

PREFERRED PROVIDERS POLICY AND PROCEDURES

CAMERON AND ASSOCIATES, INC.
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PROVIDER PROCEDURES

Outpatient Utilization Review In-network



Employee/Dependent calls
1(800) 334-6014

Administrative Staff verifies eligibility.

Assessment Counselor gathers initial information
and refers to appropriate level of care.

Employee/Dependent calls CAI to precertify initial
outpatient sessions and outpatient case manager issues
initial authorization.

Network provider calls CAI Case Manager to discuss
treatment plan and additional sessions if needed.

CAI Case Managers authorizes certification.

Provider communicates requests
for additional sessions as needed.

PROVIDER PROCEDURES

Scheduling Appointments/Conducting Follow-Ups

Before The Appointment

1. The Initial Contact
 - An employee makes a toll-free call to CAI or he is given provider information.
 - The employee will call you directly for an appointment.
 - CAI provides our company clients with your name, address and phone number. CAI will answer inquiries about your background, experience, and professional credentials using information from your resume. If more specific information is requested, we will refer the employee to you.

2. Making the appointment:
 - When the employee calls, your scheduler should obtain:
 1. Patient's name
 2. Employee's name and Social Security Number
 3. Company and Health Plan
 4. Home and work Telephone Numbers
 5. Verification of benefits should be made prior to the first appointment.

During The Appointment

3. Ending the First Session
 - Make every effort to clarify the client's intent to return.
 - If you need consultation or making a referral, you must call CAI. We will review the case for authorization.

4. Scheduling a Second Appointment
 - The client should leave the first session with another appointment or a clear understanding of whether a return appointment is necessary.
 - Completed assessment form will be required prior to certification of subsequent visits.

5. Contact Referral Source
 - Upon obtaining a signed consent for release of information form, you should contact the treatment provider to alert them of the referral and to confirm that they can actually see the parties. An authorization will be sent to the provider and the patient.
 - **All services must be pre-certified. If authorization is not obtained prior to treatment, it could result in a denial or reduction in benefits paid.**

PROVIDER PROCEDURES

Accessing Services For CAI

CAI's toll-free 24-hour PROVIDER ACCESS LINE gives providers instant access to member eligibility, plan benefit information and case management. CAI uses a local area network psychiatric case management system. This is a completely integrated system capable of:

- ◆ Verifying member eligibility,
- ◆ Accessing benefit plan design,
- ◆ Call tracking,
- ◆ Recording patient history,
- ◆ Clinical data management for pre-admission and concurrent case management reviews,
- ◆ Provider selection and referral information,
- ◆ Reporting, and
- ◆ Generation of letter authorization.

Providers need only call the toll-free PROVIDER ACCESS LINE to access this valuable information. If the provider has a specific eligibility, claim or benefit question, they are connected with CAI's Provider Services staff. The personnel in Provider Services have client specific benefit design and eligibility information. In addition, CAI's system will allow us to prompt the Provider Services personnel with information concerning benefits available to enrollees through other insurance carriers and coordinate this benefit information into one resource for provider information.

REIMBURSEMENT, CO-PAYS, DEDUCTIBLES AND PROCESSING OF CLAIMS

CAI will reimburse network providers for services outlined in contract, and with proper authorization. Providers may collect applicable co-pay, deductible, and coinsurance from the covered member at the time of service. Co-payments, deductibles and coordination of benefits vary from contract to contract. CAI agrees to process Provider Claims for covered services within thirty (30) days from the date of receipt, when received with required documentation. Providers will complete appropriate claim forms (HCFA) and insure appropriate information and all forms are completed.



PROVIDER PROCEDURES

Confidentiality



CAI maintains the highest level of confidentiality for its covered members. Providers should maintain on file current signed release of information forms between CAI to release information to and from provider. When communicating information outside of CAI, Providers should complete appropriate confidentiality forms. (*Use attached form for release of Information*).

CAI staff are governed by federal and state laws to protect the confidentiality of all written and verbal communications concerning a covered participant's involvement in the Employee Assistance Program/Mental Health Services.

CAI forbids the disclosure of clinical information to *anyone outside of the company* (including employer, insurance company, and/or third party payor) without the written permission from the covered Participant. Note: Employers may receive monthly, quarterly, and annual utilization reports which do not identify individual participants.

CAI request that Providers obtain written authorization to release information from the covered Participant at the beginning of the treatment process.

PROVIDER PROCEDURES

Network Selection Processes

CAI custom develops its networks in answer to the unique requirements of each of its clients. CAI believes that the network building process sets a critical tone for the nature of those relationships. Toward that end, our recruitment and credentialing of providers are directed in a very focused manner at identifying the very best providers for solicitation in the network. Our very thorough yet personalized credentialing process ensures that every provider has had the opportunity to dialogue with us during the process. The quality of the selection process, the attention to education and training, the development of a prominent local liaison and the sharing of our clinical criteria provide assurance to the provider community regarding CAI's effectiveness. Particularly when managed care is new to the community, this dialogue provides a vehicle to address provider anxieties and concerns that, if left unanswered, will create problems in the implementation stage for both the provider and CAI.

CAI's Clinical Director has identified early in the selection process, and tasked with aiding our PPO Network in targeting prospective preferred providers, assisting in the total credentialing process and providing and ongoing local liaison to the provider community.

