placement in a structured environment to support his/her efforts to meet basic needs, utilize appropriate judgment and coping skills, and comply with treatment. 3. The child/adolescent demonstrates a capacity to respond favorably to counseling and training in areas such as problem solving, life skills development, and medication compliance. 4. The child/adolescent demonstrates the capacity to function adequately in |

ValueOptions' NorthSTAR Clinical Level of Care Criteria

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| | <p>a family and community environment with the added structure of a specialized foster care program, but it has been determined that he/she cannot currently remain with his/her biological, adoptive or surrogate family.</p> |
| <p>Psychosocial, Occupational, and Cultural and Linguistic Factors</p> | <p>These factors, as detailed in the Introduction, may change the risk assessment and should be considered when making level of care decisions.</p> |
| <p>Exclusion Criteria</p> | <p>Any of the following criteria are sufficient for exclusion from this level of care:</p> <ol style="list-style-type: none"> 1. The child/adolescent is not able to contract for safety of self and others. 2. The child/adolescent requires a level of structure and supervision beyond the scope of the program. 3. The child/adolescent does not demonstrate the capacity to function adequately in a family and community environment, even with the added structure of a specialized foster care program, and instead requires a group living situation. 4. Other living arrangement in combination with less restrictive treatment interventions would be adequate to meet the patient's needs. 5. Children/adolescents has medical conditions or impairments that would prevent beneficial utilization of services, or is not stabilized on medications. 6. The primary problem is social, economic (i.e. housing, family, conflict, etc.), or one of physical health without a concurrent major psychiatric episode meeting criteria for this level of care, or admission is being used as an alternative to incarceration (adult or juvenile) |
| <p>Continued Stay Criteria</p> | <p>All of the following criteria are necessary for continuing treatment at this level of care:</p> <ol style="list-style-type: none"> 1. The child/adolescent's condition continues to meet admission criteria at this level of care. 2. The child/adolescent's treatment does not require a more intensive level of care, and no less intensive level of care would be appropriate. 3. Treatment planning is individualized and appropriate to the child/adolescent's changing condition, with realistic and specific goals and objectives clearly stated. 4. All services and treatment are carefully structured to achieve optimum results in the most time efficient manner possible consistent with sound |

ValueOptions' NorthSTAR Clinical Level of Care Criteria

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| | <p>clinical practice.</p> <ol style="list-style-type: none"> 5. Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms, but goals of treatment have not yet been achieved or adjustments in the treatment plan to address lack of progress are evident. 6. Care is rendered in a clinically appropriate manner and focused on child/adolescent's behavioral and functional outcomes as described in the discharge plan. 7. When medically necessary, appropriate psychopharmacological intervention has been prescribed and/or evaluated. 8. There is documented active discharge planning. 9. Family dysfunction or support system remains a barrier to return to that environment and/or other desired placement is not available at the current time. |
| <p>Discharge Criteria</p> | <p>Any of the following criteria are sufficient for discharge from this level of care:</p> <ol style="list-style-type: none"> 1. The child/adolescent's documented treatment plan goals and objectives have been substantially met. 2. The child/adolescent no longer meets admission criteria, or meets criteria for less or more intensive level of care. 3. The child/adolescent, family, guardian and/or custodian is competent and non-participatory in treatment or in following the program rules and regulations. The non-participation is of such a degree that treatment at this level of care is rendered ineffective or unsafe, despite multiple, documented attempts to address non-participation issues 4. Consent for treatment is withdrawn, and it is determined that the child/adolescent or parent/guardian has the capacity to make an informed decision and the child/adolescent does not meet criteria for more intensive level of care. 5. Support systems that allow the individual to be maintained in a less restrictive treatment environment have been secured. 6. The child/adolescent is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care. 7. The child/adolescent is released from custody due to age, achievement of permanency, or other criteria determined by state authorities. 8. The child/adolescent is reunified with parent(s). |

PLACEMENT SERVICES

Adult Foster Care

This program provides long-term placement for adults with serious and persistent mental illness. The program is designed to provide a safe, secure and stable home environment in which the consumer can experience normalizing activities and relationships.

Criteria

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| Admission Criteria | <p>All criteria must be met for this level of care.</p> <ol style="list-style-type: none"> 1. The enrollee presents with psychiatric symptoms consistent with a DSM IV (AXIS I-V) diagnosis, which require and can reasonably be expected to respond to therapeutic intervention. 2. The enrollee must currently be receiving behavioral health services and use of this level of care in part of a comprehensive treatment plan. 3. The parent or legal guardian has requested this level of care. |
| Exclusion Criteria | <p>Any of the following criteria are sufficient for exclusion from this level of care.</p> <ol style="list-style-type: none"> 1. The enrollee exhibits danger to self/danger to others. 2. The enrollee's current treatment plan does not reflect the need for this level of care. 3. The enrollee has a medical condition that cannot be managed in a home setting without trained personnel. |
| Continuing Stay Criteria | N/A |
| Discharge Criteria | <p>Any of the following criteria are sufficient for discharge from this level of care.</p> <ol style="list-style-type: none"> 1. The hours or time limit has been expended. 2. The enrollee shows signs of de-compensation requiring a higher level of care. 3. The family requests return of the enrollee, unless the care is court ordered. |

