

Medical Necessity Criteria

24-Hour Diversionary Services Community-Based Acute Treatment (CBAT) (Child/Adolescent)

Community-Based Acute Treatment (CBAT) is provided to children/adolescents who require a 24-hour-a-day, seven-day-a-week staff-secure (unlocked) acute treatment setting. For children and adolescents with serious behavioral health disorders, CBAT provides therapeutic intervention and specialized programming in a therapeutic environment with a high degree of supervision and structure. CBAT services are provided in the context of a comprehensive, multidisciplinary, and individualized treatment plan that is frequently reviewed and updated based on the Member's clinical status and response to treatment. Intensive therapeutic services include, but are not limited to, daily medication monitoring; psychiatric assessment; nursing availability; specializing (as needed); individual, group and family therapy; case management; family assessment and consultation; discharge planning; and psychological testing as needed. Active family/caregiver involvement through family therapy, a key element of treatment, is expected. Discharge planning should begin at admission, including plans for reintegration into the home, school, and community. If discharge to home/family is not an option, alternative placement must be rapidly identified with regular documentation of active efforts to secure such placement.

Criteria

Admission Criteria

All of the following criteria are necessary for admission:

1. The child/adolescent demonstrates symptomatology consistent with a DSM-5-TR diagnosis, which requires and can reasonably be expected to respond to therapeutic intervention.
2. The child/adolescent is experiencing emotional or behavioral problems in the home, school, community, and/or treatment setting and is not sufficiently stable, either emotionally or behaviorally, to be treated outside of a highly structured, 24-hour therapeutic environment.
3. Community supports are inadequate to support community tenure.
4. The family situation and functioning levels are such that the child/adolescent cannot currently remain in the home environment and receive outpatient treatment.
5. The Member has sufficient cognitive capacity to respond to active acute and time limited psychological treatment and interventions.

Psychosocial, Occupational, and Cultural and Linguistic Factors

These factors may change the risk assessment and should be considered when making level-of-care decisions.

Exclusion Criteria

Any of the following criteria is sufficient for exclusion from this level of care:

1. The child/adolescent exhibits severe suicidal, homicidal, or acute mood symptoms/thought disorder, which require a more-intensive level of care.
2. The parent/guardian does not voluntarily consent to admission or treatment.
3. After initial evaluation and stabilization, it is determined that the presenting symptomatology is not amenable to continued treatment at this level of care. Conditions that would not be appropriate for continued treatment are:
 - a. Permanent cognitive dysfunction without an acute psychiatric disorder
 - b. Primary substance use disorder requiring treatment in a specialized level of care
 - c. Medical illness requiring treatment in a medical setting

- d. Chronic condition with no indication of need for ongoing treatment at this level of care to maintain stability and functioning
4. The child/adolescent can be safely maintained and effectively treated at a less-intensive level of care.
5. The primary problem is not psychiatric. It is a social, legal, or medical problem, without a concurrent major psychiatric episode meeting criteria for this level of care.

Continued Stay Criteria

All of the following criteria are necessary for continuing treatment at this level of care:

1. The child/adolescent's condition continues to meet admission criteria at this level of care.
2. The child/adolescent's treatment does not require a more-intensive level of care, and no less-intensive level of care would be appropriate.
3. The child/adolescent is actively participating in treatment to the extent possible consistent with their condition, or there are active efforts being made that can reasonably be expected to lead to the child/adolescent's engagement in treatment, improve functionality, and reduce acute psychiatric/behavioral symptoms.
4. Unless contraindicated, family, guardian, and/or natural supports are actively involved in the treatment as required by the treatment plan, or there are active efforts being made and documented to involve them.
5. When medically necessary, appropriate psychopharmacological intervention has been prescribed and/or evaluated.
6. There is documented active coordination of care with other behavioral health providers, the primary care provider (PCP), and other services and state agencies. If coordination is not successful, the reasons are documented, and efforts to coordinate care continue.

Discharge Criteria

The following criteria (1-2) are necessary for discharge from this level of care:

1. The child/adolescent can be safely treated at an alternative level of care.
2. An individualized discharge plan with appropriate, realistic, and timely follow-up care is in place.

One of the following criteria is also necessary for discharge from this level of care:

1. The child/adolescent's documented treatment plan goals and objectives have been substantially met, and/or a safe, continuing care program can be arranged and deployed at an alternate level of care.
2. The child/adolescent, parent, and/or legal guardian is competent but not engaged in treatment or is not following the program rules and regulations. The lack of engagement is of such a degree that treatment at this level of care becomes ineffective or unsafe, despite multiple, documented attempts to address engagement issues. In addition, it has been determined that the child/adolescent does not meet criteria for an inpatient level of care.
3. Consent for treatment is withdrawn, and it is determined that the child/adolescent or parent/guardian has the capacity to make an informed decision and does not meet criteria for an inpatient level of care.
4. The child/adolescent's physical condition necessitates transfer to a medical facility.