CRITERIA FOR PROVIDERS

1. The applicant must have a minimum of 3 years experience in the service area, and must be knowledgeable of available community resources (i.e., clinical programs, financial assistance, legal assistance, etc).
2. The provider must have a valid license to practice in the state in which they are applying which has not been denied, restricted, suspended, or revoked.
3. A physician must have a valid DEA Registration Certificate that has not been denied, restricted, suspended, or revoked.
4. A physician must have hospital privileges and be in good standing within the medical community.
5. All providers must have malpractice insurance \$1 million/\$1 million (non-physicians)
6. All providers must have provisions for 24 hours, 7 days a week coverage.

PROVIDER PROCEDURES

Network Selection Processes Continued

7. A physician must be board certified or eligible, or have evidence of training and experience equivalent to eligibility status requirements in each specialty in which the physician is applying for participation.
8. A physician must not have been suspended from the Medicare program.
9. A physician must not have any adverse professional review actions as reported by the state licensing board to the National Practitioner Data Bank.
10. A provider must not have any physical or mental impairments that adversely affect the applicant's ability to render services.
11. Providers must demonstrate an acceptable professional reputation and practice patterns.
12. The provider must disclose all medical malpractice judgments and/or settlements which have occurred against the provider over the past 10 years.
13. A provider must meet access, safety, environment, and staffing standards.

LIABILITY INSURANCE

The amount of professional liability insurance carried by CAI is \$1 million per occurrence and \$3 million aggregate.

All individual providers must have malpractice insurance (\$1 million/\$1 million). The provider malpractice coverage must not have been terminated or refused in the last 5 years. Facilities and physicians are required to carry between \$1 million/\$3 million (IOPs) and \$3 million/\$3 million (hospitals) or its equivalent with stop-loss/re-insurance if self-insured.

Facilities/Programs

Facilities are selected for recruitment based upon input CAI receives from clinical and network development staff, consultants, prospective providers, current contracted providers, clinical directors and clients. All facilities must undergo an extensive screening process to include JCAHO accreditation and adequate liability insurance prior to consideration for credentialing screening and on-site inspection.

PROVIDER PROCEDURES

Communication With Providers

The understanding of CAI's provider philosophy and managed care operation is crucial to the delivery of service.

CAI has a formal QA Committee in place to process and resolve provider concerns. Also, CAI will hold annual Provider Feedback Forums statewide to allow providers an opportunity to address issues related to policies, their contract and nature of referrals.

PROVIDERS ARE REVIEWED BY CAI CASE MANAGERS

1. Providers clinical management performance are rated by our case management staff. Quality indicators are measured based on the following criteria:

- a) Development of a treatment plan to meet patient's need,
- b) Execution of an effective treatment plan,
- c) Coordination of treatment consistent with CAI philosophy, and
- d) Cooperation with clinical management.

2. Member Satisfaction Surveys.

3. Utilization Results – Providers are rated based on paid claims data. Indicators such as cost/patient, frequency/patient and cost/unit are used to develop a utilization performance rating.

Behavioral Health Professionals

CAI's years of behavioral health care experience has provided us the opportunity to analyze practice patterns of various behavioral health providers based on discipline and level of licensure (I.e., licensed psychologists, certified/licensed clinical social workers, licensed psychological associates, licensed behavioral health counselors, psychiatrists, etc.). Our research has concluded that behavioral health professionals (Masters prepared, licensed/certified providers) in fact are quite competent in the delivery of behavioral health treatment and often add to CAI's ability to provide a full range of services and specialty areas.

CAI believes that inpatient acute care should be used for brief stabilization and crisis intervention. Structured intensive outpatient programs or partial hospital programs can be utilized to treat a wide variety and intensity of psychiatric and chemical dependency problems. These levels of care are appropriate when a patient requires a structured program, yet there is sufficient support and structure in the patient's family life or community living arrangement such that the patient can return home in the evening.



PROVIDER PROCEDURES

Categories of Programs/Services



CAI's provider network offers a complete range of services including specialty inpatient programs, partial hospitalization, and intensive outpatient programs. CAI's network typically include the following programs/services:

- Acute Adult, Adolescent and Child Programs
- Detoxification Program
- 24-Hour Substance Abuse Rehabilitation Program
- Intensive Outpatient Substance Abuse Dependency Program
- Adult, Adolescent and Child Partial Hospitalization Programs
- After Care Substance Abuse Program, and
- Inpatient Psychiatric Hospitals
- Outpatient Psychotherapy



PROVIDER PROCEDURES

Pre-certification/Authorization



Pre-certification/Authorization is required for all new and continued services.

Initial Authorizations

When making request an initial authorization for admission to specific treatment services the patient's safety and the safety of those around him or her must be the first consideration. Different settings provide differing levels of structure and protection for the patient who presents a danger to himself, herself, or others, or who is gravely disabled. Safety considerations must be of the highest priority.

All evaluations involving a request for inpatient services will be reviewed by a psychiatrist before a final benefits authorization decision is rendered. Given these considerations, the least restrictive setting is preferred.

