NEW DIRECTIONS

Medical Necessity Criteria 2021

The New Directions Medical Necessity Criteria have been revised. The new version will be effective January 1, 2021. See https://www.ndbh.com/docs/ContentManaged/Providers/PoliciesManuals/2021-MNC-Final.pdf.
Changes are in the following:

- Removal and addition of language in the Medical Necessity section
- Removal and addition of definition of terms
- Within every criteria set, changes were made to the language for Intensity of Service, Admission Criteria and/or Continued Stay Criteria for clarity
- Addition of references

Notable Differences:

- Removal of language about the definition of medical necessity and replaced with "Please refer to the controlling specific Health plan and/or group documents for the definition of Medical Necessity"

- Language was modified regarding using the medical necessity guidelines to state, "The Medical Necessity Criteria are guidelines used by the New Directions Clinical Services licensed staff to decide whether to refer the service request for physician review, based upon the clinical information submitted by the facility/provider. New Directions recognizes that the Criteria is not exhaustive and may not cover all potential clinical situations. A Medical Staff physician or peer clinical reviewer will review service requests referred by Clinical Services licensed staff based on generally accepted standards of good medical practice and prudent clinical judgement."

- Removal of the definition of "custodial care"

- Addition of the definition of "current condition"

- Addition of the definition for "withdrawal management"

- Removal of custodial care in all initial and continued stay requests to state "The treatment is not primarily social, interpersonal, domiciliary or respite care"

- Addition of language to continued stay criteria regarding increased motivation, "If the member is not displaying increased motivation. There is evidence of active, timely reevaluation and treatment plan modifications to address the current condition"

- Removal of the following criteria from all initial authorization sections and keep in continued stay authorization section. "If a member has a recent history involving

multiple treatment attempts with recidivism, the facility develops and implements a treatment plan focused on increasing motivation, readiness for change, practicing new skills to facility the development of recovery and other supports to benefit the member in his/her recovery process”

- Removal of the language “and is expressing willingness to participate in the recommended treatment plan” from the criteria “The member is cognitively capable to actively engage in the recommended treatment plan”

- Addition of language to the criteria, “This level of care is necessary to provide structure for treatment when at least one of the following exists”. Criteria b now states, “After a recent therapeutic trial, the member has a documented history of an inability to adhere to the treatment plan at an intensive lower level of care, being non-responsive to treatment or failing to respond to treatment with a reduction in symptom frequency, duration or intensity that triggered the admission. Failure of treatment at a less intensive level of care is not a prerequisite for requiring benefit coverage at a higher level of care”.

- Addition of language to MAT treatment criteria to state, “The member and/or family member should be made aware of FDA-approved Medication Assisted Treatments (MAT) available. The facility should document informed consent including the risks and benefits of MAT treatment as well as the risks of no MAT treatment. MAT is defined as the provision of medications during rehabilitation, not only withdrawal management strategies.”

- In psychiatric partial hospitalization, initial and continued stay requests the criteria was changed to:
  “The member needs partial hospitalization because of at least two of the following reasons:
    a. The members condition or stage of recovery requires the need for daily treatment interventions (multiple treatment interventions) in order to stabilize the clinical condition and acquire the necessary skills to be successful in the next level of care.
    b. Acute coping skill deficits are significant and require daily assessment and intervention.
    c. A crisis situation is present in social, family, work/school and/or interpersonal relationships which may require daily observation, crisis intervention services, safety planning, problem solving, social services, care coordination, client instruction, support and additional family interventions and other services that may be provided as clinically indicated.”

- In psychiatric intensive outpatient, initial and continued stay requests the criteria was change to:
  “The individual needs intensive outpatient care because of at least two of the following:

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a. The members condition or stage of recovery requires the need for multiple treatment interventions per week in order to stabilize the clinical condition and acquire the necessary skills to be successful in the next level of care.
b. Marked variability in day-to-day acute capacity to cope with life situations.
c. A crisis situation is present in family, work and/or interpersonal relationships which may require frequent observation, crisis intervention services, safety planning, problem solving, social services, care coordination, client instruction, support, additional family interventions, and other services that may be provided as clinically indicated."

