

CY2024 Authorization Criteria Adult Behavioral Health Therapeutic Homes (ABHTH)

Determination Timeline: Prior authorization is required for all admission to Adult Behavioral Health Therapeutic Homes. Determination will be made within 14 days of receipt for a standard request. Determination will be made within 72 hours of receipt for an expedited request.

I. ADMISSION CRITERIA (Must Meet All)

1. The ART recommends treatment at ABHTH.
2. Following an Assessment by a licensed BHP, the member has been diagnosed with a behavioral health condition which reflects the symptoms and behaviors necessary for a request for ABHTH,
3. As a result of behavioral health condition, there is evidence that the member has recently (within the past 90 days) had a disturbance of mood, thought, or behavior which renders the member incapable of independent or age-appropriate self-care or self-regulations. This moderate functional and/or psychosocial impairment per assessment by a BHP:
 - a. Cannot be reasonably expected to improve in response to a less intensive level of care, and
 - b. Does not require or meet clinical criteria for a higher level of care, or
 - c. Demonstrates that appropriate treatment in a less restrictive environment has not been successful or is not available, therefore warranting a higher level of care.
 - d. Demonstrates that appropriate treatment in a less restrictive environment has not been successful or is not available, therefore warranting a higher level of care.
4. At time of admission to an ABHTH, in participation with the Health Care Decision Maker and all relevant stakeholders, there is a documented plan for discharges which includes:
 - a. Tentative disposition/living arrangement identified, and
 - b. Recommendations for aftercare treatment based upon treatment goals.

II. EXCLUSION CRITERIA (Admissions to ABHTH shall not be used as a substitute for the following)

1. An alternative to detention or incarceration,
2. As a means to ensure community safety in an individual exhibiting primarily conduct disorder behaviors,
3. As a means of providing safe housing, shelter, supervision or permanency placement,
4. A behavioral health intervention when other less restrictive alternatives are available and meet the member's treatment needs, including situations when the member/Health Care Decision Maker is unwilling to participate in the less restrictive alternative.

III. CONTINUED STAY CRITERIA

1. All of the following shall be met:
 - a. The member continues to meet diagnostic threshold for the behavioral health condition that warranted admission to ABHTH,

- b. The member continues to demonstrate (within the last 90 days) moderate functional or psychosocial impairment as a result of the behavioral health condition, as identified through disturbances of mood, thought, or behavior, which substantially impairs independent or appropriate self-care or self-regulation,
- c. Active treatment is reducing the severity of disturbances of mood, thought, or behaviors, which were identified as reasons for admission to ABHTH, and treatment at the ABHTH is empowering the member to gain skills to successfully function in the community,
- d. There is an expectation that continued treatment at the ABHTH shall improve the member's condition so that this type of service shall no longer be needed, and
- e. The ART is meeting at least monthly to review progress and have revised the Treatment Plan and/or Service Plan to respond to any lack of progress.

IV. BEHAVIOR AND FUNCTIONING (must meet all criterion)

1. The member continues to meet diagnostic threshold for behavioral health conditions that warranted admission to ABHTH,
2. The member continues to demonstrate (within the past 90 days) moderate functional or psychosocial impairment as a result of behavioral health condition, as identified through disturbance of mood, thought, or behavior, which substantially impairs independent self-regulations or appropriate self-care or self-regulations,
3. Active treatment is reducing the severity of disturbances of mood, thought, or behavior, which were identified as reasons for admission to ABHTH, and substantially impairs independent or appropriate self-care or self-regulations,
4. There is an expectation that continued treatment at the ABHTH shall improve the member's condition so that this type of service shall no longer be needed, and
5. The ART is meeting at least monthly to review progress and have revised the treatment plan and/or Service Plan to respond to any lack of progress.

V. CRITERIA FOR DISCHARGE

1. Sufficient symptom or behavior relief is achieved as evidenced by completion of ABHTH treatment goals.
2. The member's functional capacity is improved and the member can be safely cared for in a less restrictive level of care.
3. The member can participate in needed monitoring and follow-up services or a Provider is available to provide monitoring in a less restrictive level of care.
4. Appropriate services, providers, and support are available to meet the member's current behavioral health needs at a less restrictive level of care.
5. There is no evidence to indicate that continued treatment in an ABHTH would improve member's clinical outcome.
6. There is potential risk that continued stay in ABHTH may precipitate regression or decompensation of members' condition.

VI. EXPECTED TREATMENT OUTCOMES

1. Treatment outcomes shall align with:
 - a. The Nine Guiding Principles for Recovery-Oriented Adult Behavioral Health Services and Systems as specified in AMPM Policy 100, and
 - b. The member's individualized physical, behavioral, and developmentally appropriate needs.
2. Treatment goals for members placed in an ABHTH shall be:
 - a. Specific to the member's behavioral health condition that warranted treatment,
 - b. Measurable and achievable,
 - c. Unable to be met in a less restrictive environment,
 - d. Based on the member's unique needs,
 - e. Inclusive of input from the member's family/Health Care Decision-Maker and Designated Representative's choices where applicable, and
 - f. Supportive of the member's improved or sustained functioning and integration into the community.
3. Active treatment with the services available at this level of care can reasonably be expected to:
 - a. Improve the member's condition in order to achieve discharge from the ABHTH at the earliest possible time, and
 - b. Facilitate the member's return to primarily outpatient care in a non-therapeutic/non-licensed setting.