Initial Criteria:

- Safety
- Medical Diagnosis (Non-psychiatric)
- Treatment plan with unique features of the setting
- Least restrictive setting

Concurrent Review

Ongoing review of care involves reviewing the same indicators: Patient lethality, functional disability, medical need, and availability of resources. It must also include an assessment of the treatment process that was set in motion by the initial authorization. Specifically, it must address the patient's progress and the utilization of the unique features of the services. The presence and appropriateness of a disposition plan and the indicators necessary for discharge must also be determined.

In determining authorization of the need for continued care for specific treatment services the following factors need to be considered:

- Safety
- Need for ongoing medical care
- Least restrictive setting
- Treatment plan must be actively pursued
- Utilization of the unique features of that setting
- Discharge plan with specific discharge indicators

PROVIDER PROCEDURES

Pre-certification/Authorization Continued

Review

Only under unusual circumstances will CAI undertake a retrospective review of clinical services rendered without prior authorization. Failure to obtain authorization before the delivery of services may result in a denial of benefit coverage. However, at CAI's discretion, a retrospective review for coverage may take place.

When such a review is performed, the decision to authorize payment must be made based upon the information available at the time that the patient initially presented for treatment. Information that became available later, while helpful in determining the extent to which authorization should be made, may not be applied to the evaluation of the initial request for care.

Reviews may result in partial reimbursement for the billed services. If, in the judgment of the reviewer, the setting of care utilized was clinically necessary for a shorter duration than it was applied, then the authorization will cover only the specified interval. The additional time spent at that setting will go un-reimbursed.

Clearly, the burden for seeking authorization lies with the clinical service provider. Only a substantial financial risk does a provider initiate treatment without pre-certification. CAI reserves the right to refuse retrospective review of any or all unauthorized treatment.

Denial Of Authorization

If, in the opinion of the reviewer, the clinical services being proposed do not meet the guidelines for setting of care or intensity of treatment dictated by the patient's condition, then reimbursement for the proposed treatment will not be authorized. The reviewer should immediately notify the provider requesting authorization of such a denial decision. The notification should include an explanation why the reviewer does not believe that the proposed treatment is necessary or in the patient's best interest, and discuss what alternatives might be appropriate for the patient. If the provider is receptive, every effort should be made to redirect the patient to the setting and treatment intensity that matches the patient's assessed needs.

The following procedures will take place when an authorization for benefits can not be made:

Denial of Authorization:

1. Immediate notification by telephone with written follow-up
2. Explanation of decision
3. Alternative recommendations, when indicated.



PROVIDER PROCEDURES

Pre-certification/Authorization Continued



Should a provider or patient protest the authorization decision, immediate appeal is available. The reviewer will contact CAI's medical director/clinician who will review the authorization decision. The Medical Director or Clinician reviewer shall undertake an additional review which may involve discussions with the referring provider, or an on-side examination of the patient, and will then render a second opinion. The Medical Director/Clinician, too, shall immediately notify the provider of the decision with an explanation of the determination. Should the provider be receptive, the Director may offer treatment recommendation, if appropriate.

If the provider or patient is still dissatisfied with the authorization decision, the provider or patient may initiate a formal appeal of the decision under procedures specified in the patient's insurance policy or benefit plan. Under no circumstances should a decision regarding authorization of treatment supplant the provider's independent clinical judgment. The clinical decision to initiate or withhold care lies solely with the provider. Failure to pre-certify a hospitalization will result in no coverage of the first day's hospital expenses. For emergency admissions, the notification time frame will be within 24 hours of admission. Pre-certification can be accomplished by call the PROVIDER ACCESS LINE.



PROVIDER PROCEDURES

Utilization Review/Case Management



There are three questions that must be answered for each episode of care that requires a review for admission to a setting of care; a review for continuation of care; or a review for a change in setting of care or intensity of intervention, including termination of treatment or setting of care:

What unique characteristics exist for each setting of care that distinguishes one setting from another?

What are the patient variables that will match a patient to a setting of care?

Does the treatment plan accurately reflect the patient's condition and the unique characteristics of the treatment setting?

Where possible, observable behavioral data should be used to determine setting, intensity, and modality of care.

Setting Of Care

One of the difficulties in determining the proper setting of care arises from the fact that the same modality of treatment can exist within different settings. With a few exceptions, the therapeutic intervention, itself, will not be the critical element in determining the proper setting. The essential criteria will reflect the unique characteristics of that treatment setting. These unique characteristics are matched to the needs of the patient based on the clinical data. It is not solely dependent on diagnosis or treatment modality, but rather, it relies on signs, symptoms and observable functional behavior.

An example of confounding treatment modality with treatment setting takes place when an addicted patient is evaluated for a "30-day program." The need for an inpatient or residential setting is not inherent in a 30-day program. All of the treatment services provided in an overnight residential or inpatient treatment program can be provided in an intensive outpatient or partial care program. The unique characteristics of an overnight program include 24-hour monitoring, immediate therapeutic intervention or professional availability, and unique treatment options such as intravenous lines or acute medical care. Choice of setting should be based upon patient needs or symptom profile instead of treatment modality demands, traditional program availability, or therapist convenience. Care should be defined by need, not by what has been traditionally available.

