Macomb County Community Mental Health
Level of Care Adults, Children and Developmental Disabilities
Admission Criteria

LEVEL OF CARE CRITERIA FOR ADULTS

Macomb County Community Mental Health
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Inpatient Admission Certification Criteria: Adults

Inpatient psychiatric care may be used to treat a mentally ill person who requires care in a 24-hour medically structured and supervised facility. The Severity of Illness (SI)/Intensity of Service (IS) criteria for admission are based upon the assumption that the consumer is displaying signs and symptoms of a serious psychiatric disorder, demonstrating functional impairments, and manifesting a level of clinical instability (risk) that, either individually or collectively, are of such severity that treatment in an alternative setting would be unsafe or ineffective.

Medicaid coverage is dependent upon active treatment being provided at the medically necessary level of care.

Criteria : Must meet all Three		
1. Diagnosis	The consumer must be suffering from a mental illness, reflected in a primary, validated, DSM-V, or ICD-10 Diagnosis (not including V Codes).	
2. Severity of Illness: At least one of the following manifestations is present	**2.1 Signs and Symptoms**	☐ Psychiatric symptoms: features of intense cognitive/perceptual/affective disturbance (hallucinations, delusions, extreme agitation, profound depression) - severe enough to cause seriously disordered and/or bizarre behavior (e.g., catatonia, mania, incoherence) or prominent psychomotor retardation, resulting in extensive interference with activities of daily living so the person cannot function at a lower level of care. ☐ Disorientation, seriously impaired reality testing, defective judgment, impulse control problems and/or memory impairment severe enough to endanger the welfare of the person and/or others. ☐ A severe, life threatening psychiatric syndrome or an atypical or unusually complex psychiatric condition exists that has failed, or is deemed unlikely to respond to less intensive levels of care, and has resulted in substantial current dysfunction. ☐

	2.2 Functional Impairment	> The person is unable to attend to basic self-care tasks and/or to maintain adequate nutrition, shelter, or other essentials of daily living due to psychiatric disorder (see DLA-20 items scores of 1). > There is evidence of grave impairment in interpersonal functioning and/or extreme deterioration in the person's ability to meet current educational/ occupational role performance expectations.
	2.3 Harm to Self and others	**Harm to Self** > Suicide: Attempt or ideation is considered serious by the intentionally, degree of lethality, extent of hopelessness, degree of impulsivity, level of impairment (current intoxication, judgment, and psychological symptoms), history of prior attempts, and/or existence of a workable plan. > Self-Mutilation and/or Reckless Endangerment: There is evidence of current behavior, or recent history. There is a verbalized threat of a need or willingness to self-mutilate, or to become involved in other high-risk behaviors; and intent, impulsivity, plan and judgment would suggest an inability to maintain control over these ideations. > Other Self-Injurious Activity: The person has a recent history of drug ingestion with a strong suspicion of overdose. The person may not need detoxification but could require treatment of a substance-induced psychiatric disorder. **Harm to Others** > Serious assaultive behavior has occurred, and there is a risk of escalation or repetition of this behavior in the near future. > There is expressed intention to harm others and a plan and/or means to carry it out and the level of impulse control is non-existent or impaired (due to psychotic symptoms, especially command or verbal hallucinations, intoxication, judgment, or psychological symptoms, such as persecutory delusions and paranoid ideation). > There has been significant destructive behavior toward property that endangers others.

		Drug/Medication Complications or Coexisting General Medical Condition Requiring Care > The individual has experienced severe side effects from using therapeutic psychotropic medications. > The person has a known history of psychotic disorder that requires psychotropic medication for stabilization of the condition, and the administration, adjustment of medications requires close and continuous observation and monitoring, and this cannot be accomplished at a lower level of care due to the beneficiary's condition or to the nature of the procedures involved. > There are concurrent significant physical symptoms of medical disorders which necessitate evaluation, intensive monitoring and/or treatment during medically necessary psychiatric hospitalization, and the coexisting general medical condition would complicate or interfere with treatment of the psychiatric disorder at a less intensive level of care. > The underlying or existing psychiatric diagnosis must be the primary cause of the beneficiary's current symptoms or represent the primary reason observation and treatment is necessary in the psychiatric unit or hospital setting.

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3. Intensity of services: The person meets the intensity of service requirements if inpatient services are considered medically necessary and if the person requires at least one of the following	Close and continuous skilled medical observation and supervision are necessary to make significant changes in psychotropic medications. > Close and continuous skilled medical observation is necessary due to otherwise unmanageable side effects of psychotropic medications. > Continuous observation and control of behavior (e.g., isolation, restraint, closed unit, suicidal/homicidal precautions) is needed to protect the consumer, others, and/or property, or to contain the consumer so treatment may occur. > A comprehensive multi-modal therapy plan is needed, requiring close medical supervision and coordination, due to its complexity and/or the severity of the consumer's signs and symptoms.

Other

Drug/Medication Complications or Co-Existing General Medical Condition Requiring Care

> The person has experienced severe side effects of atypical complexity from using therapeutic psychotropic medications.

> The person has a known history of a psychiatric disorder that requires psychotropic medication for stabilization of the condition, and the adjustment or re-initiation of medications following discontinued use requires close and continuous observation and monitoring, and this cannot be accomplished at a lower level of care due to the consumer's condition or to the nature of the procedures involved.

> There are concurrent significant physical symptoms or medical disorders that necessitate evaluation, intensive monitoring and/or treatment during medically necessary psychiatric hospitalization, and the co-existing general medical condition would complicate or interfere with treatment of the psychiatric disorder at a less intensive level of care.

Special Consideration: Concomitant Substance Abuse

The underlying or existing psychiatric diagnosis must be the primary cause of the consumer's current symptoms or represent the reason observation and treatment is necessary in the psychiatric unit or hospital setting.

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Partial Hospitalization and Admission Certification Criteria Adults:

Partial hospitalization services may be used to treat a mentally ill person who requires intensive, highly coordinated, multi-modal ambulatory care with active psychiatric supervision. Treatment, services and supports are provided for six or more hours per day, five days a week, in a licensed setting. The use of partial hospitalization as a setting of care presumes that the consumer does not currently need treatment in a 24-hour protective environment. Conversely, the use of partial hospitalization implies that routine outpatient treatment is of insufficient intensity to meet the consumer's present treatment needs. The Severity of Illness (SI)/Intensity of Service (IS) criteria for admission assume that the consumer is displaying signs and symptoms of a serious psychiatric disorder, demonstrating significant functional impairments in either self-care, daily living skill, interpersonal/social and/or educational/vocational domains, and is exhibiting some evidence of clinical instability. However, the level of symptom acuity, extent of functional impairments and/or the estimation of risk (clinical instability) do not justify or necessitate treatment at a more restrictive level of care.

Medicaid coverage is dependent upon active treatment being provided at the medically necessary level of care.

Criteria : Must meet all Three		
1. Diagnosis	The consumer must be suffering from a mental illness, reflected in a primary, validated, DSM-IV or ICD-10 Diagnosis (not including V Codes).	
2. Severity of Illness: At least two of the following manifestations is present	**2.1 Signs and Symptoms**	Some prominent disturbance of thought processes, perception, affect, memory, consciousness, somatic functioning (due to a mental illness) or behavior exists (e.g., intermittent hallucinations, transient delusions, panic reactions, agitation, obsessions/ruminations, severe phobias, depression, etc.) and is serious enough to cause disordered or aberrant conduct, impulse control problems, questionable judgment, psychomotor acceleration or retardation, withdrawal or avoidance, compulsions/rituals, impaired reality testing and/or impairments in functioning and role performance. The disordered or aberrant conduct or activity and/or the level of agitation are not so severe, extreme or unstable so as to require frequent restraints or to pose a danger to others.

	2.2 Functional Impairment	> The person seriously neglects self-care tasks (e.g., hygiene, grooming, etc.) and/or does not sufficiently attend to essential aspects of daily living (e.g., doesn't shop, prepare meals, maintain adequate nutrition, pay bills, complete housekeeping chores, etc.) due to a mental disorder. > Consumer is able to maintain adequate nutrition, shelter or other essentials of daily living only with structure and supervision for a significant portion of the day, and with family/community support when away from the partial hospitalization program. > The person's interpersonal functioning is significantly impaired (e.g., seriously dysfunctional communication, extreme social withdrawal, etc.). > There has been notable recent deterioration in meeting educational/occupational responsibilities and role performance expectations.
	3.3 Harm to Self and others	**Danger to Self** > There is modest danger to self-reflect in intermittent self-harm ideation, expressed ambivalent inclinations without a plan, non-intentional threats, mild and infrequent self-harm gestures (low lethality/intent) or self-mutilation, passive death wishes, or slightly self-endangering activities. > The consumer has not made any recent significant (by intent or lethality) suicide attempts, nor is there any well-defined plan for such activity, **or**, if there have been recent significant actions, these inclinations/behaviors are now clearly under control and the person no longer needs/requires 24-hour supervision to contain self-harm risk.
		Danger to Others > Where assaultive tendencies exist, there have been no overt actions and there is reasonable expectation, based upon history and recent behavior, that the consumer will be able to curb these inclinations. > There have been destructive fantasies described and mild threats verbalized, but the consumer appears to have impulse control, judgment, and reality orientation sufficient to suppress urges to act on these imaginings or expressions. > There has been minor destructive behavior toward property without endangerment of others.

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3. Intensity of services: The person requires at least one of the following:	The person meets the intensity of service requirements if partial hospitalization services are considered medically necessary. □ The person requires intensive, structured, coordinated, multi-modal treatment and supports with active psychiatric supervision to arrest regression and forestall the need for inpatient care. □ The consumer has reached a level of clinical stability (diminished risk) obviating the need for continued care in a 24-hour protective environment but continues to require active, intensive, treatment and support to relieve/reverse disabling psychiatric symptomatology and/or residual functional impairments. □ Routine medical observation and supervision is required to effect significant regulation of psychotropic medications and/or to minimize serious side effects.
4. Other	**Drug/Medication Complications** The consumer has experienced side effects of atypical complexity resulting from psychotropic drugs and regulation/correction/monitoring of these circumstances cannot be accomplished at a lower level of care due to the consumer's condition or to the nature of the procedures involved. The consumer needs evaluation and monitoring due to significant changes in medication or because of problems with medication regimen compliance

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Crisis Residential Admission

Crisis residential services may be provided in a structured, supervised and licensed facility. This serves as a short-term alternative to inpatient psychiatric care. The program provides structured treatment and support activities provided by a multidisciplinary team. The services may be used to avert a psychiatric admission or shorten the length of an inpatient stay. A crisis situation is one in which an adult is experiencing a serious mental illness and can reasonably be expected within the near future to physically injure themselves or another individual, either intentionally or unintentionally. The individual is unable to attend to basic self-care. The individual's judgment is so impaired that they are unable to understand the need for treatment.