- Revision of language for medical monitoring that states, 'which require daily medical monitoring and nursing care"

- Revision of criteria requirements in psychiatric, substance use disorder and eating disorder continued authorization requests to state that the following criteria should only be applied when the member is seeking treatment outside of their geographic home, "If a member is receiving treatment outside of their geographic home, discharge planning proactively reflects and mitigates the higher risk of relapse associated with treatment away from home."

- Revision of criteria requirements in psychiatric, substance use disorder and eating disorder continued authorizations requests to state the following criteria should only be applied if there are multiple recent readmissions, "If a member has a recent history involving multiple treatment attempts with recidivism, the facility develops and implements a treatment plan focused on increasing motivation, readiness for change and relapse prevention interventions, and facilitates the development of recovery supports and other services to benefit the member in his/her recovery process."

The table below indicates the changes made to Intensity of Service, Initial Authorization Request and Continued Authorization Request criteria in Psychiatric, Substance Use Disorder and Eating Disorder Criteria sets. The 2020 criteria are on the left, and the new 2021 criteria are on the right.

2020 Psychiatric Acute Inpatient Criteria	2021 Psychiatric Acute Inpatient Criteria
Intensity of Service	**Intensity of Service**
13.Family participation: a. For adults: Family treatment is being utilized at an appropriate frequency. If Family treatment is not held, the facility/provider specifically lists the contraindications to Family Therapy. c. Family participation may be conducted via telephonic sessions when there is a significant geographic limitation.	13. Family participation: a. For adults: Family treatment is being provided at an appropriate frequency. If Family treatment is not rendered, the facility/provider specifically lists the contraindications to Family Therapy. c. Family participation may be conducted via telephonic sessions when there is a significant geographic or other limitation.
Initial Authorization Request	**Initial Authorization Request**

2. There is a reasonable expectation for improvement in the severity of the current acute symptoms and behaviors and this requires care 24 hours daily to provide treatment, structure and support. 3. The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care.	2. There is a reasonable expectation for improvement in the severity of the current condition and behaviors that require care 24 hours daily to provide treatment, structure and support. 3. The treatment is not primarily social, interpersonal, domiciliary or respite care.
Continued Authorization Request(s)	**Continued Authorization Request(s)**
Must meet all of the following: 2. There is a reasonable expectation for improvement in the severity of the current acute symptoms and behaviors and this requires care 24 hours daily to provide treatment, structure and support 3. The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care. 6. The member is displaying increasing motivation, interest in and ability to actively engage in his/her behavioral health treatment, as evidenced by active participation in groups, cooperation with treatment plan, working on assignments, actively developing discharge plan and other markers of treatment engagement.	**Must meet all of the following: (N.B., criteria #5 should only be used when the member seeks treatment outside of their home geographic area)** 2. There is a reasonable expectation for improvement in the severity of the current condition and behaviors that require care 24 hours daily to provide treatment, structure and support. 3. The treatment is not primarily social, interpersonal, domiciliary or respite care. 6. The member is displaying increasing motivation, interest in and ability to actively engage in his/her behavioral health treatment, as evidenced by active participation in groups, cooperation with treatment plan, working on assignments, actively developing discharge plan and other markers of treatment engagement. If the member is not displaying increased motivation, there is evidence of active, timely reevaluation and treatment plan modifications to address the current condition.
2020 Psychiatric Residential Criteria	**2021 Psychiatric Residential Criteria**
Intensity of Service	**Intensity of Service**
6. Treatment programming includes documentation of one individual counseling session weekly or as clinically indicated. 13. Family participation: a. For adults: Family treatment is being utilized at an appropriate frequency. If Family treatment is not held, the facility/provider specifically lists the contraindications to Family Therapy. c. Family participation may be conducted via telephonic sessions when there is a significant geographic limitation.	6. Treatment programming includes documentation of at least one individual counseling session weekly or more as clinically indicated. 13. Family participation: a. For adults: Family treatment is being provided at an appropriate frequency. If Family treatment is not rendered, the facility/provider specifically lists the contraindications to Family Therapy. c. Family participation may be conducted via telephonic sessions when there is a significant geographic or other limitation.
Initial Authorization Request	**Initial Authorization Request**
2. There is a reasonable expectation for improvement in the severity of the current acute symptoms and behaviors and this requires care 24 hours daily to provide treatment, structure and support 3. The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care. 4. The therapeutic supports available in the member's home community are insufficient to stabilize the member's condition and daily 24 hour care is required to accomplish clinically significant symptom reduction 5. If a member has a recent history involving multiple treatment attempts with recidivism, the facility develops and implements a treatment plan focused on increasing motivation, readiness for change, practicing new skills to facilitate the development of recovery and other supports to benefit the member in his/her recovery process. 6. The member has documented symptoms and/or	2. There is a reasonable expectation for improvement in the severity of the current condition and behaviors that require care 24 hours daily to provide treatment, structure and support. 3. The treatment is not primarily social, interpersonal, domiciliary or respite care. 4. The therapeutic supports available in the member's home community are insufficient to stabilize the member's current condition and daily 24-hour care is required to safely and effectively treat the member's current condition. 5. The members current condition reflects