SPECIALTY CHILDREN'S SERVICES

Specialty Program - Early Childhood Pre-School Day Treatment (Children 3-5)

This program targets children ages three to five (3-5) who are manifesting serious misbehaviors consistent with early onset of mental illness or serious emotional disturbance. Typically these children have a history of problems at home and have been asked to leave multiple day care centers due to dangerous behaviors. Services include child/family assessment, psychological testing, psychopharmacology, play therapy and therapeutic playgroup, and parent counseling/training.

| Criteria | |
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| Severity of Condition Criteria for Placement | <ol style="list-style-type: none"> 1. Child aged three to five with: 2. Manifestation of serious misbehaviors consistent with early onset of mental illness or serious emotional disturbance 3. History of problems at home and dismissal from multiple day care centers due to dangerous behavior. |
| Intensity of Service and Continued Stay Criteria | Services include child/family assessment, psychological testing, psychopharmacology, play therapy and therapeutic playgroup and parent counseling/training |
| Psychosocial Factors | These factors may change the risk assessment and should be considered when making level of care decisions. |
| Exclusion Criteria | Assessment and interventions can safely take place in a less intensive setting. |
| Discharge Criteria | <ol style="list-style-type: none"> 1. Child's behavior has improved so that they can safely be in a regular daycare center. 2. Child's behavior continues to deteriorate such that behavior cannot be contained in a day program and more intensive services are needed. 3. Age six. |

SPECIALTY CHILDREN'S SERVICES

Specialty Program – Children and Youth Wrap-around

This program targets children and youth ages 10 - 17 who are manifesting serious symptoms and are at imminent risk of out of home placement, but who have been assessed as being capable of community treatment if sufficient resources and services can be “wrapped” around the child and family. This program provides individualized, flexible services that the family needs to augment the treatment plan, such as respite, mentors, in-home services, etc.

Criteria

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| <p>Admission Criteria</p> | <ol style="list-style-type: none"> 1. Child aged ten to seventeen with: 2. Manifesting serious symptoms and are at imminent risk of out of home placement. 3. Manifestation of serious misbehaviors consistent with early onset of mental illness or serious emotional disturbance. 4. Capacity to use community treatment if sufficient resources and services can be “wrapped” around the child and family. |
| <p>Intensity of Service and Continued Stay Criteria</p> | <p>This program provides individualized, flexible services that the family needs to augment the treatment plan, such as respite, mentors, in-home services, etc</p> |
| <p>Psychosocial, Occupational, and Cultural and Linguistic Factors</p> | <p>These factors may change the risk assessment and should be considered when making level of care decisions.</p> |
| <p>Exclusion Criteria</p> | <p>Assessment and interventions can safely take place in a less intensive setting.</p> |

ValueOptions' NorthSTAR Clinical Level of Care Criteria

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| Discharge Criteria | <ol style="list-style-type: none">1. Child's behavior has improved so that they can safely be in a family setting without additional supports2. Child's behavior continues to deteriorate such that behavior cannot be contained in a family setting and more intensive services are needed.3. Age eighteen. |
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SPECIALTY CHILDREN'S SERVICES

Specialty Program - Mental Health Services, Birth to Age 6

This program targets young children ages zero to six (0-6) who are manifesting serious emotional or behavioral symptoms and are at risk of removal from day care or have a history of removal. Services include skills building; training of day care staff; home visits; parent training; crisis intervention and stabilization.

| Criteria | |
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| Admission Criteria | <ol style="list-style-type: none"> 1. Children ages zero to six (0-6) 2. Manifesting serious emotional or behavioral symptoms 3. At risk of removal from day care or have a history of removal. |
| Intensity of Service and Continued Stay Criteria | Services include skills building; training of day care staff; home visits; parent training; crisis intervention and stabilization. |
| Psychosocial, Occupational, and Cultural and Linguistic Factors | These factors may change the risk assessment and should be considered when making level of care decisions. |
| Exclusion Criteria | Assessment and interventions can safely take place in a less intensive setting. |
| Discharge Criteria | <ol style="list-style-type: none"> 1. Child's behavior has improved so that they can safely be in a family setting and/or day care without additional supports 2. Child's behavior continues to deteriorate such that behavior cannot be contained in a family setting and more intensive services are needed. 3. Age seven. |

SPECIALTY CHILDREN'S SERVICES

Specialty Program – Treatment Foster Care

This program targets children who are assessed to need out of home treatment due to symptoms of mental illness or serious emotional disturbance, and all less intensive alternatives have been tried and failed. Services include 24-hour on call support to foster family; in-home services to both the foster and biological home; frequent home visits; home and center-based therapy; psychopharmacology; foster parent recruitment and training. (ValueOptions must maintain a minimum capacity of seven (7) treatment foster care beds at all times during the contract period.)