Medicaid coverage is dependent upon active treatment being provided at the medically necessary level of care.

Criteria : Must meet all Three		
1. Diagnosis	The consumer must be suffering from a mental illness reflected in a primary, validated, DSM-V or ICD-10 Diagnosis (not including V Codes).	
2. Severity of Illness: At least one of the following manifestations is present	**2.1 Signs and Symptoms**	A substantial disturbance of thought processes, perception, affect, memory or consciousness (due to a mental illness) exists and is severe enough to cause disordered/bizarre behavior, diminished impulse control, significantly flawed judgment, moderate psychomotor acceleration or retardation, impaired capacity to recognize reality, and/or impairments in activities of daily living. The disordered/bizarre behavior or level of agitation is not so severe or extreme to require frequent restraints or to pose a danger to others receiving services at the residence.

	2.2 Functional Impairment	The person has insufficient capability to adequately attend to basic self-care tasks and/or to maintain adequate nutrition, shelter, or other essentials of daily living, due to a psychiatric disorder. > The person's interpersonal functioning is seriously impaired or dysfunctional, necessitating temporary separation from the natural support system and living arrangement. > The person is acutely incapacitated in educational/occupational role performance due to an active psychiatric disorder.
	3.3 Harm to Self and others	**Danger to Self** > There is some danger to self, reflected in self-harm ideations with or without a plan, recent gestures with low lethality/intent, or minor, non-severe, self-injurious behavior. > There are intermittent expressions/verbalizations of self-harm inclinations, thoughts of self-mutilation, passive wishes to die, but no persistent or unrelenting self-harm preoccupations, and no recent significant physical actions (deliberate or reckless endangerment behavior) involving actual, direct, serious harm to self. > There *may* have been recent significant self-harm actions, but these inclinations/behaviors are now clearly under control, and the individual is not considered to be at imminent or serious risk if monitored in a 24-hour program with adequate supervision and supports. **Danger to Others** > The person has expressed a wish to harm others, but has not made any plans or acquired the means to carry this out, and there is evidence of some impulse control and reality orientation. > The person may have threatened others verbally, but there have been no assaultive actions, no preparation for such actions, and there is nothing in the person's recent behavior to suggest these threats will be carried out. > There may have been minor destructive behavior toward property that has not materially endangered others.

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3. Intensity of services: The person meets the intensity of service requirements, crisis residential services are considered medically necessary, and the person requires at least one of the following:	The consumer requires a highly structured, supervised care setting to prevent elevation of symptom acuity, to recover functional living skills, and to strengthen internal coping resources. □ Consistent observation and supervision of behavior are needed to compensate for impaired reality testing, temporarily deficient internal controls, and/or faulty self-preservation inclinations. □ The consumer has reached a level of clinical stability (diminished risk) obviating the need for restrictive inpatient care, but continues to require a structured and supervised 24-hour program to consolidate inpatient progress. □ Frequent monitoring of medication regimen and response is necessary and compliance is doubtful without consistent supervision and support. □ The consumer needs to be temporarily separated from his/her natural environment, current living situation and/or support systems due to severely impaired interpersonal functioning and the risk of further deterioration of his/her condition and of support circumstances if an alternative setting is not utilized. □ A concentrated, comprehensive, intensive program of treatments, services and supports is indicated by the complexity and/or the severity of the consumer's signs and symptoms.
4. Other	**Drug/Medication Complications** Stabilization of symptoms related to the psychiatric crisis requires adherence to a medication regimen, and initial compliance cannot be reliably assured (due to impaired cognition, consciousness, memory or judgment) without recurrent monitoring and supervision.

MI Adult Residential Services

Individuals are unable to live independently without substantial supports. Individuals have significant support needs in the following areas: behavioral, medical, and basic self-care. These individuals require total support to ensure health and safety. Daily functional capacity is considered severely impaired. Judgment capacity is also impaired as well as their ability to identify high risk situations or serious safety concerns independently. Individual's needs are deemed to require 24 hour daily support and monitoring. Individual needs are most appropriately met in a license adult foster care home.

- Consumer must have active Medicaid benefits. Residential services are not a General Fund benefit.
- Each consumer is typically expected to have exhausted all less restrictive/lower level of care options. Current supports are not sufficient to meet the treatment needs of the consumer.
- Consumers are required to have an official qualifying diagnosis combined with a significant duration of symptoms and significant interference in independent functioning related to a mental illness.
- Consumer must be at least 18 years old.
- Consumer requires 24-hour staff supervision.
- Consumer requires administration and monitoring of medications by staff.
- Consumer requires a significant amount of verbal prompts, supervision, training and/or hands-on physical intervention with Personal Care Services. This includes, but is not limited to, the following: eating/feeding, toileting, bathing/grooming, dressing and transferring/ambulation.
- Consumer requires a significant amount of verbal prompts, supervision, training, direction and/or assistance with Community Living Supports. This includes, but is not limited to, the following: meal preparation, laundry, household care, shopping, budgeting/money management, socialization, transportation and medical appointments.
- Restrictions for consumer's own safety may be required (i.e. liquid intake, lighters, handling knives/sharps, supervised access to the community, etc.)
- Consumer demonstrates significantly impaired self-direction and interpersonal interactions.
- Consumer exhibits moderate to severe maladaptive behaviors.

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Intensive Crisis Stabilization Services Criteria: Adults

Intensive Crisis Stabilization Services are an intensive combination of community-based treatment and supports provided to persons in crisis at a place or place chosen by the person and his/her support system, intended as a substitute for hospital emergency room services and/or inpatient psychiatric care. It is the intensity of the services and supports provided, rather than the setting, that distinguishes this level of care. The Severity of Illness (SI)/Intensity of Service (IS) criteria for admission are based upon the assumption that the consumer is experiencing a severe psychiatric crisis (signs and symptoms of an mental disorder, impaired functioning and coping abilities, a significant degree of clinical instability) and is considered to be at risk of inpatient hospitalization or out-of-home placement unless considerable support and intensive interventions are provided. Intensive crisis stabilization services may also be appropriate for individuals recently discharged from protective care facilities, *if* such services are used to decrease the length of stay in the protective environment or to forestall the need for readmission to the facility.

Medicaid coverage is dependent upon active treatment being provided at the medically necessary level of care.

Criteria : Must meet all Three		
1. Diagnosis	The consumer must be suffering from an <u>acute</u> problem of disturbed thought, memory, perception, behavior, mood or social relationship (reflected in a primary, validated, DSMV or ICD-10 Diagnosis, (not including V Codes) that requires both <u>immediate</u> intervention and sustained support over a limited period of time. Persons exhibiting residual impairments after discharge from an inpatient psychiatric stay *may* also be suitable from application of this level of care intensity ***<u>if it will significantly reduce the risk of relapse.</u>***	
2. Severity of Illness: At least two of the following manifestations is present	**2.1 Signs and Symptoms**	Emotional Distress - Psychiatric □ Acute, substantial, disturbance of cognition, memory, mood/affect, perception, and/or behavior due to severe emotional distress or mental illness, with conjoint functional impairments. □ Symptom acuity does not pose an immediate risk of substantial harm to the person or others, or if a risk of substantial harm exists, protective care (with appropriate medical/psychiatric supervision) has been arranged.

	2.2 Functional Impairment	> The person exhibits an acutely diminished ability to perform activities of daily living independently, appropriately and/or effectively, and/or to function adequately in familial, social, and educational/occupational roles due to substantial emotional distress or an acute mental disorder. > The person is able to attain or maintain adequate ability/performance in self-care, daily living skills, interpersonal/social, and/or educational/occupational domains only with sustained support and assistance. > Current impairment/incapacitation in functioning represents a change from baseline ability/performance, and will likely remit or subside with time-limited intensive support and assistance.
	3.3 Harm to Self and others	**Danger to Self** > Person verbalizes passive death wishes or ideas, intermittent self-harm ideation without a plan, fleeting thoughts of methods/means without sustained intent, expressed ambivalent inclinations. > Person engages in non-serious, mildly self-injurious actions (minor self-mutilation) as a gesture of discontent or as a Para suicidal coping mechanism (personality disorder). > Person has not made any recent, significant (by intent or lethality) suicide attempts, nor is there any well-defined plan for such activity. **Danger to others** > Person verbalizes minor threats or expresses non-specific hostility toward others, but appears to have sufficient judgment and impulse control to avoid acting on these impulses. There is no recent history of violent or seriously destructive acts.

3. Intensity of services:	The person meets the intensity of service requirements if intensive crisis stabilization services are considered medically necessary to ameliorate disabling effects of the crisis situation, improve the consumer's condition and/or allow the person to function without more restrictive care, and the person requires at least one of the following: □ The person is experiencing an acute psychiatric crisis and requires intensive, coordinated and sustained treatment services and supports at multiple sites to maintain functioning, arrest regression and forestall the need for inpatient care. □ The consumer has reached a level of clinical stability (diminished risk) obviating the need for continued care in a 24-hour protective environment but requires intensive, coordinated, services and supports at multiple sites for a limited time to address residual functional impairments.
4. Other	**Drug/Medication Complications** Stabilization of symptoms related to the psychiatric crisis requires adherence to a medication regimen, and initial compliance cannot be reliably assured (due to impaired cognition, consciousness, memory or judgment) without recurrent monitoring and supervision.