behaviors that are a severe deterioration from baseline function demonstrated by recent changes in behavior(s)/psychiatric symptoms that result in severe functional impairment in at least three of the following areas: a. primary support b. social/interpersonal c. occupational/educational d. health/medical compliance e. ability to maintain safety for either self or others	behavior(s)/psychiatric symptoms that result in functional impairment in 3 areas, including but not limited to: a. potential safety issues for either self or others b. primary support c. social/interpersonal d. occupational/educational e. health/medical compliance
7. The member is cognitively capable to actively engage in the recommended treatment plan and is expressing willingness to participate in the recommended treatment plan.	6. The member is cognitively capable to actively engage in the recommended treatment plan.
8. This level of care is necessary to provide structure for treatment when at least one of the following exists: a. The member's office-based providers submit cogent clinical documentation that the member requires the requested level of care secondary to multiple factors, including but not limited to, medical comorbidity with instability that acutely threatens overall health, concurrent substance abuse, unstable living situations, a current support system that engages in behaviors that undermine the goals of treatment and adversely affects outcomes, lack of community resources, or any other factors that would impact the overall treatment outcome and community tenure. b. After a recent therapeutic trial, the member has a documented history of an inability to be managed at an intensive lower level of care, being uncooperative with treatment or failing to respond to treatment with a reduction in symptom frequency, duration or intensity that triggered the admission. c. The member is at high risk for admission to acute inpatient care secondary to multiple recent previous inpatient treatments that resulted in unsuccessful community tenure despite intensive treatment.	7. This level of care is necessary to provide structure for treatment when at least one of the following exists: a. The member's office-based providers submit clinical documentation that the member requires the requested level of care secondary to multiple factors, including but not limited to, medical comorbidity with instability that impairs overall health, concurrent substance use disorder, unstable living situations, a current support system that engages in behaviors that undermine the goals of treatment and adversely affects outcomes, lack of community resources, or any other factors that would impact the overall treatment outcome and community tenure. b. After a recent therapeutic trial, the member has a documented history of an inability to adhere to the treatment plan at an intensive lower level of care, being non-responsive to treatment or failing to respond to treatment with a reduction in symptom frequency, duration or intensity that triggered the admission. Failure of treatment at a less intensive level of care is not a prerequisite for requiring benefit coverage at a higher level of care. c. The member is at high risk for admission to acute inpatient care secondary to multiple recent previous inpatient treatments that resulted in unsuccessful stabilization in the community post-discharge.
Continued Authorization Request(s)	**Continued Authorization Request(s)**
Must meet all of the following:	**Must meet all of the following: (N.B., criteria #5 should only be used when the member seeks treatment outside of their home geographic area and #6 only if there are multiple recent admissions)**
2. There is a reasonable expectation for improvement in the severity of the current acute symptoms and behaviors and this requires care 24 hours daily to provide treatment, structure and support	2. There is a reasonable expectation for improvement in the severity of the current condition and behaviors that require care 24 hours daily to provide treatment, structure and support.
3. The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care.	3. The treatment is not primarily social, interpersonal, domiciliary or respite care.
7. The member is displaying increasing motivation, interest in and ability to actively engage in his/her behavioral health treatment, as evidenced by active participation in groups, cooperation with treatment plan,	7. The member is displaying increasing motivation, interest in and ability to actively engage in his/her behavioral health treatment, as evidenced by active participation in groups, cooperation with treatment plan,