Criteria

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| Admission Criteria | Children who are assessed to need out of home treatment due to symptoms of mental illness or serious emotional disturbance, And all less intensive alternatives have been tried and failed. |
| Intensity of Service and Continued Stay Criteria | Services include 24-hour on call support to foster family; in-home services to both the foster and biological home; frequent home visits; home and center-based therapy; psychopharmacology; foster parent recruitment and training. |
| Psychosocial, Occupational, and Cultural and Linguistic Factors | These factors may change the risk assessment and should be considered when making level of care decisions. |
| Exclusion Criteria | Assessment and interventions can safely take place in a less intensive setting. |
| Discharge Criteria | <ol style="list-style-type: none"> 1. Child's behavior has improved so that they can safely be in a less intensive family setting and/or school setting. 2. Child's behavior continues to deteriorate such that behavior cannot be contained in a treatment foster setting and more intensive services are needed. |

OUTPATIENT SERVICES

Outpatient Treatment Modalities – Individual / Family / Group / Multiple Family Group

Outpatient Treatment

Outpatient treatment under a cognitive behavioral treatment approach usually is an individualized mode of treatment which may occur in a clinic setting or in the offices of a private practitioner and involves the interaction between a therapist and consumer in order to resolve a **concrete problem in daily functioning (problem focused) or symptoms resulting from maladaptive thoughts, feelings, interpersonal disturbances, and/or experiences consistent with DSM-IV-TR diagnosis**. The approach is often educational in nature and directed toward identifying and utilizing available resources. It is also intended to restore and enhance an individual's capacity to find solutions. In addition to the consumer, family members or other caregivers may participate in this level of care. The problems identified may be recurrent in nature (e.g., those identified by individuals with a persistent recurring mental illness or substance abuse diagnosis) or may be newly-identified in an individual who has previously experienced a higher level of function and whose symptoms or difficulties are the result of a specific problem which is the focus of this treatment episode. **Typically, problem-focused and symptom-focused treatment entails distinct, brief episodes of problem solving, with discharge when the consumer is stable**, In the clinic setting, many other services may be utilized in coordination with the individual therapy to complement the effect of the individual therapy. When the individual is discharged there is the assurance that s/he can return to treatment should additional problems arise.

Criteria

Severity of Condition Criteria for Participation

For each episode of treatment, clinical necessity exists when all of the following conditions are met:

1. The member is an adult 18 and over with a clearly identified problem or symptom resulting from a DSM-IV-TR, Axis I diagnosis of Major Depression and a current GAF below 50; and the member has been assessed in need of therapy services as indicated on the TIMA protocol for adults with Major Depression Disorder (Services may be provided to persons who do not meet the target population but who are determined by ValueOptions to be at great risk if they are not retained in services. ValueOptions will complete a UM override to allow these persons to continue to be treated);

ValueOptions' NorthSTAR Clinical Level of Care Criteria

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| | <p>or</p> <ol style="list-style-type: none"> 2. The member is an child 17 and under with a clearly identified problem or symptom resulting from a DSM-IV-TR, Axis I - II diagnosis. 3. The individual is able to actively participate in the treatment with guidance and support. |
| Intensity of Service and Continued Stay Criteria | <p>All of the following criteria are necessary for continued stay in this level of care:</p> <p>Face-to-face encounter(s);</p> <p>Concrete problem and/or symptom identification and action plan;</p> <p>Assessment for further case identification;</p> <p>Rule out need for more intense levels of service, including substance abuse treatment; Consider language about dual diagnosis more thoroughly through out the document</p> <p>Precise documentation of all sessions, assessments, treatment plans, and interventions.</p> |
| Psychosocial Factors | <p>These factors, may change the risk assessment and should be considered when making level of care placement decisions. They (the factors) should also be considered under the clinical presentation of the consumer and should be addressed in the diagnostic formulation.</p> |
| Exclusion Criteria | <p>Any of the following criteria are sufficient for exclusion from this level of care:</p> <p>Unable to participate in or benefit from outpatient psychotherapy because of overriding symptoms of major psychiatric illness as discussed in the introduction to this level of service;</p> <p>Chooses not to participate in this therapeutic process and is not court ordered to do so.</p> |
| Discharge Criteria | <p>Any of the following criteria are sufficient for discharge from this level of care:</p> <p>Goals of therapy have been achieved;</p> <p>Documented non-participation after multiple attempts at engagement and/or modification of the treatment plan, all carefully documented, with treatment plan; or</p> <p>Movement to more intensive level of care and the same services are available at the more intense level or are unnecessary.</p> |

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| | The consumer is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care. |
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Diagnostic Interview/Clinical Assessment

Diagnostic evaluations are used to collect sufficient clinical data to determine the presence of a DSM-IV-TR diagnosis and/or need for services required for the optimum functioning of the individual. At a minimum, this evaluation should consist of obtaining information from the individual, his/her family and/or support system, and other medical, psychiatric or social history as available. This information should:

1. Establish the level of function;
2. Establish the diagnosis of a psychiatric disorder, if present;
3. Identify psychosocial and medical needs;
4. Define strength/availability of support system; and
5. Provide enough data for development of treatment alternatives and recommendations.

