Medical Necessity Criteria

24-Hour Diversionary Services
Community-Based Acute Treatment for Children and Adolescents (CBAT) with Autism Spectrum Disorders/Intellectual Disabilities (ASD/ID)

CBAT for Children/Adolescents with Autism Spectrum Disorders/Intellectual Disabilities (ASD/ID) are specialized CBAT services for children and adolescents with co-occurring mental health conditions and/or ASD/ID. In addition to all the clinical service components provided within CBAT, the program provides clinical expertise and intervention specifically pertaining to youth with co-occurring mental health conditions and ASD/ID.

CBAT with ASD/ID has the capacity to provide or refer to the following service components as clinically indicated by staff who have expertise in ASD/ID including neurological assessment, neuropsychological testing, and functional behavioral assessment and functional behavioral treatment planning. If clinically indicated, the program must provide, or refer, the Member to the following within two days of admission: speech and language assessment, endocrinology consultation, nutritional consultation, genetic assessment if indicated by ACCAP guidelines (Journal of American Academy of Child and Adolescent Psychiatry, vol. 56 (11), pp 910-913).

Criteria

Admission Criteria
All *of the following criteria are necessary for admission to this level of care:*
1. The Member demonstrates symptomatology consistent with an ASD/ID 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. The Member has only poor or fair motivation and/or insight and the community supports are inadequate to support recovery.
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, as detailed in the introduction, may change the risk assessment and should be considered when making level of care decisions.

Exclusion Criteria
Any *of the following criteria may be 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 indicative of an ASD/ID DSM-5-TR diagnosis, which is amenable to continued treatment at this level of care. Conditions that would not be appropriate for continued treatment are:

   a. Primary substance use disorder requiring treatment in a specialized level of care.
   b. Medical illness requiring treatment in a medical setting.
   c. Impairments indicate no reasonable expectation of progress toward treatment goals at this level of care.
   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 related to ASD/ID diagnosis. It is a social, legal, or medical problem, without a concurrent major psychiatric episode meeting criteria for this level of care.
6. The admission is being used as an alternative to placement within the juvenile justice or protective services system, or as an alternative to specialized schooling (which should be provided by the local school system) or as respite or housing.

Continued Stay Criteria

All of the following criteria are necessary for continuing in 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. Treatment planning is individualized and appropriate to the child/adolescent's age and changing condition specific to their ASD/ID, with realistic, specific, and attainable goals and objectives stated. Treatment planning includes family, support systems, social, educational, occupational, and interpersonal assessments. This process should actively involve family, guardian, and/or other support systems unless contraindicated. Expected benefit from all relevant treatment modalities is documented. The treatment plan has been updated and implemented with consideration of all applicable and appropriate treatment modalities.
4. All services and treatment are carefully structured to achieve optimum results in the most time-efficient manner possible consistent with sound clinical practice.
5. If treatment progress is not evident, then there is documentation of treatment plan adjustments to address the lack of progress.
6. Care is rendered in a clinically appropriate manner and focused on the child/adolescent's behavioral and functional outcomes.
7. An individualized discharge plan has been developed that includes specific realistic, objective, and measurable discharge criteria and plans for appropriate follow-up care. A timeline for expected implementation and completion is in place, but discharge criteria have not yet been met.
8. 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.
9. Unless contraindicated, family, guardian, and/or natural supports are actively involved in the behavior training program as required by the treatment plan, or there are active efforts being made and documented to involve them.
10. When medically necessary, appropriate psychopharmacological intervention has been prescribed and/or evaluated.
11. There is documented active coordination of care with other behavioral health providers, Applied Behavior Analysis (ABA), 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.
12. A data-collection check sheet is utilized and monitors the behaviors such as whole interval recording, partial interval record, or momentary time sampling.

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 to 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.