Rather, than have the setting of care be dependent on a treatment modality, the setting of care is based on the matching of relevant patient variables to the unique characteristics of the treatment setting. The following five treatment characteristics have been identified for this purpose:



PROVIDER PROCEDURES

Utilization Reviews/Case Management



1. Professional monitoring and supervision (intensity and qualifications of personnel)
2. Structure to provide safety and security (protection)
3. Availability of therapeutic/treatment resources (intensity and modality)
4. Self-care functions (activities of daily living)
5. Availability of medical care (intensity and proximity)

Each of these characteristics are embodied to a greater or lesser extent in different settings of care. The following are the characteristics for each of the settings.

(All hospital resources utilized should be approved by the JCAHO. If an approved facility or program is not available, this fact should be discussed with the CAI representative so that a determination of benefits can be made).

Inpatient – This setting is the most highly restrictive and potentially the most intrusive. It allows for interventions requiring very high frequency or intensity of application.

Inpatient care is characterized by:

1. Twenty-four hour professional monitoring, supervision, and assistance.
2. Very high degree of assurance of safety and security.
3. The availability of intensive programs to support the patient's self-care functions.
4. Very intensive and/or more than daily intervention procedures requiring on-site professional and technical support not safely provided in other settings.
5. On-site medical and nursing backup for patients at high risk of medical/surgical complications affecting or affected by psychiatric interventions or procedures.



PROVIDER PROCEDURES

Utilization Review/Case Management



Residential – This setting is less restrictive, but allows for relatively intensive or frequent interventions. The major distinction from other levels of care is that medical or surgical interventions are not necessary, but it does provide 24-hour monitoring and proximity of medical support.

Residential care is not necessarily synonymous with a structured weekly program of events or groups that can be provided at other levels of care (e.g., day treatment).

This setting is characterized by:

1. 24-hour monitoring and supervision by nursing staff.
2. A moderate degree of safety or security.
3. Very intensive or more than daily therapeutic interventions.
4. Low levels of support for patient self-care functions.
5. Availability of medical services as needed.

Partial Hospital – This setting of care is the most restrictive setting that does not allow for overnight stays. Usually it is on-site or physically close to an inpatient medical/surgical/psychiatric facility.

Partial hospitalization is characterized by:

1. Less than 24-hour, but greater than or equal to 3-hour medical or nursing supervision or monitoring, on-site, on a 5-day per week basis.
2. Minimal to moderate degree of assurance for safety or security.
3. Less than 6 hours but greater than or equal to 3 hours of interventions or supervision per day for a minimum of 3 days per week.
4. Very intensive and/or frequent non-medical/surgical interventions.
5. The lack of overnight sleeping/housing facilities.
6. Proximity of medical resources.

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Intensive Outpatient Treatment – This is a setting of care that is less restrictive than day hospital but provides the availability of intensive interventions or frequent interventions on a minimum of 3 days per week. It allows for moderately impaired but medically stable psychiatric or substance abuse patients to engage in highly intensive and moderately supervised interventions.

Intensive outpatient treatment is characterized by:

1. Minimal medical/nursing supervision or monitoring.
2. Minimal degree of assurance for safety or security.
3. Less than 6 hours but greater than or equal to 3 hours of interventions or supervision per day for a minimum of 3 days per week.

Outpatient Treatment – This is the least restrictive setting of care. It allows for impaired but medically stable psychiatric or substance abuse patients to engage in a treatment program while they participate in the normal scope of their daily functions.

Outpatient treatment is characterized by:

1. No medical/nursing supervision or monitoring.
2. Minimal degree of assurance for safety or security.
3. A maximum of one daily session and three sessions per week unless intervention is directed towards short-term crisis intervention.
4. No overnight sleeping or housing capability.
5. Medical resources available as needed.

PATIENT CHARACTERISTICS

In the process of utilization management, the patient characteristics are important in helping the reviewer determine the setting of care and intensity of treatment required. The presence of clinical instability and/or functional impairment, and not diagnosis per se, drives the treatment plan, and therefore the authorization process. While a thorough mental status exam including diagnosis, prior treatment history, and substance abuse history is critical to the utilization management process, the following patient characteristics have been found to be significant factors in determining the appropriate setting of care and treatment intensity:

1. Danger of self
2. Danger to others
3. Functional disability
4. Medical problems complicating or complicated by psychiatric problems
5. Availability of support systems
6. Prior treatment history



PROVIDER PROCEDURES

Utilization Review/Case Management



Elements 1, 2, and 3 are significant safety and security variables that must be assessed in every case. While presence alone is significant, the reviewer must determine the intensity of each so as to make a determination of the potential threat to the patient's or someone else's well-being.

The presence of medical problems that either interfere with psychiatric treatment, or whose management are complicated by the presence of a psychiatric condition, must be evaluated. If the reviewer is a non-medical professional, they should refer the case to a medical reviewer for consultation. The need for medical supervision and backup will weigh heavily in the final determination to authorize treatment at a medical/psychiatric facility.

The availability of support systems often acts as a moderating variable in the development of a treatment plan. When support is available either from family, friends, community agencies or social services, less intensive treatment conditions may be attempted. In the absence of such support, more intensive settings may be required to supplement or to replace the inadequate resources of the patient.