For current recipients of services, a diagnostic evaluation is indicated when the individual's level of function undergoes an acute change. For those who have never had a diagnostic evaluation, indications that one may be needed include active psychiatric symptoms (e.g., hallucinations, social withdrawal, abnormally high or low levels of activity or energy); self destructive behavior; or acute changes in behavior not explained by other circumstances but which suggest an underlying psychiatric or social cause. Repeat hospitalizations, work/school failure or poor performance, social withdrawal, suicide attempts, and/or difficulty in maintaining relationships may be a result of a psychiatric disorder or may reflect turmoil in the family or support setting. If an evaluation has been completed in the past 30 days, either in an inpatient or outpatient setting, there is no need for a repeat evaluation unless symptoms or level of function have changed.

The evaluation should contain:

A review of presenting problem(s) or symptoms;
Description of level of risk (suicidal/assaultive/homicidal), including specific examples of threats, plans, actions;
Thorough mental status exam;
Level of function, GAF score, or other standard score or description;
Psychiatric, social, and medical history;
List of current treatment modalities, including medication;
Description of family/developmental history;
Diagnosis (DSM-IV-TR, Axes I-V); and
Recommended treatment plan, including specific goals, discharge plan, and projected length of time

or number of visits required, taking both clinical and psychosocial issues into account.

With consent from the individual and the parent/guardian (if appropriate and required), the completed evaluation should then be communicated to the referral source and other members of the care team.

Family Therapy

Family therapy is conducted with the consumer and key family members as necessary in order to reduce symptomatology and integrate the individual's treatment goals into the family unit. It may also be used to help families cope with the stressors of having a family member with severe mental illness. Key components of the treatment process include assisting family members with the identification of problems in the relationships within the family as well as identifying and maximizing their strengths and developing problem-solving techniques.

Criteria

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| <p>Severity of Condition Criteria for Participation</p> | <p>Clinical necessity exists when any the following conditions are met:</p> <ol style="list-style-type: none"> 1. Individual's symptoms result from family stressors or dynamics and therefore are expected to be reduced as a result of family therapy; 2. This level of care is necessary in order to integrate the individual's treatment goals into the family unit; 3. Adult consumer has given consent for family or their support system to participate in their treatment 4. Family/interpersonal relationships are identified as problematic; 5. Family dynamics are seen as a significant precipitant of symptoms and/or stabilization of family dynamics is instrumental to the consumer's return to the community; or 6. The family is helped to prepare for the return of a family member after an acute level of care and is seen as a significant support for the individual. |
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| <p>Intensity of Service and Continued Stay Criteria</p> | <p>All of the following are necessary to continue to meet clinical necessity:</p> <ol style="list-style-type: none"> 1. Individual and the family are appropriately participating; and 2. A jointly developed treatment plan, including the identified consumer and family members, is documented to address: <ol style="list-style-type: none"> a) Family strengths; b) Family issues to be resolved; c) Specific intervention to be used; and d) Length of treatment. |
| <p>Psychosocial Factors</p> | <p>These factors, may change the risk assessment and should be considered when making level of care placement decisions.</p> |
| <p>Exclusion Criteria</p> | <p>The following criterion is sufficient for exclusion from this level of care:</p> <p>Consumer (and/or family in the case of a minor) chooses not to participate in this intervention must distinguish child vs. adult because if consumer is an adult; family can't make decision for the consumer to be in treatment. probably need to distinguish this through out the criteria.</p> |
| <p>Discharge Criteria</p> | <p>Any of the following criteria are sufficient for discharge from this level of care:</p> <ol style="list-style-type: none"> 1. All identified treatment goals have been met; or 2. The individual or family member chooses not to participate with the identified treatment plan that was jointly developed. |

Group Psychotherapy

Group psychotherapy is a modality of treatment whereby participants utilize interactions with others, develop improved social skills and their needs are met through acceptance, mutual support, help in overcoming maladaptive behavioral patterns, and facilitation of undistorted self-disclosure facilitated in the group process. Group therapy emphasizes understanding and change of current behavioral patterns through opportunities for feedback and experience that is not available through individual modalities of treatment. Group therapy typically consists of weekly meetings of between four and twelve participants. Sessions are usually one to two hours in length. Groups meeting more frequently than weekly and/or for more than two hours per session may be more appropriate for review under the criteria for Intensive Outpatient Programs.

Group therapy programs and models may employ a variety of approaches, such as the following:

- Problem-*focused* group therapy, addressing such issues as grief and loss, work adjustment issues, and skills development for people with severe mental illnesses.
- Symptom-*focused* group therapy, whereby group sessions address an individual's specific

symptoms. Examples of this modality include anxiety/panic disorder education and support group; cognitive-behavioral treatment for depression; and education concerning specific mental illnesses and substance abuse disorders.