working on assignments, actively developing discharge plan and other markers of treatment engagement. 8. The member's treatment plan is centered on the alleviation of disabling symptoms and precipitating psychosocial stressors. There is documentation of member progress towards objective, measurable and time-limited treatment goals that must be met for the member to transition to the next appropriate level of care. If the member is not progressing appropriately or if the member's condition has worsened, there is evidence of active, timely reevaluation and treatment plan modifications to address the current needs and stabilize the symptoms necessitating the continued stay.	working on assignments, actively developing discharge plan and other markers of treatment engagement. If the member is not displaying increased motivation, there is evidence of active, timely reevaluation and treatment plan modifications to address the current condition. 8. The member's treatment plan is centered on the alleviation of disabling symptoms and precipitating psychosocial stressors. There is documentation of member progress towards objective, measurable treatment goals that must be met for the member to transition to the next appropriate level of care. If the member is not progressing appropriately or if the member's condition has worsened, there is evidence of active, timely reevaluation and treatment plan modifications to address the current needs and stabilize the symptoms necessitating the continued stay.
2020 Psychiatric Partial Hospitalization	**2021 Psychiatric Partial Hospitalization**
Intensity of Service	**Intensity of Service**
5. Treatment programing includes documentation of one individual counseling session weekly or as clinically indicated. 10.For members receiving boarding services, during non-program hours the member is allowed the opportunity to: b. Develop and practice new skills in the real world to prepare for community re-integration and long term recovery 13. Family participation: a. For adults: Family treatment is being utilized at an appropriate frequency. If Family treatment is not held, the facility/provider specifically lists the contraindications to Family Therapy. c. Family participation may be conducted via telephonic sessions when there is a significant geographic limitation.	5. Treatment programing includes documentation of at least one individual counseling session weekly or more as clinically indicated. 10.When members are receiving boarding services, during non-program hours the member is allowed the opportunity to: b. Develop and practice new recovery skills in the real world to prepare for community re-integration and sustained, community-based recovery. 13. Family participation: a. For adults: Family treatment is being provided at an appropriate frequency. If Family treatment is not rendered, the facility/provider specifically lists the contraindications to Family Therapy. c. Family participation may be conducted via telephonic sessions when there is a significant geographic or other limitation.
Initial Authorization Request	**Initial Authorization Request**
2. There is a reasonable expectation for improvement in the severity of the current acute symptoms and behaviors and this requires a minimum of twenty hours each week to provide treatment, structure and support. 3. The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care. 4. The therapeutic supports available in the member's home community are insufficient to stabilize the member's condition and a minimum of twenty hours of treatment each week is required to accomplish clinically significant symptom reduction. 5. If a member has a recent history involving multiple treatment attempts with recidivism, the facility develops and implements a treatment plan focused on increasing motivation, readiness for change, practicing new skills to facilitate the development of recovery and other supports to benefit the member in his/her recovery process. 6. The member has documented symptoms and/or behaviors that are a significant deterioration from baseline function demonstrated by recent changes in behavior(s)/psychiatric symptoms that result in	2. There is a reasonable expectation for improvement in the severity of the current condition and behaviors that require a minimum of twenty hours each week to provide treatment, structure and support. 3. The treatment is not primarily social, interpersonal, domiciliary or respite care. 4. The therapeutic supports available in the member's home community are insufficient to stabilize the member's current condition and a minimum of twenty hours of treatment each week is required to safely and effectively treat the member's current condition. 5. The members current condition reflects behavior(s)/psychiatric symptoms that result in functional impairment in 2 areas, including but not limited to:

significant functional impairment in at least three of the following areas: a. primary support b. social/interpersonal c. occupational/educational d. health/medical compliance e. ability to maintain safety for either self or others	a. potential safety issues for self or others b. primary support c. social/interpersonal d. occupational/educational e. health/medical compliance
7. The member is cognitively capable to actively engage in the recommended treatment plan and the member is expressing willingness to participate in the recommended treatment plan.	6. The member is cognitively capable to actively engage in the recommended treatment plan.
8. This level of care is necessary to provide structure for treatment when at least one of the following exists: a. The member's office-based providers submit cogent clinical documentation that the member requires the requested level of care secondary to multiple factors, including but not limited to, medical comorbidity with instability that acutely threatens overall health, concurrent substance abuse, unstable living situations, a current support system that engages in behaviors that undermine the goals of treatment and adversely affects outcomes, lack of community resources or any other factors that would impact the overall treatment outcome and community tenure. b. After a recent therapeutic trial, the member has a documented history of an inability to be managed at an intensive lower level of care, being uncooperative with treatment or failing to respond to treatment with a reduction in symptom frequency, duration or intensity that triggered the admission.	7.This level of care is necessary to provide structure for treatment when at least one of the following exists: a. The member's office-based providers submit clinical documentation that the member requires the requested level of care secondary to multiple factors, including but not limited to, medical comorbidity with instability that impairs overall health, concurrent substance use disorder, unstable living situations, a current support system that engages in behaviors that undermine the goals of treatment and adversely affects outcomes, lack of community resources or any other factors that would impact the overall treatment outcome and community tenure. b. After a recent therapeutic trial, the member has a documented history of an inability to adhere to the treatment plan at an intensive lower level of care, being non-responsive to treatment or failing to respond to treatment with a reduction in symptom frequency, duration or intensity that triggered the admission. Failure of treatment at a less intensive level of care is not a prerequisite for requiring benefit coverage at a higher level of care.
c. The member is at high risk for admission to a higher level of care secondary to multiple recent previous treatments that resulted in unsuccessful community tenure despite intensive treatment.	c. The member is at high risk for admission to a higher level of care secondary to multiple recent previous treatments that resulted in unsuccessful stabilization in the community post-discharge.
9.The member needs daily structure because of at least two of the following reasons: a. Daily medication monitoring is required. c. A crisis situation is present in social, family, work/school and/or interpersonal relationships and requires daily observation, client instruction, support and additional family interventions.	8. The member needs partial hospitalization because of at least two of the following reasons: a. The members condition or stage of recovery requires the need for daily treatment interventions in order to stabilize the clinical condition and acquire the necessary skills to be successful in the next level of care. c. A crisis situation is present in social, family, work/school and/or interpersonal relationships which may require daily observation, crisis intervention services, safety planning, problem solving, social services, care coordination, client instruction, support and additional family interventions and other services that may be provided as clinically indicated.
Continued Authorization Request(s)	**Continued Authorization Request(s)**
Must meet all of the following:	***Must meet all of the following: (N.B., criteria #5 should only be used when the member seeks treatment outside of their home geographic area and #6 only if there are multiple recent admissions)***
2. There is a reasonable expectation for improvement in	2.There is a reasonable expectation for improvement in

the severity of the current acute symptoms and behaviors and this requires a minimum of twenty hours each week to provide treatment, structure and support. 3. The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care. 7. The member is displaying increasing motivation, interest in and ability to actively engage in his/her behavioral health treatment, as evidenced by active participation in groups, cooperation with treatment plan, working on assignments, actively developing discharge plan and other markers of treatment engagement. 9. The member continues to needs daily structure because of at least two of the following: a. Daily medication monitoring is required. c. A crisis situation is present in social, family, work/school and/or interpersonal relationships and requires daily observation, client instruction, support and additional family interventions will be provided as needed.	the severity of the current condition and behaviors that require a minimum of twenty hours each week to provide treatment, structure and support. 3. The treatment is not primarily social, interpersonal, domiciliary or respite care. 7. The member is displaying increasing motivation, interest in and ability to actively engage in his/her behavioral health treatment, as evidenced by active participation in groups, cooperation with treatment plan, working on assignments, actively developing discharge plan and other markers of treatment engagement. If the member is not displaying increased motivation, there is evidence of active, timely reevaluation and treatment plan modifications to address the current condition. 9. The member continues to need partial hospitalization because of at least two of the following: a. The members condition or stage of recovery requires the need for daily treatment interventions in order to stabilize the clinical condition and acquire the necessary skills to be successful in the next level of care. c. A crisis situation is present in social, family, work/school and/or interpersonal relationships which may require resources such as crisis intervention services, safety planning, problem solving, social services, care coordination, client instruction, support, additional family interventions and other services that may be provided as clinically indicated.
2020 Psychiatric Intensive Outpatient	**2021 Psychiatric Intensive Outpatient**
Intensity of Service	**Intensity of Service**
5. Treatment programming includes documentation of one individual counseling session weekly or as clinically indicated. 10. For members receiving boarding services, during non-program hours the member is allowed the opportunity to: b. Develop and practice new skills in the real world to prepare for community re- integration and long term recovery 13. Family participation: a. For adults: Family treatment is being utilized at an appropriate frequency. If Family treatment is not held, the facility/provider specifically lists the contraindications to Family Therapy. c. Family participation may be conducted via telephonic sessions when there is a significant geographic limitation.	5. Treatment programming includes documentation of at least one individual counseling session weekly or more as clinically indicated. 10. When members are receiving boarding services, during non-program hours the member is allowed the opportunity to: b. Develop and practice new recovery skills in the real world to prepare for community re-integration and sustained, community-based recovery. 13. Family participation: a. For adults: Family treatment is being provided at an appropriate frequency. If Family treatment is not rendered, the facility/provider specifically lists the contraindications to Family Therapy. c. Family participation may be conducted via telephonic sessions when there is a significant geographic or other limitation.
Initial Authorization Request	**Initial Authorization Request**
2. There is a reasonable expectation for improvement in the severity of the current acute symptoms and behaviors and this requires a minimum of nine hours each week to provide treatment, structure and support. 3. The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care. 4. The therapeutic supports available in the member's	2. There is a reasonable expectation for improvement in the severity of the current condition and behaviors that require a minimum of nine hours each week to provide treatment, structure and support. 3. The treatment is not primarily social, interpersonal, domiciliary or respite care.