Prior treatment history will often reveal what has and has not been successful in managing the patient's psychiatric condition. The circumstances surrounding the prior treatment will often indicate why previous attempts have either failed or been successful. For example, neuroleptic medication may have not worked due to poor patient compliance and lack of family involvement. If either factor can be modified, medication may become an important agent in stabilizing the patient's condition, making him/her more accessible to outpatient treatment.

The utilization review guidelines embody these characteristics and set forth the specific indicators that should be considered when making a determination.

PROVIDER PROCEDURES

Admission Criteria

Psychiatric Adult Inpatient Admission Criteria

1. All Admissions must have a DSM-IV Axis I diagnosis.

Threatening Situations:

To Self:

- a) Attempt of harm to self with plan and means available or
- b) Suicidal ideation associated with plan, means, intent, delusions of guilt, feelings of hopelessness and desperation.
- c) History of previous attempts with severely depressed mood,
- d) Occurrence of significant losses with statements of harm to self, others or property,
- e) Other indicators of suicidal intentions, or
- f) Self mutilation that could lead to permanent loss.

To Others:

- a) Plan to kill an identified person (family member, friend, co-worker) or member(s) of a society (prominent person(s), stalk victims, etc.),
- b) Threat to kill “someone” with plan and means but no victim identified,
- c) History of previous assault (physical, sexual),
- d) Danger of property, self or others with continued imminent risk.

2. Inability to perform daily living activities due to loss of impulse control, severely impaired judgment arising from acute psychiatric disorder, acute exacerbation of chronic psychiatric condition, recent deterioration of memory, intellect, or speech, disoriented.

3. Treatment of a lower level of care has been attempted and failed or considered.



PROVIDER PROCEDURES



Facility Requirements

Multidisciplinary treatment team consisting of board certified psychiatrist, registered nurses, psychologist, social workers and ancillary staff.

Clinical services will include 24-hour nursing care, close observation, assessment, treatment and a structured therapeutic environment.

- ◆ Individualized treatment plan upon admission
- ◆ Discharge plan to be initiated upon admission
- ◆ Access of appropriate medical services

Continuing Stay Criteria

At least two of the following must be met for continued inpatient stay

1. DSM-IV axis I diagnosis.
2. Continuation of symptoms.
3. Failure of response to treatment plan.
4. Level of skilled intervention is consistent with current risk factors.
5. The use of antidepressant, neuroleptic, anticonvulsant medications at dosage levels are inappropriate for outpatient treatment.
6. Patient conditions warrants continued psychiatric treatment to prevent harm to self other or property.



PROVIDER PROCEDURES

Adult Partial Hospitalization Admission Criteria (Psychiatric)

1. DSM-IV Axis I diagnosis of such severity that there is significant dysfunction.
2. Risk to self, others and property is present but 24-hour supervision is not warranted.
3. Patient is unmanageable in outpatient setting.
4. The support system of a partial hospital program is necessary to maintain activities of daily living.
5. At home support system.
6. Appropriate transportation from resident to hospital.

Indications of Intensive Level of Care

1. Acutely suicidal and/or homicidal.
2. Unable to meet basic needs.
3. Destruction to property.
4. Self mutilation with risk of permanent loss.



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Facility Requirements

1. Consultation by a psychiatrist on a regular basis,
2. Registered nurse,
3. Psychologist,
4. Social Worker,
5. Individual treatment plan and active discharge plan upon admission to program,
6. Ancillary staff and access to appropriate medical services.

Continuing Stay Criteria

1. DSM-IV Axis I diagnosis
2. Continuation of symptoms that brought patient to partial day treatment are still present and a less intensive level of care would be insufficient.
3. Progress is being made and patient is cooperating with treatment plan.



PROVIDER PROCEDURES




Adult Outpatient Psychiatric Admission Criteria

1. DSM-IV Axis I diagnosis which requires and will respond to therapeutic intervention.
2. Threat of harm to self, others, and property is present but can be adequately managed in an outpatient program.
3. Patient is medically stable and does not require ongoing medical observation.
4. Modality of treatment is appropriate with diagnosis.
5. Patient is motivated to comply with treatment.

Facility Admission Requirement of Outpatient Care

1. Consultation and evaluation of psychiatrist as needed.
2. Psychologists, social workers, RN and ancillary staff.
3. Individual treatment plan.
4. Discharge plan initiated upon admission.

Continuing Stay Criteria

1. DSM-IV Axis I diagnosis
 2. Intensity of treatment is appropriate with treatment.
 3. Patient is making progress toward goals cooperating with treatment plan of care.
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PROVIDER PROCEDURES

Child and Adolescent Psychiatric Inpatient Admission Criteria

All admissions must have a DSM-IV Axis I diagnosis.

1. Threatening Situations:

To Self:

- a) Attempt to harm self with plan and means available or
- b) Suicidal ideation associated with plan, means, intent, delusion of guilt feelings of hopelessness and desperation,
- c) History of previous attempts with severely depressed mood,
- d) Occurrence of significant losses with statements of harm to self, others or property,
- e) Other indicators of suicidal intentions, or
- f) Self mutilation that could lead to permanent loss.

