

Medical Necessity Criteria

24-Hour Diversionary Services Transitional Care Unit (TCU)

Transitional Care Units (TCU) are designed for youth whose placement is the responsibility of a state-supported agency such as the Department of Children and Families (DCF), Department of Mental Health (DMH), Early Education and Care (EEC), or Department of Youth Services (DYS), or at MBHP's discretion for youth with no state agency involvement. TCUs are solely intended to meet the needs of youth who no longer meet medical necessity criteria for continued Inpatient behavioral health, Intensive Community-Based Acute Treatment (ICBAT), Community-Based Acute Treatment (CBAT), Youth Community Crisis Stabilization (YCCS), or Community-Based Acute Treatment for Autism Spectrum Disorder/Intellectual Disabilities (CBAT ASD/ID) levels of care, and they require additional community exposure/therapeutic/milieu to support community tenure when discharged. The expected placement setting for these youth will be home with parent(s)/guardian(s)/caregiver(s), foster care, community-based group home, or a residential treatment program. These services are designed to facilitate the youth's transition in 30 days or less to the next placement setting through comprehensive transition planning and medically necessary behavioral health services.

Criteria

Admission Criteria

All of the following criteria are necessary for participation in this level of care:

- 1. The youth must be under the age of 19 years old.
- 2. The Member has a DSM-5-TR or corresponding ICD diagnosis.
- 3. The youth no longer meets the medical necessity criteria for continued stay at an inpatient behavioral health, CBAT/ICBAT, YCCS, or CBAT ASD/ID level of care; however, the youth is still experiencing emotional or behavioral symptoms in the home, school, community, and/or treatment setting. The youth requires ongoing monitoring and intervention to support transition work to identified disposition.
- 4. The expected placement setting for the youth is not yet secured, and/or, continued transition work is needed to ready the Member for placement.

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 one of the following is sufficient for exclusion for this level of care:

- 1. The youth is at imminent risk to harm self or others, or sufficient impairment is present that they require a more-intensive level of care.
- 2. The parent/quardian/caregiver does not voluntarily consent to admission or treatment.
- 3. The youth has complex medical or developmental conditions that would preclude beneficial utilization of services.
- 4. The expected placement setting for the youth is a more-intensive, long-term placement setting such as Intensive Residential Treatment Program (IRTP), Clinically Intensive Residential Treatment (CIRT), or Continuing Care Unit (CCU).



Continued Stay Criteria

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

- 1. The Member continues to meet admission criteria and has medically necessary therapeutic needs. Another less-restricted level of care would not be adequate.
- 2. The Member remains without an identified or specific placement resource.
- 3. The youth and parent/guardian/caregiver continues to engage with support system, which can include school system, state agency, community-based providers, natural supports, etc.

Discharge Criteria

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

- 1. The goals and objectives for TCU have been substantially met.
- 2. An appropriate placement setting has been located, and transitional services are in place.
- 3. The youth's therapeutic needs can be met in a less-restrictive level of care.
- 4. Consent for treatment is withdrawn, and parent/guardian/caregiver have identified alternative disposition.
- 5. The youth is at imminent risk to harm self or others, or sufficient impairment is present that they required a more-intensive level of care.