home community are insufficient to stabilize the member's condition and a minimum of nine hours of treatment each week is required to accomplish clinically significant symptom reduction. 5. If a member has a recent history involving multiple treatment attempts with recidivism, the facility develops and implements a treatment plan focused on increasing motivation, readiness for change, practicing new skills to facilitate the development of recovery and other supports to benefit the member in his/her recovery process. 6. The member has documented symptoms and/or behaviors that are a marked deterioration from baseline function demonstrated by recent changes in behavior(s)/psychiatric symptoms that result in marked functional impairment in at least two of the following areas: a. primary support b. social/interpersonal c. occupational/educational d. health/medical compliance e. ability to maintain safety for either self or others 7. The member is cognitively capable to actively engage in the recommended treatment plan and the member is expressing willingness to participate in the recommended treatment plan. 8. This level of care is necessary to provide structure for treatment when at least one of the following exists: a. The member's office-based providers submit cogent clinical documentation that the member requires the requested level of care secondary to multiple factors, including, but not limited to: medical comorbidity with instability that acutely threatens overall health, concurrent substance abuse, unstable living situations, a current support system engages in behaviors that undermine the goals of treatment and adversely affect outcomes, lack of community resources, or any other factors that would impact the overall treatment outcome and community tenure. b. After a recent therapeutic trial, the member has a documented history of an inability to be managed at an intensive lower level of care, being uncooperative with treatment or failing to respond to treatment with a reduction in symptom frequency, duration or intensity that triggered the admission. c. The member is at high risk for admission to acute inpatient care secondary to multiple recent previous treatments that resulted in unsuccessful community tenure despite intensive treatment. 9.The individual needs structure because of at least two (2) of the following: a. The need for monitoring less than daily but more than	4. The therapeutic supports available in the member's home community are insufficient to stabilize the member's current condition and a minimum of nine hours of treatment each week is required to safely and effectively treat the member's current condition. 5. The members current condition reflects behavior(s)/psychiatric symptoms that result in functional impairment in 1 area, including but not limited to: a. potential safety issues for either self or others b. primary support c. social/interpersonal d. occupational/educational e. health/medical compliance 6. The member is cognitively capable to actively engage in the recommended treatment plan. 7. This level of care is necessary to provide structure for treatment when at least one of the following exists: a. The member's office-based providers submit clinical documentation that the member requires the requested level of care secondary to multiple factors, including, but not limited to: medical comorbidity with instability that impairs overall health, concurrent substance use disorder, unstable living situations, a current support system engages in behaviors that undermine the goals of treatment and adversely affect outcomes, lack of community resources, or any other factors that would impact the overall treatment outcome and community tenure. b. After a recent therapeutic trial, the member has a documented history of an inability to adhere to the treatment plan at an intensive lower level of care, being non-responsive to treatment or failing to respond to treatment with a reduction in symptom frequency, duration or intensity that triggered the admission. Failure of treatment at a less intensive level of care is not a prerequisite for requiring benefit coverage at a higher level of care. c. The member is at high risk for admission to acute inpatient care secondary to multiple recent previous treatments that resulted in unsuccessful stabilization in the community post-discharge. 8. The individual needs intensive outpatient care because of at least two of the following:

weekly. c. A crisis situation is present in family, work and/or interpersonal relationships and requires frequent observation and client instruction and support.	a. The members condition or stage of recovery requires the need for multiple treatment interventions per week in order to stabilize the clinical condition and acquire the necessary skills to be successful in the next level of care. c. A crisis situation is present in family, work and/or interpersonal relationships which may require frequent observation, crisis intervention services, safety planning, problem solving, social services, care coordination, client instruction, support, additional family interventions and other services that may be provided as clinically indicated.
Continued Authorization Request(s)	**Continued Authorization Request(s)**
Must meet all of the following: 2. There is a reasonable expectation for improvement in the severity of the current acute symptoms and behaviors and this requires a minimum of nine hours each week to provide treatment, structure and support. 3. The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care. 7. The member is displaying increasing motivation, interest in and ability to actively engage in his/her behavioral health treatment, as evidenced by active participation in groups, cooperation with treatment plan, working on assignments, actively developing discharge plan and other markers of treatment engagement. 9. The member continues to need structure because of at least two of the following: a. The need for monitoring less than daily but more than weekly. c. A crisis situation is present in family, work and/or interpersonal relationships and requires frequent observation and client instruction and support.	***Must meet all of the following: (N.B., criteria #5 should only be used when the member seeks treatment outside of their home geographic area and #6 only if there are multiple recent admissions)*** 2. There is a reasonable expectation for improvement in the severity of the current condition and behaviors that require a minimum of nine hours each week to provide treatment, structure and support. 3. The treatment is not primarily social, interpersonal, domiciliary or respite care. 7. The member is displaying increasing motivation, interest in and ability to actively engage in his/her behavioral health treatment, as evidenced by active participation in groups, cooperation with treatment plan, working on assignments, actively developing discharge plan and other markers of treatment engagement. If the member is not displaying increased motivation, there is evidence of active, timely reevaluation and treatment plan modifications to address the current condition. 9. The member continues to need intensive outpatient care because of at least two of the following: a. The members condition or stage of recovery requires the need for multiple treatment interventions per week in order to stabilize the clinical condition and acquire the necessary skills to be successful in the next level of care. c. A crisis situation is present in family, work and/or interpersonal relationships which may require resources such as frequent observation, crisis intervention services, safety planning, problem solving, social services, care coordination, client instruction, support, additional family interventions and other services that may be provided as clinically indicated.
2020 Psychiatric Outpatient	**2021 Psychiatric Outpatient**
Intensity of Service	**Intensity of Service**
5. Family participation: a. For adults: Family treatment is being utilized at an appropriate frequency. If Family treatment is not held, the facility/provider specifically lists the contraindications to Family Therapy, c. Family participation may be conducted via telephonic sessions.	5.Family participation: a. For adults: Family treatment is being provided at an appropriate frequency. If Family treatment is not rendered, the facility/provider specifically lists the contraindications to Family Therapy, c. Family participation may be conducted via telephonic sessions when there is a significant geographic or other limitation.