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Level of Care # 1	Service	Amount	Add-Ons	Average Cost
Indicators of Level: Past history of severe mental illness, signs and symptoms has recently exacerbated, currently functional capacity somehow impaired GAF, MGAF and/or DLA-20 of 58 -70	**Recommended Length of Services: 30 to 180 DAYS**			
	1. Diagnosis/Assessment	> Maximum of 2 contacts per episode of need (it may take 2 times to complete assessment) > Meets criteria as a seriously mentally ill individual, with or without a co-occurring substance abuse disorder. > Signs and symptoms are generally stable	> Prevention > Self help tools > MyStrength App Tools	
	2. Services Counseling/Psychotherapy	> May require infrequent, low intensity Support Coordination, Certified Peer Support Services, > Mental health needs are met with limited and brief medication or outpatient therapy > Functional impairments in self care, daily living skills, social/interpersonal functioning and /or educational/occupational role may be sporadically evident but there is sufficient self or other support to require little to no assistance in this are	> Support coordination to increase community inclusion or enhance independence > Club House > Psychosocial Rehabilitation	
	3. Risk of Harm	> Minimal		
	4. Frequency of Services	> Determined by consumer's preference typically once per week and no less than once a quarter > Up to 6 Individual Sessions per episode of need > Up to 12 group sessions per episode of need	> Mental Health Education and Referral > Family Psychoeducation	
	5. Crisis Interventions	> As needed, no maximum	> Hotline Services	
	6. Medication/Somatic Services	> Psychiatric Evaluation if needed to be completed within 30days of admission.		

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Possible descriptors:	**Discharge Criteria:**			
> No recent history of hospitalizations > No imminent danger to self or others > Good structure and supports in his/her life > Everyday functioning is not impaired > Potential for compliance good to strong > The person presents as stable other than presenting issue(s) > No crisis management typically needed	> Stable on meds > Self administers meds > Means of obtaining meds when discharged > Community integration > Community support > No substance abuse > Medical needs addressed > Client is goal directed > Employed or otherwise consistently engaged (volunteer, etc.) > Client has a good understanding of illness > Family or significant other understand the illness			

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Level of Care # 2	Service	Amount	Add-Ons	Average Cost
Indicators of Level 2: Psychiatric signs and symptoms are present within the last 12 months GAF, MGAF, DLA-20: 48 – 61 And/or Co-Occurring (Mental disorder & Substance abuse) COD Quadrant 1 ASAM Level I	**Recommended Length of Services: 3 months to 6 months**			
	1. Diagnosis/Assessment	> Maximum of 2 contacts per episode of need (it may take 2 times to complete assessment) > Meets criteria as a seriously mentally ill individual, with or without a co-occurring substance abuse disorder. > Mild functional impairments in self-care, daily living skills, social/interpersonal functioning and/or educational/occupational role are evident but the individual has the ability to benefit from sustained, offered services and supports to perform and maintain essential activities of daily living.	> Prevention > Self help tools > MyStrength APP	
	2. Service > Counseling/Psychotherapy > Support coordination services	> A combination of office and community based services are appropriate in meeting needs. The individual requires some assistance to link to and coordinate or follow-up with community resources/services/supports, including housing and employment resources, development of social networks, scheduling appointments and meetings, engagement of natural supports, and benefit coordination.	> AA/NA Support Groups > Club House > Psychosocial Rehabilitation	
	3. Risk of Harm	> Risk of harm to self or others is low and suicidal or homicidal ideation is only transient, with no recent serious attempts to harm self or others		

	4. Crisis Interventions	> As needed, no maximum > Crisis and Safety plan	> Hotline > Mental Health Education and Referral	
	5. Frequency of Services	> Frequency of services is determined by consumer need and preferences, but typically will occur not more than once weekly but not less than once quarterly. Up to 12 Individual Sessions per episode of need. Up to 12 group sessions per episode of need > Minimum of 1 contact per week until stable in medication.		
	6. Medication/Somatic Services	> Psychiatric Evaluation if needed to be completed within 30days of admission. > Minimum of 1 contact a month with Medical Staff, until stable on meds		

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Possible descriptors:

- No recent history of hospitalizations
- No imminent danger to self or others
- Good structure and supports in his/her life
- Everyday functioning is somewhat impaired
- Potential for compliance is good
- The customer presents as somewhat unstable because of situational loss or an occurrence
- Acute stabilization may be needed

Discharge Criteria:

- Stable on meds
- Self administers meds
- Means of obtaining meds when discharged3
- Community integration
- Community support
- No substance abuse
- Medical needs addressed
- Minimal symptoms
- Client is goal directed
- Employed or otherwise consistently engaged (volunteer, etc.)
- Client has a good understanding of illness
- Family or significant other(s) understand the illness

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Level of Care # 3	Service	Amount	Add-Ons	Average Cost
Indicators of Level: GAF 31 – 50 Diagnosis of "Chronic" Substance Abuse/Dependence ASAM Level I **OR** Co-Occurring Diagnoses (Mental illness & Substance abuse/dependence) – COD Quadrants 2 & 4 ASAM Level I **Additional Service Eligibility:** Moderate Levels in at least 7 of the 20 Daily Living Activities (DLA20©) OR 3 of Client willingness to participate in services as documented on Tx Plan	**Recommended Length of Services: 9 months to 18 months**			
	> **Diagnosis/Assessment**	> Maximum of 2 contacts per episode of need (it may take 2 times to complete assessment) > Meets criteria as a seriously mentally ill individual, with or without a co-occurring substance abuse disorder.	> Mental Health Education & Referral	
	> **Services** > **Specialized Outpatient** > **Targeted Case Management (Low)** Generally requires a multi-disciplinary system of supports and other professional support are usually involved, as well as para-pro-staff support.	> The individual has an ongoing, consistent need for all components of TCM, including assessment, planning, linkage, advocacy, coordination and monitoring.	> AA/NA Support Groups > Peer support > Supported Employment > CLS > Club House > Psychosocial Rehabilitation	
	> **Frequency of Services**	> Frequency of services is determined by consumer need and preferences, but typically will occur not more than once weekly but not less than once quarterly. > Up to a maximum of 2 hr/wk. > Up to 12 Individual Sessions per episode of need > Up to 12 group sessions per episode of need		

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	> **Risk of Harm**	> There is a low to moderate risk of self or other harm and may be transient suicidal or homicidal ideation but no serious recent attempts and no substantial plan of action to harm		
	> **Crisis Interventions**	> As needed, no maximum	> Hotline Services	
	> **Medication/Somatic Services**	> Psychiatric Evaluation completed at first contact within 2 weeks of admission. > Minimum of 1 contact a month with Medical Staff, until stable on meds		
Possible descriptors: > Prior history of hospitalizations - past 2 years > No imminent danger to self or others > Moderate structure and supports in his/her life > Everyday functioning is impaired > Potential for compliance fair to good > However, the person is tenuous and feels unstable because of situational loss or an occurrence > No acute stabilization needed	**Discharge Criteria:** > Stable on meds > Self administers meds > Means of obtaining meds when discharged > Community integration > Community support > No substance abuse > Medical needs addressed > Minimal symptoms > Client is goal directed > Employed or otherwise consistently engaged (volunteer, etc.) > Client has a good insight > Family or significant other(s) understand the illness			

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Level of Care # 4	Service	Amount	Add-Ons	Average Cost
Indicators of Level: Diagnosis of: Schizophrenia; Major Depressive Disorders; Bipolar Disorders; Other Psychotic Disorders; or Schizoaffective Disorder. **And** GAF, MGAF, DLA-20 21 – 40 **OR** Diagnosis of "Chronic" Substance Dependence ASAM **OR** Co-Occurring Diagnoses (Mental illness & Substance abuse/dependence) ASAM	**Recommended Length of Services: 1 to 2 years**			
	1. Diagnosis/Assessment	> Meets criteria as a seriously mentally ill individual with or without a co-occurring substance abuse disorder with currently moderate signs and symptoms. Moderate functional impairments in self-care, daily living skills, social / interpersonal functioning and/or educational/ occupational role are evident. > Maximum of 4 contacts per episode of need (the assessment can be completed in 4 sessions)	> Mental Health Education & Referral > Self Help tools	
	2. Services: > **Specialized Outpatient** > **Targeted Case Management (High)** The individual has multiple service needs, has a high level of vulnerability, requires access to a continuum of mental health services from the PIHP, and/or is unable to independently access and sustain involvement with needed services.	> The frequency of contacts with an individual consumer at any one time will depend on the needs and preferences of the individual consumer. > The individual has an ongoing, consistent need for all components of TCM, including assessment, planning, linkage, advocacy, coordination and monitoring. > Requires a multi-disciplinary system of supports and other professional support are involved as well as para-pro-staff support.	> AA/NA Support Groups > Per support Services > Supported Employment > Supported Housing > Respite > Club House > Psychosocial Rehabilitation	

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	3. Risk of Harm	> There may be a moderate risk of self or other harm and may be transient suicidal or homicidal ideation, but no serious recent attempts and no substantial plan of action to harm		
	4. Frequency of Services	> Contacts can occur as often as needed (even daily), but will occur as frequently as once weekly and are largely community based.		
	5. Crisis Interventions	> As needed, no maximum > Safety plan and crisis plan	> Hotline Services	
	6. Medication/Somatic Services	> Psychiatric Evaluation within 2 weeks of admission. > Minimum of 1 contact a month with Medical Staff, until stable on meds		
Additional/Optional Service Eligibility: Severe Levels in at least 7 of the 20 Daily Living Activities (DLA20©) Client willingness to participate in services as documented on Tx Plan	**7. Additional Supports as indicated by the Person Centered Plan**	> Provision of Community Living Supports > Psychosocial Rehabilitation Services > Family Psycho-education > Dialectic Behavioral Therapy > Cognitive Behavioral Treatment > Trauma Specific Treatment > Other	> Peer support > Supported Employment - at least 1 visit per month > Supported Housing - at least 4 visits per month > Respite or close family supervision Drop-in Program > CLS	

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Possible descriptors:	**Discharge Criteria:**	
> Potential for harm to self or others if not managed well > Recent hospitalizations > Co-occurring medical or substance abuse which could be life threatening > Compliance is poor, inconsistent > Everyday functioning is significantly impaired > Frequent crisis management needed > If not with ACT or intensive programming on a weekly basis, the client is at risk > Intractable symptoms > No supports or very limited > Structure less without CMHC > High use of psychiatric emergency services during the past 18 months	> Reduced Level of Need when criteria are met for level 3 or admission to ACT (Level 5)	