- Group therapy for *therapeutic stabilization* can be especially useful for individuals with stable, long-term conditions, including those who need periodic professional monitoring or those who would benefit from a stable connection with a clinician but who may not attain therapeutic benefit and progress from traditional psychotherapy. The therapeutic stabilization group visits may combine medication management with some “check-in” group discussion so that the therapist can ensure that the individual is maintaining activities of daily living and adequate social activities. These groups may be shorter than the standard group length of one and half-hours, depending on the functioning level of the group members and/or the size of the group.
- Long-term, *specialized or focused groups* providing group therapy may be an effective mode of treatment for individuals with personality disorders and significant dysfunction (e.g., group treatment for people with bulimia; dialectical behavior therapy for individuals with personality disorders). Individuals requiring *complex treatment* may benefit most from group treatments that employ a defined structure to the entire program and course of treatment, as well as to the group therapy sessions; offer clearly defined goals, and assign “homework” or other structured activities to work on between sessions.

| Criteria | |
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| Severity of Condition Criteria for Participation | <p>Individuals are eligible for this level of care under the following conditions:</p> <ol style="list-style-type: none"> 1. The member is an adult 18 and over with a clearly identified problem or symptom resulting from a DSM-IV-TR, Axis I diagnosis of Major Depression and a current GAF below 50; and the member has been assessed in need of therapy services as indicated on the TIMA protocol for adults with Major Depression Disorder (Services may be provided to persons who do not meet the target population but who are determined by ValueOptions to be at great risk if they are not retained in services. ValueOptions will complete a UM override to allow these persons to continue to be treated); or 2. The member is an child 17 and under with a clearly identified problem or symptom resulting from a DSM-IV-TR, Axis I - II diagnosis. and 3. Group therapy is preceded by an initial face-to-face assessment to determine the appropriateness of the group for the individual, as well as to educate him/her on group structure, group process, and expectations. 4. Some individuals may require preparation for group therapy beyond the initial assessment. That preparation may involve a course of 3-5 individual sessions to clarify the purpose of group therapy and to address issues the individual raises about referral to the group. Individuals not |

ValueOptions' NorthSTAR Clinical Level of Care Criteria

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| | <p>receptive to group therapy after this preparation may be directed to individual therapy.</p> <ol style="list-style-type: none"> 5. Individual is motivated for change or is likely to become engaged in this treatment; 6. Individual's cognitive abilities are intact, s/he can assume responsibility for behavioral change, and is capable of developing coping skills for long-term problem solving; |
| <p>Intensity of Service and Continued Stay Criteria</p> | <p>All of the following criteria are necessary for continued care:</p> <ol style="list-style-type: none"> 1. Group is led by a trained therapist, using specific techniques and theoretical constructs; 2. All sessions, treatment plans, and interventions are documented; 3. Open groups should be structured to accommodate new group members at every session or at regular intervals; closed group models may be preferable for individuals where the group process and interpersonal roles and relationships are the problem focus (e.g., groups dealing with relationship issues). 4. Multiple treatment modalities for the same problem or diagnosis (e.g., individual psychotherapy and group psychotherapy) must be considered in the context of a comprehensive treatment plan. For example: <ul style="list-style-type: none"> • Are both individual and group therapies treating the same issue from the same perspective? • Is the combined treatment complementary and would it hasten progress and/or enhance potential improvement? • Are the group and individual treatment provided by the same clinician or different clinicians? • What type of group is being offered? |
| <p>Psychosocial Factors</p> | <p>These factors, may change the risk assessment and should be considered when making level of care placement decisions.</p> |
| <p>Exclusion Criteria</p> | <p>Any of the following criteria are sufficient for exclusion from this level of care:</p> <ol style="list-style-type: none"> 1. Unable to participate in group sessions due to overriding symptoms of major psychiatric illness; 2. Chooses not to participate in the therapeutic process and is 3. Judged to be unlikely to become engaged after clinical evaluation and observation. |

ValueOptions' NorthSTAR Clinical Level of Care Criteria

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| Discharge Criteria | Any of the following criteria are sufficient for discharge from this level of care: <ol style="list-style-type: none">1. Goals of therapy have been achieved;2. Documented non-participation in treatment plan and is not court ordered to participate in this treatment; or3. Movement to more intensive level of care. |
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OUTPATIENT SERVICES

Medication Management

A) Medication management by a physician applies to situations in which the sole service rendered by a qualified physician is the evaluation of an individual's need for psychotropic drugs, the provision of a prescription, education of the consumer and parent/guardian and ongoing medical monitoring. The physician monitors the drug dosage, side effects and effects of the medication, compliance, weight, nutritional status (especially with children), vital signs, the collection of blood and urine samples and monitoring of the health status. For certain individuals, medication management will continue beyond the psychotherapy component of treatment. For others, medication management will occur in the context of long-term supportive psychotherapy. Interactive psychotherapy is not rendered by the physician during medication management but may be provided by another clinician. Medication management is classified into one of two categories:

Providing medical supervision and prescribing or evaluating the need for psychotropic drugs to an individual who is in treatment with a non-medical psychotherapist; or

Providing medical services, including prescription of psychotropic drugs, to an individual not currently in need of psychotherapy.

