



Medical Necessity Criteria for Admission to a Behavioral Health Residential Facility (BHRF) 01/14/2025

ADMISSION CRITERIA

1. The Member has a diagnosed behavioral health condition which reflects the symptoms and behaviors necessary for a request for residential treatment level of care. The behavioral health condition causing the significant functional and/or psychosocial impairment shall be evidenced in the assessment by the following:
 - a. At least one area of significant risk of harm within the past three months as a result of:
 - i. Thoughts or behaviors of suicide, homicide, or harm to self or others,
 - ii. Impulsively with poor judgment/insight,
 - iii. Maladaptive physical or sexual behavior, or
 - iv. Inability to remain safe within environment, despite environmental supports (i.e., informal supports),

and
 - b. At least one area of serious functional impairment as evidenced by:
 - i. An inability to complete developmentally appropriate self-care or self-regulation due to behavioral health condition(s),
 - ii. Neglect or disruption of the ability to attend to majority of basic needs, such as personal safety, hygiene, nutrition, or medical care,
 - iii. Frequent inpatient psychiatric admissions, or legal involvement due to lack of insight or judgment associated with psychotic or affective/mood symptoms or major psychiatric disorders,
 - iv. Frequent withdrawal management services, which can include but are not limited to, detox facilities, Medicated Assisted Treatment (MAT), and ambulatory detox,
 - v. An inability to independently self-administer medically necessary psychotropic medications despite interventions such as education, regimen simplification, daily outpatient dispensing, and long-acting injectable medications, or
 - vi. Impairments persisting in the absence of situational stressors that delay recovery from the presenting problem.
2. A behavioral health need for 24-hour supervision to develop adequate and effective coping skills that will allow the member to live safely in the community.
3. Anticipated stabilization cannot be achieved in a less restrictive setting.
4. Evidence that behavioral health treatment in a less restrictive level of care (e.g., Intensive Outpatient Program (IOP), partial hospitalization program, etc.) has not been successful, is not clinically appropriate, or is not available, therefore warranting a higher level of care.

5. The Member or Guardian agrees to participate in the treatment. In the case of those who have a Health Care Decision Maker (HCDM), including minors, the HCDM also agrees to, and participates as part of, the treatment team.
6. The agreement to participate in treatment is not a requirement for individuals who are court ordered to a secured BHRF.
7. The member's outpatient treatment team, shall be part of the pre-admission assessment and treatment plan formulation, including when the documentation is created by another qualified provider. Exception to this requirement exists when the member is evaluated by the crisis provider, Emergency Department (ED), or Behavioral Health Inpatient Facility (BHIF).
8. The BHRF shall notify the member's outpatient treatment team, including the TRBHA for members assigned to a TRBHA for their behavioral health enrollment, of admission prior to creation of the BHRF treatment plan.

EXCLUSIONARY CRITERIA

1. Admission to a BHRF shall not be used as a substitute for the following:
 - a. An alternative to detention or incarceration.
 - b. As a means to ensure community safety in circumstances where a member is exhibiting primarily conduct disorder behavior without the presence of risk or functional impairment.
 - c. A means of providing safe housing, shelter, supervision, or permanent placement.
 - d. Behavioral health intervention when other less restrictive alternatives are available and meet the member's treatment needs, including situations when the member/HCDM are unwilling to participate in the less restrictive alternative.
 - e. An intervention for elopement or wandering behaviors unrelated to the individual's behavioral health condition.

CRITERIA FOR CONTINUED STAY

1. A copy of the current treatment plan including documentation of required reviews and updates by the BHRF on a regular basis, and shall include the following:
 - a. Review of all treatment services being provided to the member,
 - b. of member's progress towards the treatment goals,
 - c. Assessment of risk and functional impairment as a result of a behavioral health condition,
 - d. Availability and appropriateness of providers and supports available to meet the member's current behavioral and physical health needs at a

- less restrictive lower level of care, and
- e. Adjustments to treatment interventions, frequency, crisis/safety planning, and targeted discharge to support the need for continued stay.
 - f. Documentation of current progress and/or regression toward meeting treatment goals,
 - g. Documentation of the continued display of risk and functional impairment that cannot be supportive in a less restrictive lower level of care, and
 - h. Documentation of treatment interventions, frequency, crisis safety planning and revised discharge plan.