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Level of Care # 5	Service	Amount	Add-Ons	Average Cost
Indicators of Level: Diagnosis of: Schizophrenia; Major Depressive Disorders; Bipolar Disorders; Other Psychotic Disorders; or Schizoaffective Disorder. **And** GAF(mGAF) 11 – 30 Diagnosis of Substance Dependence ASAM **OR** Co-Occurring Diagnoses (Mental disorder/illness & Substance dependence) – COD Quadrants 3 **and** ASAM	**Recommended Length of Services: 2 to 3 years**			
	1. Diagnosis/Assessment	> Meets criteria as a seriously mentally ill individual with or without a co-occurring substance abuse disorder. > Requires intensive, community based supports, and without ACT, would require more restrictive services and/or settings. Individual has significant impairment of self-care and independent functioning and difficulty managing medications without ongoing support or experience symptoms despite medication treatment adherence. > Maximum of 4 contacts per episode of need	> Mental Health Education and Referral	
	2. Services	> Individual is often at high risk of arrest, incarceration, inpatient, or other crisis service use, but with ACT can remain safely in the community with intensive, 24/7 supports requiring a multi-disciplinary team. Service intensity requirements are up to several times daily as needed, but no less than 2 times weekly. Risk to self or others is not immediate, but assessment of risk potential is consistently and frequently done.	> Peer Support Specialist > IDDT services > Other Evidence Based Practices > CLS services > Transportation > Community Groups AA, Double Trouble, > Drop in Center > Club House > Psychosocial Rehabilitation	

	3. Risk of Harm	> Risk to self or others is not immediate, but assessment of risk potential is consistently and frequently done.		
	4. Frequency of Services	> Service intensity requirements are up to several times daily as needed, but no less than two times weekly		
	5. Crisis Interventions	> As needed, no maximum > Safety Plan > Crisis Plan > If receiving DBT services 24/7 phone coaching	> Hotline Services	
	6. Medication/Somatic Services	> Psychiatric Evaluation within 2 weeks of admission > Contact with Medical Staff as needed		

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> **Possible descriptors:** > No imminent danger to self or others > Weak structure and supports in his/her life > Everyday functioning is impaired > Potential for compliance good to strong > Client willing & able to commit to program structure & expectations > Client does not require acute stabilization of MH symptoms	> **Transition Criteria:** > Reduced Level of care when criteria are met. > Admission to Residential Treatment Setting > Placed in a nursing home with no imminent discharge date > Incarceration with no imminent release date			

LEVEL OF CARE CRITERIA FOR CHILDREN

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Inpatient Admission Certification Criteria: Children

An Acute Inpatient program is designed to provide medically necessary, intensive assessment, psychiatric treatment and support to a child/adolescent with a DSM-5 diagnosis and/or co-occurring disorder experiencing an acute exacerbation of a psychiatric condition. The Acute Inpatient setting is equipped to serve children/adolescents at high risk of harm to self or others and in need of a safe, secure, locked setting. The purpose of the services provided within an Acute Inpatient setting is to stabilize the child/adolescents acute psychiatric conditions.

Inpatient psychiatric care may be used to treat a mentally ill/emotionally disturbed child or adolescent who requires care in a 24-hour medically structured and supervised facility. The Severity of Illness (SI)/Intensity of Service (IS) criteria for admission are based on the assumption that the consumer is displaying signs and symptoms of a serious psychiatric disorder, demonstrating functional impairments and manifesting a level of clinical instability (risk) that are, either individually or collectively, of such severity that treatment in an alternative setting would be unsafe or ineffective.

Medicaid coverage is dependent upon active treatment being provided at the medically necessary level of care.

This level of care should not be authorized solely as a substitute for management within the adult corrections, juvenile justice or protective services systems, as an alternative to specialized schooling (which should be provided by the local school system), or to or simply to serve as respite or housing.

Criteria : Must meet all Three

1. Diagnosis	The child/adolescent must be suffering from a mental illness, reflected in a primary, validated, DSM V, or ICD-10 Diagnosis (not including V Codes. A situation in which: because of a mental health conditions: 1) The child/adolescent presents an immediate danger to self or others; or 2) the child/adolescent mental health is at risk of serious deterioration; or 3) the child/adolescent believes that he or she presents an immediate danger to self and others or that his or her mental or physical health is at risk of serious deterioration

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2. Severity of Illness: At least one of the following manifestations is present	**2.1 Signs and Symptoms**	> There is an indication of actual or potential imminent danger to self which cannot be controlled outside of a 24-hour treatment setting > Indications include serious suicidal ideation or attempts, severe self-mutilation or other serious self-destructive actions. > There is an indication of actual or potential imminent danger to others and the impulses to harm others cannot be controlled outside of a 24-hour treatment setting. An example of an indication includes a current threat and means to kill or injure someone. > There is disordered or bizarre thinking, psychomotor agitation or retardation, resulting in extensive interference with activities of daily living so the child/adolescent cannot function at a lower level of care and/or a loss of impulse control or impairment in judgment leading to behaviors that place the consumer or others in imminent danger. These behaviors cannot be controlled outside of a 24-hour treatment setting. > There is a co-existing medical illness that complicates the psychiatric illness or treatment. Together the illnesses or treatment pose a high risk of harm for the consumer, and cannot be managed outside of a 24-hour treatment setting. > Disorientation, seriously impaired reality testing, defective judgment, impulse control problems and/or memory impairment severe enough to endanger the welfare of the child/adolescent and/or others. > At least one of the following manifestations is present: • Psychiatric Signs and Symptoms ○ Intense cognitive/perceptual/effective disturbance ○ Impaired reality testing/judgement/impulse control severe enough to endanger the welfare of the person and/or others.

	2.2 Functional Impairment	> The child/adolescent demonstrates disruptions in self-care, inability to attend to basic needs, impairments in interpersonal functioning, and/or severe deterioration in education/occupational role performance. The child/adolescent is unable to attend to basic self-care tasks (Developmentally/age appropriate.) due to psychiatric disorder (see CAFAS scores). > There is evidence of grave impairment in interpersonal functioning and/or extreme deterioration in the child/adolescent ability to meet current educational/ occupational role performance expectations (developmentally/age appropriate).
	2.3 Harm to Self and others	**Harm to Self** > There is serious suicidal ideation or attempts, severe self-mutilation or other serious self-destructive actions. > F. There is a co-existing medical illness that complicates the psychiatric illness or treatment. Together the illnesses or treatment pose a high risk of harm for the consumer, and cannot be managed outside of a 24-hour treatment setting. > Self-Mutilation and/or Reckless Endangerment: There is evidence of current behavior, or recent history. There is a verbalized threat of a need or willingness to self-mutilate, or to become involved in other high-risk behaviors; and intent, impulsivity, plan and judgment would suggest an inability to maintain control over these ideations. > Other Self-Injurious Activity: The child/adolescent has a recent history of drug ingestion with a strong suspicion of overdose. **Harm to Others** > There is an indication of actual or potential imminent danger to others and the impulses to harm others cannot be control without 24 hours supervision. Examples include a current threat and means to kill or injure someone. > Serious assaultive behavior has occurred, and there is a risk of escalation or repetition of this behavior. > There is expressed intention to harm others and a plan and/or means to carry it out and the level of impulse control is non-existent or impaired (due to psychotic symptoms, especially command or verbal hallucinations, impaired judgment, or psychological symptoms, such as persecutory delusions and paranoid ideation). > There has been significant destructive behavior toward property that endangers others.

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3. Intensity of services: The child/adolescent meets the intensity of service requirements if inpatient services are considered medically necessary and if the child/adolescent requires at least one of the following	> Close and continuous skilled medical observation and supervision are necessary to make significant changes in psychotropic medications. > Close and continuous skilled medical observation is necessary due to otherwise unmanageable side effects of psychotropic medications. > Continuous observation and control of behavior (e.g., isolation, restraint, closed unit, suicidal/homicidal precautions) is needed to protect the child/adolescent, others, and/or property, or to contain the child/adolescent so treatment may occur. > A comprehensive multi-modal therapy plan is needed, requiring close medical supervision and coordination, due to its complexity and/or the severity of the child/adolescent signs and symptoms.

Other

Drug/Medication Complications or Co-Existing General Medical Condition Requiring Care

> The child/adolescent has experienced severe side effects of atypical complexity from using therapeutic psychotropic medications.

> The child/adolescent has a known history of a psychiatric disorder that requires psychotropic medication for stabilization of the condition, and the adjustment or re-initiation of medications following discontinued use requires close and continuous observation and monitoring, and this cannot be accomplished at a lower level of care due to the consumer's condition or to the nature of the procedures involved.

> There are concurrent significant physical symptoms or medical disorders that necessitate evaluation, intensive monitoring and/or treatment during medically necessary psychiatric hospitalization, and the co-existing general medical condition would complicate or interfere with treatment of the psychiatric disorder at a less intensive level of care.

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Special Consideration: Concomitant Substance Abuse

The underlying or existing observation and treatment psychiatric diagnosis must be the primary cause of the consumer's current symptoms or represents the primary cause of the consumer's current symptoms or represents the primary reason observation and treatment are necessary in the hospital setting.

Partial Hospitalization and Admission Certification Criteria Children/adolescents:

Partial Hospitalization is an intensive, structured and medically staffed, psychiatrically supervised treatment program intended for stabilization of acute psychiatric symptoms. Partial Hospitalization is designed for consumers with serious behavioral disorders or disturbances of community functioning that require an intensive, highly coordinated multi-modal ambulatory care with active psychiatric supervision. Support systems and/or family should be available and willing to assist the child/adolescent with participation in treatment.

Partial Hospitalization offers intensive, multi-modal structured clinical services within a stable therapeutic milieu setting. An individualized family centered treatment plan is developed, reviewed and updated on a regular basis or if significant changes had occurred in the child/adolescent or family. Coordination of care with assigned staff is expected. Partial Hospitalization programs may vary considerably depending upon the age and severity of illness of the child/adolescent for whom the program is designed. This level of care is available for all age ranges, but admission should be to a program that is age appropriate. If length of stay is over 14 days for school age consumers, elementary and secondary schooling funded through the local school system or by the facility is expected.