B) Medication Management by a licensed nurse. This service is provided by a nurse who works under the supervision of a physician in monitoring the drug dosage, side effects and effects of the medication, compliance, weight, nutritional status (especially with children), vital signs, the collection of blood and urine samples and monitoring of the health status. This statement needs to be in all categories A-D These visits may be weekly or more or less frequent as needed for these functions and will be coordinated with the regular Physician Medication Management visits and with the Primary Care Physician. An advanced clinical nurse practitioner (CRNP) additionally may diagnose, prescribe and formulate a treatment plan.

C) Medication Management by a Physician Assistant. This service is provided by a Physician Assistant (PA), working under the supervision of a physician, who can monitor the side effects, drug dosage and effectiveness of medications and actively prescribe.

D) Medication management *groups* can provide additional support and improve participation and therapeutic benefit for selected individuals. They should be distinguished from a medication clinic, where individuals are scheduled at the same time but the psychiatrist/nurse meets with them individually for very brief sessions (often used for injections). The medication management group (in addition to administering prescriptions or injections) must involve: group discussion and education on illness (e.g., what leads to relapse, how to reduce stressors that lead to relapse, problems that may arise when alcohol use is combined with behavioral illness and behavioral medications), and mutual support (e.g., for individuals with severe mental illnesses, the types of resources are available to them for the development of skills around living independently, and maintaining social support network).

| Criteria | |
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| Severity of Condition Criteria for Participation | <p>Clinical necessity exists under the following conditions:</p> <p>A problem has been identified which is expected to respond to medication; and</p> <p>Consumer is an adult with Schizophrenia or other related disorders, bipolar disorder, or major depression with psychotic features or a youth with an AXIS I-II DSM IV diagnosis (Services may be provided to persons who do not meet the target population but who are determined by ValueOptions to be at great risk if they are not retained in services. ValueOptions will complete a UM override to allow these persons to continue to be treated);</p> <p>The consumer needs to be evaluated for medication use, obtain a prescription, or (for those currently taking psychotropic medication/s) be medically monitored.</p> |
| Intensity of Service and Continued Stay Criteria | <p>All of the following are necessary to continue to meet clinical necessity:</p> <ol style="list-style-type: none"> 1. The medication or other medical service is prescribed by a qualified physician, <i>preferably</i> a psychiatrist (non-psychiatrist where psychiatrist is not available, such as in rural areas); 2. The physician meets face-to-face with the consumer, on a scheduled basis: <ol style="list-style-type: none"> a) For individual with acute needs who is not yet stabilized or is experiencing adverse side effects, meetings occur as clinically necessary for monitoring and dosage adjustment; b) Physician meets once a month or, at a minimum of once every three months, or as otherwise clinically indicated, with a child/adolescent who is stabilized or has long-term needs, if the pharmacological plan is appropriate and s/he is not experiencing complications from the medication(s); and 3. The physician collaborates with a psychotherapist or treatment team, if one exists, and the primary care provider when the prescription is renewed or changed. |
| Psychosocial actors | <p>These factors, may change the risk assessment and should be considered when making level of care placement decisions.</p> |

ValueOptions' NorthSTAR Clinical Level of Care Criteria

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| Exclusion Criteria | The following criterion is sufficient for exclusion from this level of care. 1. Consumer refuses to participate in medication management. |
| Discharge Criteria | Any of the following criteria are sufficient for discharge from this level of care: Medication is discontinued as a result of individual's choice to refuse medication use; Medication is not an appropriate treatment for the symptom or diagnosis; or Individual fails to participate in the medication regimen and repeated attempts at engagement, fail. The provider contacts the case manager (or family support with consent) assigned to help work out a solution. The provider's efforts are documented. Attempts to contact the consumer do not result in patient participation or consent. |

OUTPATIENT SERVICES

Walk-in Crisis Assessment

Walk-in Crisis/Assessment Services are intended to provide rapidly available and effective screening and early intervention to consumers and/or their families experiencing acute psychiatric symptoms and distress. The primary goal of such programs is to immediately assess the consumer and provide interventions designed to stabilize acute symptoms of psychiatric illness and/or emotional distress. Services are accessible and available 24 hours a day, 365 days a year

The walk-in crisis service is a service provided at a provider site in face-to-face contact with individuals in crisis or with individuals seeking help for persons in crisis. Service is available at a licensed facility or by a licensed independent professional. This service includes assessment, information and referral, crisis counseling, crisis resolution, accessing community resources and backup, and psychiatric or medical consultation. The service also provides intake, documentation, evaluation and follow-up. This service is provided by qualified mental health professionals.

| Criteria | |
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| Severity of Condition Criteria for Placement | This service does not require prior authorization. It is available to anyone who feels that they are in crisis as a result of their experiencing an acute problem of disturbed thought, behavior, mood or social relationship. |
| Intensity of Service and Continued Stay Criteria | These factors may change the risk assessment and should be considered when making level of care placement decisions. |
| Psychosocial Factors | Not applicable |
| Exclusion Criteria | Anyone is eligible for this service. |
| Discharge Criteria | Not applicable |