To Others:

- a) Plan to kill an identified person (family member, friend, co-worker) or member(s) of a society (prominent person(s), stalk victims, etc.),
- b) Threat to kill “someone” with plan and means but no victim identified,
- c) History of previous assault (physical, sexual),
- d) Danger to property of self or others with continued imminent risk,



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2. Inability to perform daily living activities due to loss of impulse control, severely impaired judgment arising from acute psychiatric disorder, acute exacerbation of chronic psychiatric condition, recent determination of memory, intellect, speech, disoriented.
3. Treatment of lower level of care has been attempted and failed or considered. For admission of a child below the age of 12, an assessment and evaluation by a Board Certified Child Psychiatrist of Child Psychiatry is required.

Facility Requirements

Multidisciplinary treatment team consisting of board certified psychiatrist, registered nurses, psychologist, social workers and ancillary staff.

Clinical services will include 24-hour nursing care, close observation, assessment, treatment and a structured therapeutic environment.

- Individualized treatment plan upon admission
- Discharge plan to be initiated upon admission
- Access of appropriate medical services
- Family is receiving evaluation and intervention



PROVIDER PROCEDURES



Continuing Stay Criteria

At least two of the following must be met for continued inpatient stay.

1. DSM-IV Axis I diagnosis.
2. Continuation of symptoms.
3. Failure of response to treatment plan.
4. Level of skilled intervention is consistent with current risk factors.
5. The use of antidepressant, neuroleptic, anticonvulsant medications at dosage levels are inappropriate for outpatient treatment.
6. Patient conditions warrants continued psychiatric treatment to prevent harm to self others and property.

Child and Adolescent Partial Hospitalization Admission Criteria (Psychiatric)

1. DSM-IV Axis I diagnosis of such severity that there is significant dysfunction.
2. Risk to self, others and property is present but 24-hour supervision is not warranted.



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3. Patient is unmanageable in outpatient setting.
4. The support system of a partial hospital program is necessary to maintain activities of daily living.
5. At home support system.
6. Appropriate transportation from resident to hospital

Indications of Intensive Level of Care

1. Acutely suicidal and/or homicidal.
2. Unable to meet basic needs.
3. Destruction to property.
4. Self mutilation with risk of permanent loss.

Facility Requirements

Staff to include:

Consultation by a child psychiatrist on a regular basis.

Registered nurses.

Psychologist, social worker.

Individual treatment plan.

Active discharge planning initial upon admission to program.

Access to appropriate medical services.



PROVIDER PROCEDURES

Child and Adolescent Residential Program (Psychiatric)

Admission Criteria

1. DSM-IV Axis I diagnosis.
2. Child has not responded to outpatient treatment or has not sufficiently improved during acute inpatient.
3. Chronic behavior problems such as aggression, running away.
4. Danger to self, others and property.