Medicaid coverage is dependent upon active treatment being provided at the medically necessary level of care.

Criteria : Must meet all Three	
1. Diagnosis	The child/adolescent must be suffering from a mental illness, reflected in a primary, validated, DSM-V or ICD-10 Diagnosis (not including V Codes).

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2. Severity of Illness: At least two of the following manifestations are present	**2.1 Signs and Symptoms**	> The child/adolescent exhibits acute disabling psychiatric symptoms of sufficient severity to bring about a significant impairment in day to day social, vocational, and/or educational functioning. > The child/adolescent is able to exhibit adequate control over behavior so that he or she is not an immediate danger to self or others. The child/adolescent support system is able and willing to access emergency services when necessary. > The child/adolescent, support system and/or family has the capacity for active participation in all phases of the treatment program, and support systems are adequate to assist the consumer to participate in the program and remain in the community. > Some prominent disturbance of thought processes, perception, affect, memory, consciousness, somatic functioning (due to a severe emotional disturbance) or behavior exists (e.g., intermittent hallucinations, transient delusions, panic reactions, agitation, obsessions/ruminations, severe phobias, depression, etc.) and is serious enough to cause disordered or aberrant conduct, impulse control problems, questionable judgment, psychomotor acceleration or retardation, withdrawal or avoidance, compulsions/rituals, impaired reality testing and/or impairments in functioning and role performance. The disordered or aberrant conduct or activity and/or the level of agitation are not so severe, extreme or unstable so as to require frequent restraints or to pose a danger to others.
	2.2 Functional Impairment	> The child/adolescent seriously neglects age appropriate self-care tasks (e.g., hygiene, grooming, etc.) due to a severe emotional disturbance. > Child/adolescent needs structure and supervision for a significant portion of the day, and with family/community support when away from the partial hospitalization program. > The child's interpersonal functioning is significantly impaired (e.g., seriously dysfunctional communication, extreme social withdrawal, etc.).

		> There has been notable recent deterioration in meeting educational/occupational responsibilities and role that are developmentally/ age appropriate expectations.
	3.3 Harm to Self and others	**Danger to Self** > There is modest danger to self reflected in intermittent self-harm ideation, expressed ambivalent inclinations without a plan, non-intentional threats, mild and infrequent self-harm gestures (low lethality/intent) or self-mutilation, passive death wishes, or slightly self-endangering activities. > The child/adolescent has not made any recent significant (by intent or lethality) suicide attempts, nor is there any well-defined plan for such activity, **or**, if there have been recent significant actions, these inclinations/behaviors are now clearly under control and the child/adolescent no longer needs/requires 24-hour supervision to contain self-harm risk.
		Danger to Others > Where assaultive tendencies exist, there have been no overt actions and there is reasonable expectation, based upon history and recent behavior, that the child/adolescent will be able to curb these inclinations. > There have been destructive fantasies described and mild threats verbalized, but the child/adolescent appears to have impulse control, impaired judgment, and reality orientation sufficient to suppress urges to act on these imaginings or expressions. > There has been minor destructive behavior toward property without endangerment of others.

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3. Intensity of services: The child/adolescent requires at least one of the following:	The child/adolescent meets the intensity of service requirements if partial hospitalization services are considered medically necessary. □ The child/adolescent requires intensive, structured, coordinated, multi-modal treatment and supports with active psychiatric supervision to prevent need for inpatient care. □ The child/adolescent has reached a level of clinical stability (diminished risk) diminishing the need for continued care in a 24-hour protective environment but continues to require active, intensive, treatment and support to relieve/reverse disabling psychiatric symptomatology and/or residual functional impairments. □ Routine medical observation and supervision is required to effect significant regulation of psychotropic medications and/or to minimize serious side effects.
4. Other	**Drug/Medication Complications** The child/adolescent has experienced side effects of atypical complexity resulting from psychotropic drugs and regulation/correction/monitoring of these circumstances cannot be accomplished at a lower level of care due to the child/adolescent's condition or to the nature of the procedures involved. The child/adolescent needs evaluation and monitoring due to significant changes in medication.

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Crisis Residential Admission Criteria Children/Adolescents:

Intensive crisis residential services may be used to treat a child/adolescent with a severe emotional disturbance, who requires short-term care in a structured, supervised and licensed residential facility *as an alternative to inpatient care*. Children/adolescents utilizing such facilities are assumed to be experiencing an acute psychiatric crisis, or to be in need of an interim program in order to shorten the length of stay of psychiatric inpatient episode. The Severity of Illness (SI)/Intensity of Service (IS) criteria for admission presume that while the child/adolescent generally meets the basic criteria for inpatient care (e.g., displaying significant signs and symptoms of a psychiatric disorder, demonstrating serious functional impairments, some level of risk) he/she is <u>not</u> (at the time of admission) exhibiting as severe a degree of *clinical instability* (not at imminent risk of self/other harm) as those child/adolescents who require inpatient care, *nor are there serious medication or medical complications* that would necessitate treatment in a medical facility. Therefore, where available, crisis residential services may be a safe and appropriate alternative for child/adolescents who meet the SI/IS criteria for this level of care.

Medicaid coverage is dependent upon active treatment being provided at the medically necessary level of care.

Criteria : Must meet all Three		
1. Diagnosis	The child/adolescent must be suffering from a severe emotional disturbance reflected in a primary, validated, DSM-V or ICD-10 Diagnosis (not including V Codes).	
2. Severity of Illness: At least one of the Following manifestations is present	**2.1 Signs and Symptoms**	A substantial disturbance of thought processes, perception, affect, memory or consciousness (due to a severe emotional disturbance) exists and is severe enough to cause disordered/bizarre behavior, diminished impulse control, significantly flawed judgment, moderate psychomotor acceleration or retardation, impaired capacity to recognize reality, and/or impairments in developmentally/age appropriate activities of daily living. The disordered/bizarre behavior or level of agitation is not so severe or extreme to require frequent restraints or to pose a danger to others receiving services at the residence.

	2.2 Functional Impairment	The child/adolescent has insufficient capability to adequately attend to developmentally/age appropriate basic self-care tasks due to a psychiatric disorder.

		> The child/adolescent's interpersonal functioning is seriously impaired or dysfunctional, necessitating temporary separation from the natural support system/ family/school and living arrangement. > The child/adolescent is acutely incapacitated in educational/occupational role performance due to an active psychiatric disorder.
	2.3 Harm to Self and others	**Danger to Self** > There is some danger to self, reflected in self-harm ideations with or without a plan, recent gestures with low lethality/intent, or minor, non-severe, self-injurious behavior (light cutting). > There are intermittent expressions/verbalizations of self-harm inclinations, thoughts of self-mutilation, passive wishes to die, but no persistent or unrelenting self-harm preoccupations, and no recent significant physical actions (deliberate or reckless endangerment behavior) involving actual, direct, serious harm to self. > There *may* have been recent significant self-harm actions, but these inclinations/behaviors are now clearly under control, and the child/adolescent is not considered to be at imminent
		or serious risk if monitored in a 24-hour program with adequate supervision and supports. **Danger to Others** > The child/adolescent has expressed a wish to harm others, but has not made any plans or acquired the means to carry this out, and there is evidence of some impulse control and reality orientation. > The child/adolescent may have threatened others verbally, but there have been no assaultive actions, no preparation for such actions, and there is nothing in the child/adolescent's recent behavior to suggest these threats will be carried out.

		> There may have been minor destructive behavior toward property that has not materially endangered others.
3. Intensity of services: The child/adolescent meets the intensity of service requirements, crisis residential services are considered medically necessary, and the child/adolescent requires at least one of the following	The child/adolescent requires a highly structured, supervised care setting to prevent elevation of symptom acuity, to recover developmentally/ age appropriate functional living skills, and to strengthen internal coping resources. > Consistent observation and supervision of behavior are needed to compensate for impaired reality testing, temporarily deficient internal controls, and/or faulty self- preservation inclinations. > The child/adolescent has reached a level of clinical stability (diminished risk) obviating the need for restrictive inpatient care, but continues to require a structured and supervised 24-hour program to consolidate inpatient progress. > Frequent monitoring of medication regimen and response is necessary and compliance is doubtful without consistent supervision and support. > The child/adolescent needs to be temporarily separated from his/her natural environment, current living situation and/or support systems due to severely impaired interpersonal functioning and the risk of further deterioration of his/her condition and of support circumstances if an alternative setting is not utilized. > A concentrated, comprehensive, intensive program of treatments, services and supports is indicated by the complexity and/or the severity of the consumer's signs and symptoms.	
4. Other	**Drug/Medication Complications** Stabilization of symptoms related to the psychiatric crisis requires adherence to a medication regimen, and initial compliance cannot be reliably assured (due to impaired cognition, consciousness, memory or judgment) without recurrent monitoring and supervision.	

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Intensive Crisis Stabilization Services Criteria: Children and Adolescents

Intensive Crisis Stabilization Services are an intensive combination of community-based treatment and supports provided to child/adolescents in crisis at a place or place chosen by the child/adolescent and his/her support system, intended as a substitute for hospital emergency room services and/or inpatient psychiatric care. It is the intensity of the services and supports provided, rather than the setting, that distinguishes this level of care. The Severity of Illness (SI)/Intensity of Service (IS) criteria for admission are based upon the assumption that the consumer is experiencing a severe psychiatric crisis (signs and symptoms of an severe emotional disturbance, impaired functioning and coping abilities, a significant degree of clinical instability) and is considered to be at risk of inpatient hospitalization or out-of-home placement unless considerable support and intensive interventions are provided. Intensive crisis stabilization services may also be appropriate for individuals recently discharged from protective care facilities, *if* such services are used to decrease the length of stay in the protective environment or to forestall the need for readmission to the facility.

Medicaid coverage is dependent upon active treatment being provided at the medically necessary level of care.

