

Adult and Geriatric Community-Based Treatment Guidelines (adults age 18 and older)

Initial Treatment Requests: The criteria below is used when a member has not stepped down from or is not currently in any other mental health or substance use disorder services.

Admission Guidelines:

1. The current psychiatric diagnosis is unable to be managed safely at a less intensive level of care.
2. The member is in need of assistance to maintain staying in a community setting.
3. The member can have a co-occurring substance use and mental health disorder.
4. The member is a persistent danger to self or others.
5. The member's symptoms have been present for at least six months and are expected to persist longer than one year without intervention or treatment.
6. The member is severely and persistently mentally ill.
7. The member has had unsuccessful treatment attempts within the last year in any of the following:
 - Group home.
 - Community-based treatment.
 - Residential treatment (psychiatric or SUD).
 - Psychiatric inpatient.
 - Outpatient therapy.
 - Medication management.
8. The support system meets one of the following criteria: social, emotional, caregiving, and environmental resources that provide empathy, structure, oversight, or tangible aids — including formal supports (social welfare, social service, health care, providers) and informal supports (family, friends, educators, sponsors, church groups, neighborhood, clubs, etc.). Requires one of the bullets below:
 - Unavailable — one that does not exist or is unavailable due to various reasons.
 - Unable to ensure safety.
 - High-risk environment — poses a significantly increased risk for the member due to caregiving, SUD, or dangerous or illegal behaviors.
 - Abusive — in which the patient is witness to or a target of abuse (physical, sexual, or emotional).
 - Intentional sabotage of treatment — support fails to fill prescriptions, is not giving medications appropriately or supervising medications, cancels therapy sessions, withdraws from participating in therapy sessions, intentionally undermines the therapeutic relationship of the patient and treatment providers.
 - Unable to manage intensity of symptoms.
9. The member has persistent and severe functional impairment in at least two of the below:
 - Activities of daily living — care for self in cooking, cleaning, financial management, attended appointments.
 - Community living — severe impairment refers to a lack of age-appropriate behavioral control, judgment, and decision making skills that results in continued problems in the community.
 - Social relationships — inability to maintain satisfactory relationships and/or boundaries with others.
 - Family relationships.
 - Job or community performance.



Continued Stay Guidelines:

1. The member has had one of the symptoms or behaviors below in the last month:
 - Anxiety and associated symptoms.
 - Depressed or irritable mood and associated symptoms.
 - Disruptive behaviors.
 - History of exposure to or experience of traumatic event and associated symptoms.
 - Hypomanic symptoms.
 - Obsessions/compulsions.
 - Psychosis and associated symptoms.
 - Suicidal/homicidal ideations without intent.
 - Non suicidal self-injurious behavior (child only).

Functioning: only requires one of the six below within the last month:

1. Psychiatric medical nonadherence.
2. Ongoing and/or increased social isolation and/or alienation.
3. Impersonal conflict (which could be one of the below):
 - Angry outbursts and/or physical altercations.
 - Hostile and/or intimidating.
 - Accusatory and/or manipulative.
 - Poor and/or intrusive boundaries.
4. Arrest.
5. Neglect of hygiene and direct assistance and/or direction is needed to complete activities of daily living (adolescents only).
6. After-hours crisis intervention.

Services: the member is receiving or has received any of the below during the last authorization period:

1. Individual and/or group and/or family therapy and/or case management at least once per week.
2. Family psychoeducation.
3. Behavioral contract and/or treatment plan.
4. Working with external resources and/or providers.