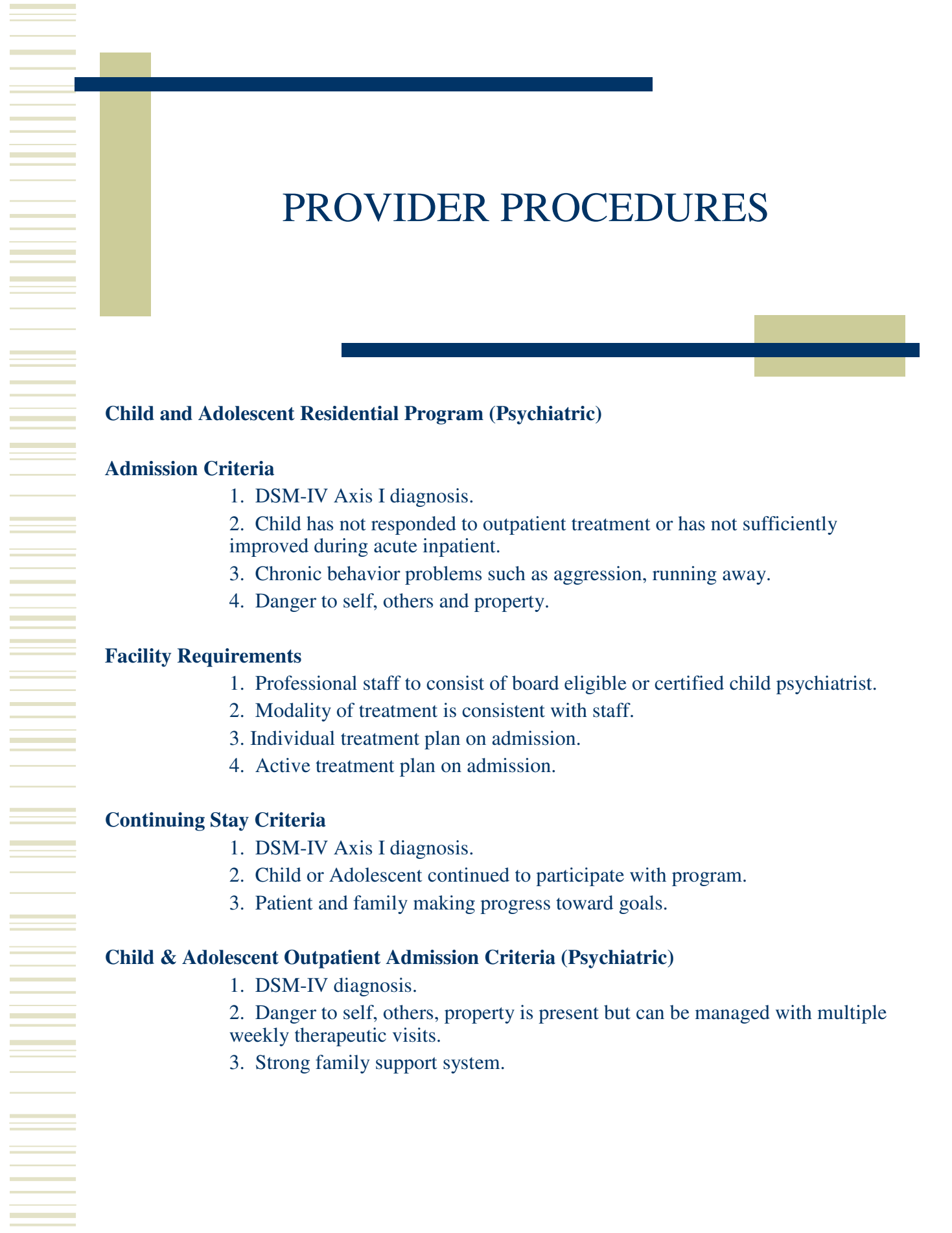
Facility Requirements

1. Professional staff to consist of board eligible or certified child psychiatrist.
2. Modality of treatment is consistent with staff.
3. Individual treatment plan on admission.
4. Active treatment plan on admission.

Continuing Stay Criteria

1. DSM-IV Axis I diagnosis.
2. Child or Adolescent continued to participate with program.
3. Patient and family making progress toward goals.

Child & Adolescent Outpatient Admission Criteria (Psychiatric)

1. DSM-IV diagnosis.
 2. Danger to self, others, property is present but can be managed with multiple weekly therapeutic visits.
 3. Strong family support system.
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PROVIDER PROCEDURES



Facility Requirements

1. Professional staff to consist of board eligible or certified child psychiatrist.
2. Modality of treatment is consistent with diagnosis.
3. Individual treatment plan on admission.
4. Active discharge plan on admission.

Continuing Stay Criteria

1. DSM-IV Axis I diagnosis.
2. Child or Adolescent continues to participate with program.
3. Patient and family making progress toward goals.

Residential Treatment Centers

Children and Adolescents Admission Criteria

1. DSM-IV Axis I diagnosis.
2. Danger to self, others or property.
3. Chronic behavior, running always, aggression.
4. Substance abuse.
5. Poor support at home, dysfunctional.

Facility Requirements

1. Professional staff consisting of board certified child psychiatrist consultation available.
2. Medical staff available.
3. Ph.D., LCSW, education specialist and ancillary staff.
4. Individual treatment plan on admission.
5. Outpatient treatment has failed.
6. Day treatment has or will fail.



PROVIDER PROCEDURES

Chemical Dependency Treatment Detox – Inpatient

1. DSM-IV treatment for a psychoactive substance dependence.
2. Acute intoxication or withdrawal secondary to psychoactive substances.
3. Danger to self, others and/or property with specific plan of intent and availability of means.
4. Acute intoxication with changing LOC leading to stupor or coma, or higher blood alcohol that could lead to morbidity or death.
5. Delirium Tremors.
6. Seizures.
7. Abnormal or unstable vital signs:
 - B/P 150/90
 - Pulse 120
 - Respiratory distress
8. Acute paranoia or hallucinations.
9. Prior history of seizure or complication of withdrawal.
 - Hallucinogen (e.g., LSP, PCP, MDMA, Angle Dust, Mushrooms)

Use may result in delirium, psychosis or other psychiatric symptoms.

Danger to self, others or property.

Seizures.



PROVIDER PROCEDURES



Sedative-hypnotic (same as Alcohol)

Inhalants (gasoline, nitrogen oxide)

Stimulants

1. Use may produce psychiatric symptoms such as mania, psychosis, delirium as well as medical complications.
2. Medical Hospitalization may be necessary.
3. Psychiatric hospital may be indicated if patient becomes acutely dangerous to self, others and/or property.

Opiate Withdrawal

1. Intoxication often requires medical hospitalization.

Facility Requirement

MD or Addictionologist

Nursing staff

Psychiatrist, Ph.D., LCSW and ancillary staff available

24-hour Detox Care

Daily Assessment by MD

Individual treatment plan

Active discharge plan on admission

Continued Stay Criteria

1. DSM-IV treatment of psychoactive substance dependency.
2. Previous treatment of delayed onset of withdrawal seizure of delirium tremors.
3. Patient condition is stabilizing.
4. Patient is making progress toward goals.



PROVIDER PROCEDURES



Ambulatory Detoxification

Admission Criteria

1. DSM-IV treatment of psychoactive substance abuse and dependence.
2. Patient withdrawal symptoms require medical supervision.
3. Risk to self, others and property is not serious enough to warrant 24-hour supervision.
4. Alcohol and/or drug screen are performed on admission and randomly.

Facility Requirements

Professional staff consisting of licensed MH professionals with medical consultation and nursing staff.

MD or Addictionologist

Nursing staff

Ph.D., LCSW and ancillary staff

Monitoring of vital signs

Treatment plan with active patient participation

Chemical Dependency – Inpatient – Adult Admission Criteria

1. DSM-IV Axis treatment day of psychoactive substance abuse.
2. Patient is unable to benefit from ambulatory chemical dependency treatment.
3. Danger to self, others and property.