Criteria : Must meet all Three		
1. Diagnosis and Assessment	The child/adolescent must be suffering from an <u>acute</u> problem of disturbed thought, memory, perception, behavior, mood or social relationship (reflected in a primary, validated, DSM-V or ICD-10 Diagnosis, (not including V Codes) that requires both <u>immediate</u> intervention and sustained support over a limited period of time. Child/adolescents exhibiting residual impairments after discharge from an inpatient psychiatric stay *may* also be suitable for application of this level of care intensity ***<u>if it will significantly reduce the risk of relapse.</u>***	
2. Indicators of the Level	**2.1 Signs and Symptoms**	□ Emotional Distress - Psychiatric □ Acute, substantial, disturbance of cognition, memory, mood/affect, perception, and/or behavior due to severe emotional distress or mental illness, with functional impairments. □ Symptom acuity does not pose an immediate risk of substantial harm to the child/adolescent or others, or if a risk of substantial harm exists, protective care (with appropriate medical/psychiatric supervision) has been arranged.

	2.2 Functional Impairment	> The child/adolescent exhibits an acutely diminished ability to perform developmentally/age appropriate activities of daily living skills, has impairment in adequately functioning in familial, social, and educational/occupational roles due to substantial emotional distress or an acute severe emotional disturbance. > The child/adolescent is able to attain or maintain adequate ability/performance in self-care, daily living skills, interpersonal/social, and/or educational/occupational domains only with sustained support and assistance. > Current impairment/incapacitation in functioning represents a change from baseline ability/performance, and will likely remit or subside with time- limited intensive support and assistance.
	2.3 Harm to Self and others	**Danger to Self** > Child/adolescent verbalizes passive death wishes or ideas, intermittent self-harm ideation without a plan, fleeting thoughts of methods/means without sustained intent, expressed ambivalent inclinations. > Child/adolescent engages in superficial self-injurious actions as a gesture of discontent or as a coping mechanism. > Child/adolescent has not made any recent, significant (by intent or lethality) suicide attempts, nor is there any well-defined plan for such activity. **Danger to others** > Child/adolescent verbalizes minor threats or expresses non-specific hostility toward others, but appears to have sufficient judgment and impulse control to avoid acting on these impulses. There is no recent history of violent or seriously destructive acts.

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Home Based Children: Zero through Three

Unique criteria must be applied to define serious emotional disturbance for the birth to age three population, given: 1) The magnitude and speed of developmental changes through pregnancy and infancy, 2) The limited capacity of the very young to symptomatically present underlying disturbances, 3) The extreme dependence of infants and toddlers upon caregivers for their survival and well-being and 4) The exceptional vulnerability of the very young to other relationship and environmental factors.
In addition, Family must meet **one or more** of the following risk criteria: 1) parent has a current or significant history of a primary psychiatric diagnosis, 2) parent is 17 years of age or younger, 3) parent has a history of child abuse or neglect, 4) a parent is currently or has a history of abusing substances, 5) infant is in a neonatal intensive care unit, 6) infant has failure to thrive due to psychosocial causes, 7) family is otherwise deemed to be high risk due to the presence of significant stressors.

The following is the recommended procedure for determining when a beneficiary is considered seriously emotionally disturbed or at high risk for serious emotional disturbance, qualifying for Mental Health Home-Based Services. All of the dimensions must be considered when determining if a child is eligible for home-based services.

Parents at risk and Pregnant woman are eligible for this services

Criteria : Must meet all Three		
1. Diagnosis	Child has a mental, behavioral, or emotional disorder sufficient to meet diagnostic criteria specified within the current version of the DSM or ICD not solely the result of mental retardation or other developmental disability, drug/alcoholism or those with a V-code diagnosis, and the beneficiary meets the criteria listed below for degree of disability/functional impairment and duration/service history Includes pregnant woman at risk.	
2. Severity of Illness:	**2.1 Signs and Symptoms**	The very young age and rapid transition of infants and toddlers through developmental stages makes consistent symptomology over time unlikely. However, indicators that a disorder is not transitory and will endure without intervention include: The infant/toddler disorder(s) is affected by persistent multiple barriers to normal development (regulatory

		disorders, inconsistent care giving, chaotic environment, etc.); or Infant/toddler did not respond to less intensive, less restrictive intervention.
	2.2 Functional Impairment	Substantial interference with, or limitation of, the child's proficiency in performing age appropriate skills as demonstrated by a least one indicator drawn from two of the following areas: □ General and/or specific patterns of reoccurring behaviors or expressiveness indicating affect/modulation problems, e.g., uncontrollable crying or screaming, sleeping and eating disturbances and recklessness; the absence of developmentally expectable affect, such as pleasure, displeasure, joy, anger, fear, curiosity; apathy toward environment and caregiver. □ Distinct behavioral patterns coupled with sensory, sensory motor, or organizational processing difficulty (homeostasis concerns) that inhibits the child's daily adaptation and interaction/relationships. For example, a restricted range of exploration and assertiveness, dislike for changes in routine, and/or a tendency to be frightened and clinging in new situations, coupled with over-reactivity to loud noises or bright lights, inadequate visual-spatial processing ability, etc. □ Incapacity to obtain critical nurturing (often in the context of attachment/separation concerns) as determined through the assessment of child, care giver and environmental characteristics. For example, the infant shows a lack of motor skills and/or language expressiveness, appears diffused, unfocused and undifferentiated, expresses anger, obstinacy and whines, in the presence of a care giver who often interferes with the infants goals and desires, dominates the informant through over control, does not reciprocate to the child's gestures, and/or whose anger, depression or anxiety results in inconsistent care giving.

	2.3 Harm to Self and others	Non applicable to the child. However, assessment for environmental and care giver ability to keep child safe need to be evaluated
3. Intensity of services:	Services provided in a home-based services program range from assisting beneficiaries to link to other resources that might provide food, housing, and medical care, as well as providing more therapeutic interventions such as family therapy or individual therapy, or services to restore or enhance functioning for individuals, couples, or families. A minimum of 4 hours of individual and/or family face-to-face home-based services per month will be provided by the primary home-based services worker or, if appropriate, the evidence-based practice therapist. In addition, it is expected that adequate collateral contacts, including non-face-to-face collateral contacts, with school, caregivers, child welfare, court, psychiatrist, etc. will be provided to implement the plan of service. The amount and scope of home-based services to families as they transition out of home-based services into a less intensive service or to case closure can be determined by family-driven and youth-guided decision making to maintain continuity of treatment and ensure stability. Variation from the required intensity of services for families transitioning out of home-based services must be documented in the plan of service. This transition period is not to exceed 3 months.	
4. Crisis Interventions	Crisis intervention services must be available 24 hours a day, 7 days a week, via availability of home-based services staff or agency on-call staff. If after hours crisis intervention services are provided to a family by staff other than the primary home based services works, procedures must be in place which provide the on-call staff access to information about any impending crisis situation and the family's crisis and safety plan	
5. Other	**Drug/Medication Complications** Stabilization of symptoms related to the psychiatric crisis for parents and care givers or pregnant woman requires adherence to a medication regimen.	

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Home Based Children: Four to Six

Decisions regarding whether a child age four through six is seriously emotionally disturbed and in need of home-based services and supports utilize similar dimensions to older children. The dimensions include a diagnosable behavioral or emotional disorder, substantial functional impairment/limitation of major life activities and duration of condition. However, as with younger children birth through age three, assessment must be sensitive to the critical indicators of development and functional impairment for the age group. Significant impairments in functioning are revealed across life domains in the child's expression of affect/self-regulation, social development (generalization of attachment beyond parents, capacity for peer relationships and play, etc.), physical and cognitive development, and the emergence of a sense of self. All of the dimensions must be considered when determining if a child is eligible for home-based services.

Criteria : Must meet all Three		
1. Diagnosis Duration and Illness	A child has a mental, behavioral or emotional disorder sufficient to meet diagnostic criteria specified within the current version of the DSMV or ICD not solely the result of mental retardation or other developmental disability, drug abuse/alcoholism or those with a V-code diagnosis, and the beneficiary meets the criteria listed below for degree of disability/functional impairment and duration/service history. The following specify length of time criteria for determining when the child's functional disabilities justify his referral for enhanced support services: □ Evidence of three continuous months of illness; or □ Three cumulative months of symptomatology/dysfunction in a six-month period; or conditions that are persistent in their expression and are not likely to change without intervention	
2. Severity of Illness:	**2.1 Signs and Symptoms**	□ Limited capacity for self-regulation, inability to control impulses and modulate anxieties as indicated by frequent tantrums or aggressiveness toward others, prolonged listlessness or depression, inability to cope with separation from

The standardized assessment tool specifically targeting social-emotional functioning for children 4 through 6 years of age recommended for use in determining degree of functional impairment is the Pre-School and Early Childhood Functional Assessment Scale (PECFAS). Additional assessment tools may be utilized based on the needs of the child and/or parent(s).		primary caregiver, inflexibility and low frustration tolerance, etc. > Limited cognitive development, as indicated by restricted vocabulary, memory, cause and effect thinking, ability to distinguish between real and pretend, transitioning from self-centered to more reality-based thinking, etc.
	2.2 Functional Impairment	Substantial interference with, or limitation of, the child's proficiency in performing age-appropriate skills across domains and/or consistently within specific domains as demonstrated by at least one indicator drawn from at least two of the following areas: > Impaired physical development, sensory, sensory motor or organizational processing difficulty, failure to control bodily functions (e.g., bed wetting). > Impaired or delayed social development, as indicated by an inability to engage in interactive play with peers, inability to maintain placements in day care or other organized groups, failure to display social values or empathy toward others, absence of imaginative play or verbalizations commonly used by preschoolers to reduce anxiety or assert order/control on their environment, etc. > Care giving factors which reinforce the severity or intractability of the childhood disorder and the need for multifaceted intervention strategies (e.g., home-based services) such as a chaotic household/constantly changing care giving environments, inappropriate caregiver expectations, abusive/neglectful or inconsistent care giving, occurrence of traumatic events, subjection to others' violent or otherwise harmful behavior. > The standardized assessment tool specifically targeting social-emotional functioning for children 4 through 6 years of age recommended for use in determining degree of functional impairment is the Pre-School and Early Childhood Functional Assessment Scale (PECFAS). Additional assessment tools may be utilized based on the needs of the child and/or parent(s).
	2.3 Harm to Self and others	Non applicable to the child. Hhowever, assessment for environmental and care giver ability to keep child safe need to be evaluated

3. Intensity of services:	> Services provided in a home-based services program range from assisting beneficiaries to link to other resources that might provide food, housing, and medical care, as well as providing more therapeutic interventions such as family therapy or individual therapy, or services to restore or enhance functioning for individuals, couples, or families. > A minimum of 4 hours of individual and/or family face-to-face home-based services per month will be provided

	by the primary home-based services worker or, if appropriate, the evidence-based practice therapist. In addition, it is expected that adequate collateral contacts, including non-face-to-face collateral contacts, with school, caregivers, child welfare, court, psychiatrist, etc. will be provided to implement the plan of service. □ The amount and scope of home-based services to families as they transition out of home-based services into a less intensive service or to case closure can be determined by family-driven and youth-guided decision making to maintain continuity of treatment and ensure stability. Variation from the required intensity of services for families transitioning out of home-based services must be documented in the plan of service. □ This transition period is not to exceed 3 months.
4. Crisis Interventions	Crisis intervention services must be available 24 hours a day, 7 days a week, via availability of home-based services staff or agency on-call staff. If after hours crisis intervention services are provided to a family by staff other than the primary home based services works, procedures must be in place which provide the on-call staff access to information about any impending crisis situation and the family's crisis and safety plan
5. Other	**Drug/Medication Complications** Stabilization of symptoms related to the psychiatric crisis for parents and care givers or pregnant woman requires adherence to a medication regimen.

