Outpatient Treatment, Psychiatric Rehabilitation

Criteria for Treatment Status Review
The specified requirements for severity of need and intensity and quality of service must be met to satisfy the criteria for the treatment review.

I. Severity of Need
Criteria A, B, C, D, E, F, G, H, I, J, and K must be met to satisfy the criteria for severity of need.

A. The patient has, or is being evaluated for, a DSM-5 diagnosis.

B. The presenting behavioral, psychological, and/or biological dysfunctions and functional impairment (occupational, academic, social) are consistent and associated with the DSM-5 psychiatric related disorder(s).

C. One of the following:

1) the patient has symptomatic distress and demonstrates impaired functioning due to psychiatric symptoms and/or behavior in at least one of the three spheres of functioning (occupational, academic, or social), that are the direct result of a DSM-5 diagnosis. This is evidenced by specific clinical description of the symptom(s) and specific measurable behavioral impairment(s) in occupational, academic or social areas, or

2) the patient has a persistent illness described in DSM-5 with a history of repeated admissions to 24-hour treatment programs for which maintenance treatment is required to maintain community tenure, or

3) there is clinical evidence that a limited number of additional treatment sessions are required to support termination of therapy, although the patient no longer has at least mild symptomatic distress or impairment in functioning. The factors considered in making a determination about the continued medical necessity of treatment in this termination phase are the frequency and severity of previous relapse, level of current stressors, and other relevant clinical indicators. Additionally, the treatment plan should include clear goals needing to be achieved and methods to achieve them in order to support successful termination (such as increasing time between appointments, use of community resources, and supporting personal success).
D. Treatment is necessary to sustain behavioral or emotional gains or restore cognitive functional levels that have been impaired.

E. Exhibits deficits in peer relations, dealing with authority; hyperactive; has poor impulse control; is clinically depressed or demonstrates other dysfunctional clinical symptoms having an adverse impact on attention and concentration, ability to learn, or ability to participate in employment, educational, or social activities.

F. Member is at risk for developing or requires treatment for maladaptive coping strategies.

G. Member presents a reduction in individual adaptive and coping mechanisms or demonstrates extreme increase in personal distress.

H. The patient does not require a higher level of care.

I. The patient demonstrates motivation to manage symptoms or make behavioral change, as evidenced by attending treatment sessions, completing therapeutic tasks, and adhering to a medication regimen or other requirements of treatment.

J. The patient is capable of developing skills to manage symptoms or make behavioral change.

K. Treatment intervention(s) are not experimental.

II. Intensity and Quality of Service

Criteria A, B, C, D, E, F, G, H, I, J, and K must be met to satisfy the criteria for intensity and quality of service.

A. There is documentation of a DSM-5 diagnosis. The assessment also includes the precipitating event/presenting issues, specific symptoms and functional impairments, community and natural resources, personal strengths, and the focus of treatment.

B. There is a medically necessary and appropriate treatment plan, or its update, specific to the patient’s behavioral, psychological, and/or biological dysfunctions associated with the DSM-5 psychiatric/substance-related disorder(s). The treatment plan is expected to be effective in reducing the patient’s occupational, academic or social functional impairments and:

1) alleviating the patient’s distress and/or dysfunction in a timely manner, or

2) achieving appropriate maintenance goals for a persistent illness, or

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C. The treatment plan must identify all of the following:

1) treatment modality, treatment frequency and estimated duration;
2) specific interventions that address the patient’s presenting symptoms and issues;
3) coordination of care with other health care services, e.g., PCP or other behavioral health practitioners;
4) the status of active involvement and/or ongoing contact with patient’s family and/or support system, unless there is an identified, valid reason why such contact is not clinically appropriate or feasible;
5) the status of inclusion and coordination, whenever possible, with appropriate community resources;
6) consideration/referral/utilization of psychopharmacological interventions for diagnoses that are known to be responsive to medication;
7) documentation of objective progress toward goals for occupational, academic or social functional impairments, target-specific behavioral, psychological, and/or biological dysfunctions associated with the DSM-5 psychiatric/substance-related disorder(s) being treated. Additionally, specific measurable interim treatment goals and specific measurable end of treatment goals, or specific measurable maintenance treatment goals (if this is maintenance treatment), are identified. Appropriate changes in the treatment plan are made to address any difficulties in making measurable progress;
8) the description of an alternative plan to be implemented if the patient does not make substantial progress toward the given goals in a specified period of time. Examples of an alternative plan are psychiatric evaluation if not yet obtained, a second opinion, or introduction of adjunctive or different therapies; and
9) the current or revised treatment plan can be reasonably expected to bring about significant improvement in the problems meeting Severity of Need Criteria (I above). This evolving clinical status is documented by written contact progress notes.

D. The patient has the capability of developing skills to manage symptoms or make behavioral change and demonstrates motivation for change, as evidenced by attending treatment sessions, completing therapeutic tasks, and adhering to a medication regimen or other requirements of treatment.

E. Patient is adhering to treatment recommendations, or non-adherence is addressed with the patient, and barriers are identified, interventions are modified, and/or treatment plan is revised as appropriate.
F. Although the patient has not yet obtained the treatment goals, progress as relevant to presenting symptoms and functional impairment is clearly evident and is documented in objective terms.

G. Treatment is effective as evidenced by improvement in SF-BH, CHI, and/or other valid outcome measures.

H. Requested services do not duplicate other provided services.

I. Visits for this treatment modality are recommended to be no greater than one to two sessions per week, except for: (i) acute crisis stabilization, or (ii) situations where the treating provider demonstrates more than one visit per week is medically necessary.

J. As the patient exhibits sustained improvement or stabilization of a persistent illness, frequency of visits should be decreased over time (e.g., once every two weeks or once per month) to reinforce and encourage self-efficacy, autonomy, and reliance on community and natural supports.

K. All applicable elements in Admission-Intensity and Quality of Service Criteria are applied as related to assessment and treatment, if clinically relevant and appropriate.