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Facility Requirements

Professional staff consisting of medical doctor and/or addictionologist, Ph.D., LCSW, nursing staff and ancillary staff.

1. Patient is unable to maintain at a functional level outside a controlled therapeutic environment.

Adult Outpatient Substance Admission Criteria

1. DSM-IV Axis I diagnosis which requires and will respond to therapeutic intervention.
2. Threat of harm to self, others, and property is present but can be adequately managed in an outpatient program.
3. Patient is medically stable and does not require ongoing medical observation.
4. Modality of treatment is appropriate with diagnosis.
5. Patient is motivated to comply with treatment.

Facility Admission Requirement of Outpatient Care

1. Consultation and evaluation of psychiatrist as needed.
2. Program managed by certified or licensed mental health professional.
3. Psychologists, social workers, RN and ancillary staff.
4. Individual treatment plan.
5. Discharge plan initiated upon admission.

PROVIDER PROCEDURES

Continuing Stay Criteria

1. DSM-IV Axis I diagnosis.
2. Modality of treatment is appropriate with treatment.
3. Intensity of treatment is appropriate with treatment.
4. Patient is making progress toward goals cooperating with treatment plan of care.

Substance Abuse Child and Adolescent – Inpatient

1. DSM-IV diagnosis of psychoactive substance dependency or abuse.
2. Outpatient treatment has failed or been considered.

Threatening Situations:

To Self:

1. Attempt to harm self, others or property with plan and means available or
2. Suicidal ideation with plan, means, intent, delusions of guilt, feelings of hopelessness and desperation.
3. Other indications of suicidal intentions or
4. Self mutilation that could lead to permanent loss.
5. Chronic behavior, running away from home, aggression.
6. Poor support at home, dysfunctional.

To Others:

1. Plan to kill an identified person (family member, friend, co-worker) or member(s) of a society (prominent person(s), stalk victims, etc.),
2. Threat to kill “someone” with plan and means but no victim identified,
3. History of previous assault (physical, sexual),
4. Danger to property of self or others with continued imminent risk,

Facility Requirements

Professional staff consisting of Board eligible or certified psychiatrist and/or MD with certifications in child psychiatry and/or addictionologist. Ph.D., LCSW, CAC’s nursing and ancillary staff, educational specialists.



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Continued Stay Criteria

1. DSM-IV diagnosis.
2. Continuation of symptoms.
3. Patient and family making progress.

Substance Abuse Partial Day Hospital Treatment

Child and Adolescent Admission Criteria

1. DSM-IV Axis I diagnosis of such severity that there is significant dysfunction.
2. Risk to self, others and property is present but 24-hour supervision is not warranted.
3. Patient is unmanageable in outpatient setting.
4. The support system of a partial hospital program is necessary to maintain activities of daily living.
5. At home support system.
6. Appropriate transportation from resident to hospital.

Indications of Intensive Level of Care

1. Acutely suicidal and/or homicidal.
2. Unable to meet basic needs.
3. Destruction to property.
4. Self mutilation with risk of permanent loss.

Facility Requirements

Staff to include:

1. Consultation by a psychiatrist on a regular basis.
2. Registered nurses.
3. Psychologist, social worker.
4. Individual treatment plan.
5. Active discharge planning initial upon admission to program.
6. Access to appropriate medical services.
7. CAC's Education Specialists



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Substance Abuse Child and Adolescent Outpatient Treatment Admission Criteria

1. DSM-IV diagnosis of psychoactive substance dependence or abuse.
2. Treatment at a lower level of care has been attempted and failed or given serious consideration.
 - a) Risk to self, others and property is present and can be adequately managed with multiple weekly therapeutic contacts.
 - b) The support system of an intensive outpatient program is necessary to maintain activities of daily living and support sobriety.
 - c) Patient is medically stable and therefore does not require ongoing medical observation and care.

Facility Requirements

- 1a. Consultation by a board eligible or certified psychiatrist, as clinically indicated, psychiatry and special skills in substance abuse treatment are strongly recommended.
- 1b. Psychologists, social workers, nurses, CACs, educational specialists and ancillary staff as needed.
2. Individualized active treatment plan.
3. Level of skilled intervention consistent with patient task.
4. Active discharge planning initiated upon admission to program.
5. Patient is to receive psychoeducational assessment and remediation plan if clinically indicated.
6. Family system is receiving evaluation and intervention.



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Continued Stay Criteria

1. DSM-IV diagnosis of psychoactive substance dependence or abuse.
2. Continuation of symptoms and/or behaviors that required admission and a less intensive level of care would be insufficient to stabilize the patient's condition.
3. Patient and family are making progress toward goals and cooperating with the plan of care.

Eating Disorder Admission Inpatient Criteria

1. DSM-IV diagnosis
2. Medical complications which threaten the life or health of patient, e.g., weakness, electrolyte imbalance, nutritional anemia, impaired renal function, cardiac arrhythmia, chest pain.
3. Weight loss of over 25 percent of ideal body weight.
4. Failure of outpatient treatment to produce weight gain.
5. Danger to self.
6. Substance abuse.

Facility Requirements

1. Individual weight gain plan.
2. Family therapy.
3. Medical observation.