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Home Based Children: Seven to Seventeen

Decisions regarding whether a child or adolescent has a serious emotional disturbance and is in need of home-based services is determined by using the following dimensions: the child has a diagnosable behavioral or emotional disorder, substantial functional impairment/limitation of major life activities, and duration of the condition. For children age seven to seventeen, the Child and Adolescent Functional Assessment Scale (CAFAS) is used to make discriminations within the functional impairment dimension. All of the dimensions, as well as family voice and choice, must be considered when determining if a child is eligible for home-based services.

Criteria : Must meet all Three

1. Diagnosis Duration and Illness	The child/adolescent currently has, or had at any time in the past, a diagnosable behavioral or emotional disorder of sufficient duration to meet diagnostic criteria specified within the current version of the DSM or ICD, excluding those with a diagnosis other than, or in addition to: alcohol or drug disorders, a developmental disorder, or social conditions (V Codes). The following specify the length of time the youth's functional disability has interfered with his/her daily living and led to his/her referral for home-based services: > ƒ Evidence of six continuous months of illness, symptomatology, or dysfunction; > ƒ Six cumulative months of symptomatology/dysfunction in a twelve-month period; or > ƒ On the basis of a specific diagnosis (e.g., schizophrenia), disability is likely to continue for more than one year.	
2. Severity of Illness:	**2.1 Signs and Symptoms**	> Requires the presence of a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the DSM V and/or ICD10, and which results in a functional impairment that substantially interferes with or limits the child's role or functioning in family, school, and/or community activities > Significant severity of signs and symptoms rage from severe anxiety disorders, major depression, conduct disorder, oppositional defiant disorder, mood disorders, attention Deficit disorders, psychotic disorders or a combination of disorders > Multi system involvement (school, family, juvenal justice, DHS, etc.)

	2.2 Functional Impairment	For purposes of qualification for home-based services, children/adolescents may be considered markedly or severely functionally impaired if the minor has: > An elevated subscale score (20 or greater) on at least two elements of the Child/Adolescent Section of the CAFAS; or > An elevated subscale score (20 or greater) on one element of the CAFAS Child/Adolescent Section, combined with an elevated subscale score (20 or greater) on at least one CAFAS element involving Caregiver/Care giving Resources; or > A total impairment score of 80 or more on the CAFAS Child/Adolescent Section.
	2.3 Harm to Self and others	**Danger to Self** > There is modest danger to self-reflect in intermittent self-harm ideation, expressed ambivalent inclinations without a plan, non-intentional threats, mild and infrequent self-harm gestures (low lethality/intent) or self-mutilation, passive death wishes, or mild slightly self-endangering activities. > The child/adolescent has not made any recent significant (by intent or lethality) suicide attempts, nor is there any well-defined plan for such activity, **or**, if there have been recent significant actions, these inclinations/behaviors are now clearly under control and the child/adolescent no longer needs/requires 24-hour supervision to contain self-harm risk.
		> **Danger to Others** > Where assaultive tendencies exist, there have been no overt actions and there is reasonable expectation, based upon history and recent behavior, that the child/adolescent will be able to curb these inclinations. > There have been destructive fantasies described and mild threats verbalized, but the child/adolescent appears to have impulse control, impaired judgment, and reality orientation sufficient to suppress urges to act on these imaginings or expressions. > There has been minor destructive behavior toward property without endangerment of others.

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3. Intensity of services:	□ Services provided in a home-based services program range from assisting beneficiaries to link to other resources that might provide food, housing, and medical care, as well as providing more therapeutic interventions such as family therapy or individual therapy, or services to restore or enhance functioning for individuals, couples, or families. □ A minimum of 4 hours of individual and/or family face-to-face home-based services per month will be provided by the primary home-based services worker or, if appropriate, the evidence-based practice therapist. In addition, it is expected that adequate collateral contacts, including non-face-to-face collateral contacts, with school, caregivers, child welfare, court, psychiatrist, etc. will be provided to implement the plan of service. □ The amount and scope of home-based services to families as they transition out of home-based services into a less intensive service or to case closure can be determined by family-driven and youth-guided decision making to maintain continuity of treatment and ensure stability. Variation from the required intensity of services for families transitioning out of home-based services must be documented in the plan of service.
4. Crisis Interventions	Crisis intervention services must be available 24 hours a day, 7 days a week, via availability of home-based services staff or agency on-call staff. If after hours crisis intervention services are provided to a family by staff other than the primary home based services works, procedures must be in place which provide the on-call staff access to information about any impending crisis situation and the family's crisis and safety plan
5. Other	**Drug/Medication Complications** Stabilization of symptoms related to the psychiatric crisis for parents and care givers or pregnant woman requires adherence to a medication regimen.

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Outpatient Services for Children and Adolescents	
Criteria :	
Outpatient as stepping down service	□The child/adolescent met criteria for seriously emotional disturbance/serious mental illness at some point in the past (indicated by diagnosis, intensity of current signs and symptoms, and substantial impairment in ability to perform daily living activities (or for minors, substantial interference in achievement or maintenance of developmentally appropriate social, behavioral, cognitive, communicative or adaptive skills). □ The child/adolescent was formerly significantly or seriously mentally ill at some point in the past (served in home based services and/or wraparound services). Signs and symptoms of the former serious disorder have substantially moderated or remitted and prominent functional disabilities or impairments related to the condition have largely subsided (there has been no serious exacerbation of the condition within the last 12 months). The beneficiary currently needs ongoing routine medication management without further specialized services and supports. The child/adolescent is currently or has recently been (within the last 12 months) seriously mentally ill or seriously emotionally disturbed as indicated by diagnosis, intensity of current signs and symptoms, and substantial impairment in ability to perform daily living activities (or for minors, substantial interference in achievement or maintenance of developmentally appropriate social, behavioral, cognitive, communicative or adaptive skills). □ The child/adolescent does not have a current or recent (within the last 12 months) serious condition but was formerly seriously impaired in the past. Clinically significant residual symptoms and impairments exist and the beneficiary requires specialized services and supports to address residual symptomatology and/or functional impairments, promote recovery and/or prevent relapse.

Mental Health Plan Outpatient	☐ The child/adolescent is experiencing or demonstrating mild or moderate psychiatric symptoms or signs of sufficient intensity to cause subjective distress or mildly disordered behavior, with minor or temporary functional limitations or impairments (self-care/daily living skills, social/interpersonal relations, educational/vocational role performance, etc.) and minimal clinical (self/other harm risk) instability. Referral to health plan may be needed. ☐ The child/adolescent has been treated by the MHP for mild/moderate symptomatology and temporary or limited functional impairments and has exhausted the 20-visit maximum for the calendar year. (Exhausting the 20-visit maximum is not necessary prior to referring complex cases to PIHP/CMHSP.) The MHP's mental health consultant and the PIHP/CMHSP medical director concur that additional treatment through the PIHP/CMHSP is medically necessary and can reasonably be expected to achieve the intended purpose (i.e., improvement in the child/adolescent's condition) of the additional treatment.

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Wraparound Services for Children and Adolescents

Wraparound services for children and adolescents, is a highly individualized planning process facilitated by specialized supports coordinators. Wraparound utilizes a Child and Family Team, with team members determined by the family often representing multiple agencies and informal supports.

The Child and Family Team creates a highly individualized Wraparound plan with the child/youth and family that consists of mental health specialty treatment, services and supports covered by the Medicaid mental health state plan, waiver, B3 services and other community services and supports.

The Wraparound plan may also consist of other non-mental health services that are secured from, and funded by, other agencies in the community. The Wraparound plan is the result of a collaborative team planning process that focuses on the unique strengths, values and preferences of the child/youth and family, and is developed in partnership with other community agencies. This planning process tends to work most effectively with children/youth and their families who, due to safety and other risk factors, require services from multiple systems and informal supports. The Community Team, which consists of parents/guardians/legal representatives, agency representatives, and other relevant community members, oversees Wraparound.

Criteria :	
Wraparound Services	Children/youth and families served in Wraparound shall meet two or more of the following criteria: □ Children/youth who are involved in multiple child/youth serving systems. □ Children/youth who are at risk of out-of-home placements or are currently in out-of-home placement. □ Children/youth who have been served through other mental health services with minimal improvement in functioning. The risk factors exceed capacity for traditional community based options. Numerous providers are serving multiple children/youth in a family and the identified outcomes are not being met.

School Based Services

The School-Based Services (SBS) policy requires cooperative agreements between the PIHP and the SBS provider. Any required releases of information are part of the existing requirements of the SBS provider. The quality assurance standards for SBS also requires the coordination of care with other human service agencies where appropriate, including local public health departments, community mental health agencies and the beneficiary's physician or managed care providers. In addition, enrolled SBS providers are required to cooperate with other human service agencies operating within the same service area and are not expected to replace or substitute services already provided by other agencies. When a child/adolescent receives active treatment from a SBS provider, the services must be coordinated with

the PIHP. If the PIHP provides mental health services for a special education student with serious emotional disturbance or a developmental disability, PIHP must coordinate such services and information with special education and other human services agencies serving the child/adolescent.