OUTPATIENT SERVICES

Home-based and School-based Behavioral Health Treatment

In-home or in-school psychiatric intervention and treatment to assess and stabilize a patient's symptomatology, and to maintain and /or improve a patient's level of functioning to prevent inpatient hospitalization and/or long term care placement. Services could include crisis intervention, individual, group or family therapy, and medication as clinically appropriate.

| Criteria | |
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| Severity of Condition Criteria for Placement | The individual must have a diagnosis of a mental illness or be at risk from Co-occurring physical and mental illnesses or be prescribed psychotropic medications, or have potential for admission to a psychiatric inpatient setting due to risk management factors |
| Intensity of Service and Continued Stay Criteria | The facility or support system must allow for the participation of the nurse in the treatment planning process, and at least one of the following: <ul style="list-style-type: none"> A. The consumer or caretaker/guardian demonstrates a continued limited ability to ensure the safety of the consumer with respect to medication management and health issues (medical/mental health); or B. Nursing care is required to preserve community tenure. C. Criteria has to talk about why we are doing it in the home |
| Psychosocial Factors | These factors may change the risk assessment and should be considered when making level of care placement decisions. |
| Exclusion Criteria | <ol style="list-style-type: none"> 1. Individual does not have a diagnosed mental illness; or 2. Individual chooses not to participate; |
| Discharge Criteria | <ol style="list-style-type: none"> 1. Individual moves to a different level of care which does not need this service or the program has a similar function; or 2. Individual requests that these services be discontinued; or 3. Individual moves out of the service area. |

OUTPATIENT SERVICES

Psychological and Neuropsychological Testing

Psychological testing is used to gain systematic and complete samples of various aspects of an individual's functioning, including perceptual, motor, and verbal functioning. Testing results are expected to provide a formulated construct or set of hypotheses that assist in formulating a diagnosis and developing a treatment solution.

Psychologists are trained to utilize what is known as a "standard battery" of tests. The concept of test battery involves administration of multiple tests; often yielding similar information from an individual that is used to develop a profile of his/her psychological functioning. Specifically, a variety of tests are chosen to measure cognitive, personality, motor, perceptual, and neuropsychological functioning (i.e., the interrelationships among brain functions). Over-utilization of these services can occur when an individual is administered a "standard battery" without consideration of other factors.

It is important to understand the questions one is attempting to answer, how recently other testing was administered, and whether there are any confounding variables due to substance abuse (e.g., organic factors or cognitive problems) or psychosocial conditions (e.g., lack of social support network, homelessness). A test should be targeted to resolve a specific clinical question which is clearly stated and answerable by psychological testing, and which will affect treatment planning.

The initial request for psychological testing be pre-certified by a Care Manager. Generally, Care Managers will certify up to four hours of testing with the initial request for certification. Additional testing time of more than four hours may be certified on request in order to address remaining or more complex questions. A Peer Advisor must review any request for more than four hours of testing.

The same criteria as above apply to Neuropsychological Testing and, in addition, the Neuropsychological Testing should only be requested after an evaluation by a Licensed Psychologist or Psychiatrist.

| Criteria | |
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| Severity of Condition Criteria for Participation | <p>Clinical necessity for psychological testing exists when conditions "1" and "2" or "3" and "4" through "6" are met:</p> <ol style="list-style-type: none"> 1. Consumer is an adult with Schizophrenia or other related disorders, bipolar disorder, or major depression with psychotic features or a youth with a AXIS I-II DMS IV diagnosis (Services may be provided to persons who do not meet the target population but who are determined by ValueOptions to be at great risk if they are not retained in services. ValueOptions will complete a UM override to allow these persons to continue to be treated); 2. There is significant uncertainty concerning the appropriate course of |

ValueOptions' NorthSTAR Clinical Level of Care Criteria

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| | <p>treatment for an individual who, for no clear reason, has not responded to standard treatment. In these cases, psychological testing results may be used to modify the treatment plan. Psychological testing should not be routinely administered as an approach to evaluation or administered based on a facility's requirement but, rather, be conducted based on the individual's clinical circumstances; or</p> <ol style="list-style-type: none"> 3. Testing is needed for a differential diagnosis when traditional assessment procedures (e.g., clinical interview, brief rating scales) fail to clarify diagnosis; and 4. There are clinical indications for testing and testing to resolve the same questions has not been administered within the last year and/or there is strong evidence that new events have significantly affected the individual's functioning; 5. Testing is not primarily for educational purposes; 6. All procedures conducted as part of the psychological testing, including but not limited to the administration, scoring, interpretation, and written report of findings, must be conducted by or under the supervision of a licensed clinical psychologist; and 7. When administration of psychological or neuropsychological testing is delegated to a psychological assistant/psychometrician, the report must be reviewed and signed by the supervising psychologist or neuropsychologist who is responsible for its contents. |
| <p>Intensity of Service and Continued Stay Criteria</p> | <p>Not applicable to this level of care.</p> |
| <p>Psychosocial Factors</p> | <p>These factors may change the risk assessment and should be considered when making level of care placement decisions.</p> |
| <p>Exclusion Criteria</p> | <p>Any of the following criteria are sufficient for exclusion from this level of care:</p> <ol style="list-style-type: none"> 1. If the reason for the testing is to determine a diagnosis and the available clinical information is sufficient to establish the diagnosis, then further data to be obtained by psychological testing may not be needed; 2. Functional level or impairment is related to evident stressors and there are no indications of mental illness or substance abuse (i.e., sadness over death in family or other losses); 3. Other sources of the same information (recently conducted testing or clinical evaluation) are available; |

