

**Sub-Acute Mental Health Services**

**Service/Program Definition**

Sub-Acute facilities are psychiatric residential treatment facilities (PRTF) that provide psychiatric and other therapeutic and clinically informed services to individuals under age 21, whose immediate treatment needs require a structured 24 hour residential setting that provides all required services (including schooling) on site. Services provided include, but are not limited to, multi-disciplinary evaluation, medication management, individual, family and group therapy, parent guidance, substance abuse education/counseling (when indicated) and other support services including on site education, designed to assist the young person to achieve success in a less restrictive setting. This level of care primarily serves as a step down from acute psychiatric inpatient care. On occasion, it may be appropriate for children to be admitted directly from the community.

**Criteria**

<p><b>Admission Criteria</b></p>	<ol style="list-style-type: none"> <li>1. Symptoms and functional impairments include <u>all</u> of the following:             <ul style="list-style-type: none"> <li>➤ Diagnosable DSM Axis I or Axis II disorder,</li> <li>➤ Symptoms and impairment must be the result of a psychiatric or substance abuse disorder, excluding V-codes,</li> <li>➤ Functional impairment not solely a result of Pervasive Developmental Disorder or Mental Retardation, and</li> <li>➤ GAF &lt;40</li> </ul> </li> <li>2. Patient has recently met acute inpatient psychiatric criteria but does not meet continued care criteria. However, the child continues to demonstrate vulnerability to acute exacerbations as evidenced by intermittent acuity in hospital or history of rapid decompensation with transitions. Discharge to a lower level of care would likely lead to the need for hospitalization.</li> <li>3. The child meets criteria for discharge from a hospital setting but key components of a residential or community based treatment plan are unavailable, or all less restrictive treatment options have been examined and determined to be ineffective and the individual requires 24 hour supervised care within a psychiatrically staffed residential environment as evidenced by:             <ul style="list-style-type: none"> <li>➤ Patient’s behavior is sufficiently unstable to require immediate professional intervention to protect patient from harming self and others; or</li> <li>➤ Patient is likely to require intermittent 1:1 supervision, constant observation, or frequent checks for safety; or</li> <li>➤ Efforts to manage medical risk symptom or behavior in a lower level of care have been examined and determined to be ineffective or result in an acute escalation of behavior with risk of harm to self or others; or</li> <li>➤ Patient requires close medical monitoring or skilled care to evaluate and adjust dosage of psychotropic medications and such medical management and dosage adjustment could not safely be conducted in a residential treatment center, or ambulatory setting; or</li> <li>➤ Patient requires a medication taper and re-evaluation in a closely monitored setting. Previous attempts to taper medication have resulted in behavioral escalations that meet admission criteria for inpatient hospitalization.</li> </ul> </li> </ol>
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<b>Psychosocial, Occupational, Cultural and Linguistic Factors</b>	These factors may change the risk assessment and should be considered when making level of care decisions.
<b>Exclusion Criteria</b>	<p><i>Any of the following criteria is sufficient for exclusion from this level of care:</i></p> <ol style="list-style-type: none"> <li>1. The individual manifests behavioral and/or psychiatric symptoms that require a more intensive level of care.</li> <li>2. The individual can be safely maintained and effectively treated with less intensive services.</li> <li>3. The symptoms of the individual are the result of a non-covered condition.</li> <li>4. The individual and/or parent/guardian/custodian do not voluntarily consent to treatment and there is no court order requiring such treatment.</li> </ol>
<b>Continued Stay Criteria</b>	<p><i>All of the following criteria are necessary for continuing treatment at this level of care:</i></p> <ol style="list-style-type: none"> <li>1. The severity of the behavioral and emotional symptoms continues to require this level of intervention.</li> <li>2. The mode, intensity, and frequency of the interventions are consistent with the intended treatment plan outcomes.</li> <li>3. When clinically necessary, appropriate psychopharmacological evaluation has been completed and ongoing treatment is initiated and monitored.</li> <li>4. Individualized services and treatments are tailored to achieve optimal results in a time efficient manner and are consistent with sound clinical practice.</li> <li>5. The individual and the parent/custodian/guardian (when appropriate) participate in treatment to the extent all parties are able.</li> <li>6. There is documented evidence of active, individualized discharge planning.</li> <li>7. There is a documented active attempt at coordination of care with relevant providers when appropriate.</li> <li>8. All services and treatment are carefully structured to achieve optimum results in the most time efficient manner possible consistent with sound clinical practice.</li> <li>9. 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.</li> <li>10. Care is rendered in a clinically appropriate manner and focused on individual's behavioral and functional outcomes as described in the discharge plan.</li> </ol>
<b>Discharge Criteria</b>	<p><i>Any of the following criteria is sufficient for discharge from this level of care:</i></p> <ol style="list-style-type: none"> <li>1. The individual's treatment plan goals and objectives for this level of care have been met <b>and</b> a discharge plan with follow-up appointments is in place.</li> <li>2. The individual and/or the parent/guardian/custodian withdraw consent for treatment and there is no court order requiring such treatment.</li> <li>3. The individual's physical condition necessitates transfer to a more intensive level of care.</li> </ol>

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|  | 4. The individual is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care. |
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