LEVEL OF CARE FOR INTELLECTUAL DISABILITIES

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General: The individual has a developmental disabilities bas a sever, chronic condition that meets all of the following: 1) it is attributable to a mental or physical impairment or a combination of mental and physical impairments 2) it was manifested before the individual was 22 years old 3) its likely to continue indefinitely 4) it results in substantial functional limitations in major life activities (see federal guidelines) a minimum of 3 of them.

Federal Guidelines	**Daily Living Activities (DLA-20)**	**DD Proxy**
Self-Care	Health care Practices, nutrition, sexuality, personal Hygiene, grooming and dressing	Personal care
Receptive and expressive language	Communication, family relationships, social networks	Communication Style, Ability to make self understood
Learning	Problem solving, coping skills,	
Mobility		Mobility
Self-Direction	Managing time, leisure, behavior norms	Relationships
Capacity for independent Living	Safety, alcohol and drug use, Housing stable and maintenance, community resources, social network	Nutritional intake, Challenging behaviors capacity for independent living
Economic Self-sufficiency	Productivity, managing money	We recommend supported employment

Community Living Services (CLS) Criteria (see attached document):

Section 17.3.B.- Community Living Supports of the 2014 Medicaid Provider Manual, issued by the Community Living Supports are used to increase or maintain personal self-sufficiency, facilitating an individual's achievement of his goals of community inclusion and participation, independence or productivity. The supports may be provided in the participant's residence or in community settings (including, but not limited to, libraries, city pools, camps, etc.).

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CLS: Should be documented in the plan of service Staff assisting, reminding, observing, guiding and/or training in the following activities: Meal Preparation	
Staff **assisting**, **reminding**, **observing**, **guiding** and/or **training** in the following activities:	
In consumer's Plan of Service	Services provided on date noted above
	Meal Preparation
	Laundry
	Routine, seasonal, and heavy Household care and maintenance
	Activities of daily living (bathing, eating, dressing, personal hygiene, etc/)
	Shopping for food and other necessities of daily living
Staff **assisting**, **supporting** and/ or **training** in the following activities	
In consumer's Plan of Service	Services provided on date noted above
	Money Management
	Non-medical care (not requiring nurse or physician intervention)
	Socialization and Relationship Building
	Transportation (excluding to and from medical appointments)
	Participation in regular community activities and recreation opportunities
	Attendance at medical appointments
	Acquiring or procuring goods, other that those listed under shopping and non-medical services
Staff **reminding**, **observing** and/or **monitoring** the following activity:	
In consumer's Plan of Service	Services provided on date noted above
	Medication Dispensing

LEVEL OF CARE CRITERIA FOR ADULTS

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Many aspects of life can be managed independently or with little assistance; this can include, but is not limited to activities of daily living such as eating, dressing oneself, shopping, and going out in the community. Support needs are typically intermittent rather than 24 hours per day, 7 days per week. The individual may need minimal support preparing and eating meals, dressing oneself, and other daily tasks. Oftentimes, support includes some monitoring and prompting rather than partial to full physical support. Assistance in participating in leisure activities, gaining and maintaining employment, visiting family and friends, or assistance with shopping is typically intermittent. The individual may be able to ambulate with little to no assistance.

Levels of Care: The following descriptions are to be used as guidelines and are not intended to be exclusionary or all inclusive.

Level 1:	Diagnosis: Meets criteria as an Intellectually, Developmentally Disabled individual.	
Assessment Tools/Information Sources Supports Intensity Scale, Supports Need Worksheet, DLA-20	**Assessment Indicators**	- Meets criteria as a developmentally disabled individual - Housing needs are met in the natural community home (i.e. family home or independent living, etc.) - There are established entitlements, natural supports to meet daily living needs, and otherwise the individual could benefit from basic, low-intensity support services - There is minimal risk of harm to self or others - When engaged in vocational/educational/community activity, it is often community based with minimal supports being provided - Individual is engaged with treatment - Behaviors are redirectable and require minimal intervention - No or minimal crisis management needed - Medical needs are stable and maintained

	Service Frequency and Intensity.	Suggested Services range for Level 1 as directed by the Individual Plan of Service. - Skill Building services: 0-27.5 hours per week - Community Living Supports: 0-20 hours per week - All support services combined should not exceed 30 hours per week. Short term services that may be required that exceed this range will be considered on case by case basis - Respite Services: 0-6 hours per week, in-home to provide relief of the primary care giver

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<table>
<tr><td colspan="3">Individuals in this range typically have low to mild daily supports needs and little to no support needs for medical or behavioral conditions. Support needs are typically intermittent rather than 24 hours per day, 7 days per week. The individual may need some assistance preparing food and may need assistance eating meals. Monitoring or prompting with daily dressing and daily task assistance may be necessary. Low to mild assistance in getting from place to place, gaining and maintaining employment, accessing public services or interacting with one's community may be required. Assistance in taking medications and addressing health and safety concerns may be needed.</td></tr>
<tr><td colspan="3">Level of Care: The following descriptions are to be used as guidelines and are not intended to be all inclusive or exclusionary.</td></tr>
<tr><td>Level 2</td><td colspan="2">Diagnosis: Meets criteria as an Intellectual/Developmentally Disabled Individual.</td></tr>
<tr><td rowspan="2"></td><td rowspan="2">Assessment Indicators</td><td rowspan="2">- Meets criteria as a developmentally disabled individual
- Housing needs are met in the natural community home (i.e. family home or independent living, etc.)
- Housing, entitlements, natural supports and other coordination and linking needs may not otherwise be met without Supports Coordination
- Individual could benefit from additional support and specialty services beyond basic supports
- Vocational/educational/community inclusion needs are met through community living supports, skill building and other support services
- Risk of harm to self or others is low to mild without supports in place
- Individual is generally engaged with treatment
- Behaviors are generally redirectable and require low to mild intervention
- Low to mild crisis management needed without additional supports
- Medical needs are low to mild, are managed, or may require minimal monitoring</td></tr>
<tr><td>Assessment Tools: Supports Intensity Scale, Supports Need Worksheet, DLA 20</td></tr>
</table>

	Service Frequency and Intensity	Suggested Services range for Level 2 as directed by the Individual Plan of Service. - Skill Building services: 0-27.5 hours per week - Community Living Supports: 0-35 hours per week - All support services combined should not exceed 40 hours per week. Short term services that may be required that exceed this range will be considered on a case by case basis - Respite Services: 0-8 hours per week (includes all forms of respite)

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<table>
<tr><td colspan="3">This individual may need assistance with food preparation, eating meals, dressing, bathing, taking medications, and avoiding health and safety hazards. Partial to full physical support for most activities may be necessary. Physical assistance to access community activities, as well as assistance to gain and maintain employment may be significant. Individuals typically have high support needs; behavioral support challenges may not exist or may be higher than typical. Individual may need supports for a greater length of time and at a greater intensity. Difficulty with mobility is likely as are physical support needs to access one's community. The individual may need significant support in meal planning, obtaining health care and taking medications, avoiding safety hazards, maintaining physical and emotional health, participating in physical activities, interacting with others, and employment related supports.</td></tr>
<tr><td colspan="3">Level of Care: The following descriptions are to be used as guidelines and are not intended to be all inclusive or exclusionary.</td></tr>
<tr><td>Level 3</td><td colspan="2">Diagnosis and Assessment: Individuals must meet criteria as an Intellectual, Developmentally Disabled.</td></tr>
<tr><td></td><td>Assessment Indicators</td><td>- Meets criteria as a developmentally disabled individual
- Housing needs are met in the natural community home (i.e. family home or independent living, etc.)
- Housing, entitlements, natural supports and other coordination and linking needs may not otherwise be met with Supports Coordination
- Needs cannot be otherwise met by natural or community supports
- Individual would benefit from additional support and specialty services beyond basic supports
- Vocational/educational/community inclusion needs are met through community living supports, skill building and other support services
- Risk of harm to self or others may be mild to moderate without supports in place
- Individual may need prompting and assistance to be engaged with treatment
- Behaviors may require mild to moderate intervention
- Mild to moderate crisis management may be needed without additional supports
- Medical needs are mild to moderate and may require monitoring.</td></tr>
</table>

	Service Frequency and Intensity	Suggested Services range for Level 3 as directed by the Individual Plan of Service. - Skill Building services: 0-27.5 hours per week - Community Living Services: 0-42 hours per week - All support services combined should not exceed 50 hours per week. Short term services that may be required that exceed this range will be considered on a case by case basis - Respite Services: 0-23 hours per week (includes all forms of respite)

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<table>
<tr><td colspan="3">Individuals are unable to live independently without substantial supports. Individuals have significant support needs in any of the following areas: behavioral, medical, and basic self-care. These individuals require total support to ensure health and safety. Daily functional capacity is considered severely impaired. Judgment capacity is also impaired as well as their ability to identify high risk situations or serious safety concerns independently. Individual's needs are deemed to require 24 hour daily support and monitoring. Individual needs are most appropriately met in a licensed adult foster care home or nursing home setting.</td></tr>
<tr><td colspan="3">Level of Care: The following descriptions are to be used as guidelines and are not intended to be all inclusive or exclusionary.</td></tr>
<tr><td>Level 4</td><td colspan="2">Diagnosis and Assessment: Individuals meet criteria as an Intellectual Developmental Disabled.</td></tr>
<tr><td></td><td>Assessment Indicators</td><td>- Meets criteria as a developmentally disabled individual
- Individual's needs would be appropriately met in a licensed group home setting with 24-hour awake staff.
- Risk of harm to self or others may be moderate to high without support in place
- Vocational/educational/community inclusion support needs are generally provided with continual supports
- Individual requires prompting and assistance to be engaged with treatment</td></tr>
</table>

		- Behaviors require moderate to high intervention - Moderate to high crisis management may be needed without additional supports - Medical needs may be moderate to high and require monitoring
		Suggested Services range for Level 4 as directed by the Individual Plan of Service. - Skill Building services: 0-27.5 hours per week