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| | <p>4. The testing would not add to the clinical information needed to establish a treatment or service plan;</p> <p>5. Testing appears to be solely or primarily for educational purposes.</p> |
| Discharge Criteria | Not applicable to this level of care. |

OUTPATIENT SERVICES

Narcosynthesis (Narcotherapy)

Narcotherapy or Narcosynthesis consists of a one or a series of drug-assisted sessions for an assessment or for psychotherapy. Commonly, an intravenous injection of sodium amobarbital (Amytal) led to the popular name of “Amytal Interview” for this technique. In practice, either sedatives or stimulants have been used. The basis for the use of this technique is that it is thought that the use of these medications allow the experience of catharsis with the release of repressed memory or thought brought to conscious awareness. Although rarely used in modern psychiatry, there has been some renewed interest in the technique. (ref: Kaplan and Sadock’s Synopsis of Psychiatry, Edition Seven)

| Criteria | |
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| Severity of Condition Criteria for Admission | <p>The most common application of this technique is in the uninformative or mute patient, catatonia, and supposed conversion disorder. In some patients who have experienced severe trauma such as rape, the use of Narcotherapy will help in the obtaining of information. There is no conclusive proof that this technique is superior to the use of empathetic interviewing, hypnosis or daytime sedation. Catatonic Schizophrenia is an indication for use of the technique since there may be activation during the sedation phase of the process. Another indication for drug-assisted interviewing is the differential diagnosis of confusion.</p> <p>The technique used is determined by policy and procedure.</p> |
| Intensity of Service and Continued Stay Criteria | Not Applicable |
| Psychosocial Factors | Not Applicable |

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| Exclusion Criteria | Barbiturates should not be given to patients with liver, renal, or cardiopulmonary disease. Patients may have allergic or respiratory suppression during barbiturate interviews and clinicians must be prepared for these complications. Extremely paranoid patients may perceive the use of this technique as threatening and act defensively, often with injury to staff. |
| Discharge Criteria | Not Applicable |

VALUE-ADDED SERVICES

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| Consumer Run Drop-in Centers | |
| No criteria needed | |
| Guidelines for Use | TIMA and TRAG Recovery Model should be utilized for Programming |

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| Minority and Specialty Populations Outreach and Advocacy | |
| No criteria needed | |
| Guidelines for Use | |

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| Family Support Groups | |
| Texas Implementation of Medication Algorithms Family Support Modules | |
| Guidelines for Use | TIMA Guidelines |

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| Peer Education Support and Counseling | |
| Texas Implementation of Medication Algorithms Peer to Peer Support Modules | |
| Guidelines for Use | TIMA Guidelines |

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| School-based Prevention | |
| No criteria needed | |
| Guidelines for Use | |

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| Dual Diagnosis Support Groups | |
| TRAG Co-Occurring Disorders Modules | |
| Guidelines for Use | TRAG Guidelines |

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| Telephone Recordings of Publications and Event Notification | |
| <p>As part of our plan to provide readily accessible information to consumers and their families, <i>ValueOptions</i> will implement a consumer information system called “Ears for Peers.” This program involves a menu choice on the main Access Line for “Ears for Peers”. When this choice is activated, the caller will be given a menu of choices for recorded information modules that will include the following:</p> <ul style="list-style-type: none"> • Audio readings of selected portions of the Member Handbook • Readings of selected ValueOptions “tip sheets”, which provide important information about a range of mental health and substance abuse issues. At least 3 such selections will be available and they will be changed each quarter on a rotating basis. There will be a minimum of one selection aimed at each of following target groups: | |

ValueOptions' NorthSTAR Clinical Level of Care Criteria

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| <ul style="list-style-type: none">• SMI adults• Parents of SED children• Families of adult consumers• An audio list, revised monthly, of upcoming events relevant to consumers and families (e.g. health fairs, educational seminars, community forums) <p>ValueOptions will recruit consumers to be involved in reviewing scripts and in making the actual recordings. Information about “Ears for Peers” and how to access the service will be included as part of program education efforts at consumer and provider forums, and community agency briefings.</p> | |
| No criteria needed | |
| Guidelines for Use | This service is available for all persons living in the NorthSTAR geographic area. |

Transportation (Non-Medicaid)

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| DETERMINED IN CONJUNCTION WITH PROVIDER/CONSUMER GROUPS | |
| No criteria needed | |
| Guidelines for Use | |