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Initial Authorization Request	Initial Authorization Request
2. There is a reasonable expectation of reduction in behaviors/symptoms with the proposed treatment at this level of care. 3. The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care.	2. There is a reasonable expectation of reduction in behaviors/symptoms for the current condition with the proposed treatment at this level of care. 3. The treatment is not primarily social, interpersonal, domiciliary or respite care.
Continued Authorization Request(s)	**Continued Authorization Request(s)**
2. There is a reasonable expectation of reduction in behaviors/symptoms with the proposed treatment at this level of care. 3. The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care.	2. There is a reasonable expectation of reduction in behaviors/symptoms for the current condition with the proposed treatment at this level of care. 3. The treatment is not primarily social, interpersonal, domiciliary or respite care.
2020 Substance Use Disorder Inpatient Withdrawal Management	**2021 Substance Use Disorder Inpatient Withdrawal Management**
Intensity of Service	**Intensity of Service**
6. The member and/or family member should be made aware of FDA-approved Medication Assisted Treatments (MAT) available. The facility should document informed consent including the risks and benefits of MAT treatment as well as the risks of no MAT treatment.	6. The member and/or family member should be made aware of FDA-approved Medication Assisted Treatments (MAT) available. The facility should document informed consent including the risks and benefits of MAT treatment as well as the risks of no MAT treatment. MAT is defined as the provision of medications during rehabilitation, not only withdrawal management strategies.
Initial Authorization Request	**Initial Authorization Request**
2.The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care. 8. Comorbid medical condition(s) that, in combination with substance dependence/detoxification, presents potentially life-threatening health risks, including but not limited to heart condition, pregnancy, history of seizures, major organ transplant, HIV, diabetes, etc. (NOTE: Input from New Directions Medical Director is suggested.)	2. The treatment is not primarily social, interpersonal, domiciliary or respite care. 8. Comorbid medical condition(s) that, in combination with substance dependence/detoxification, presents potentially life-threatening health risks which require daily medical management and nursing care, including but not limited to heart condition, pregnancy, history of seizures, major organ transplant, HIV, diabetes, etc. (NOTE: Input from New Directions Medical Director is suggested.)
Continued Authorization Request(s)	**Continued Authorization Request(s)**
Must meet 1 to 6 and at least one of 7, 8 or 9: 2.The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care. 8. Comorbid medical condition(s) that, in combination with substance dependence/detoxification, presents potentially life-threatening health risks, including but not limited to heart condition, pregnancy, history of seizures, major organ transplant, HIV, diabetes, etc. (NOTE: Input from New Directions Medical Director is suggested.)	***Must meet 1 to 6 and at least one of 7, 8 or 9: (N.B., criteria #6 should only be used when the member seeks treatment outside of their home geographic area)*** 2. The treatment is not primarily social, interpersonal, domiciliary or respite care. 8. Comorbid medical condition(s) that, in combination with substance dependence/detoxification, presents potentially life-threatening health risks which require daily medical management and nursing care, including but not limited to heart condition, pregnancy, history of seizures, major organ transplant, HIV, diabetes, etc. (NOTE: Input from New Directions Medical Director is suggested.)
2020 Substance Use Disorder Residential/Subacute Withdrawal Management	**2021 Substance Use Disorder Residential/Subacute Withdrawal Management**
Intensity of Service	**Intensity of Service**

6. The member and/or family member should be made aware of FDA-approved Medication Assisted Treatments (MAT) available. The facility should document informed consent including the risks and benefits of MAT treatment as well as the risks of no MAT treatment.	6. The member and/or family member should be made aware of FDA-approved Medication Assisted Treatments (MAT) available. The facility should document informed consent including the risks and benefits of MAT treatment as well as the risks of no MAT treatment. MAT is defined as the provision of medications during rehabilitation, not only withdrawal management strategies.
Initial Authorization Request	**Initial Authorization Request**
2.The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care. 8. Comorbid medical condition(s) that, in combination with substance dependence/detoxification, presents potentially life-threatening health risks, including but not limited to heart condition, pregnancy, history of seizures, major organ transplant, HIV, diabetes, etc. (NOTE: Input from New Directions Medical Director is suggested.)	2. The treatment is not primarily social, interpersonal, domiciliary or respite care. 8. Comorbid medical condition(s) that, in combination with substance dependence/detoxification, presents potentially life-threatening health risks which require daily medical management and nursing care, including but not limited to heart condition, pregnancy, history of seizures, major organ transplant, HIV, diabetes, etc. (NOTE: Input from New Directions Medical Director is suggested.)
Continued Authorization Request(s)	**Continued Authorization Request(s)**
Must meet 1 to 6 and at least one of 7, 8 or 9: 2.The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care. 8. Comorbid medical condition(s) that, in combination with substance dependence/detoxification, presents potentially life-threatening health risks, including but not limited to heart condition, pregnancy, history of seizures, major organ transplant, HIV, diabetes, etc. (NOTE: Input from New Directions Medical Director is suggested.)	***Must meet 1 – 6 and at least one of 7, 8, 9 or 10: (N.B., criteria #4 should only be used when the member seeks treatment outside of their home geographic area)*** 2. The treatment is not primarily social, interpersonal, domiciliary or respite care. **Add** 8. For opioid withdrawal, must have at least three persistent, medically significant, objective withdrawal signs including, but not limited to: a. Muscle aches, nausea, fever, GI cramps (which may progress to vomiting or diarrhea), dilated pupils, piloerection, runny nose, watery eyes, intense dysphoria or insomnia 9. Comorbid medical condition(s) that, in combination with substance dependence/detoxification, presents potentially life-threatening health risks which require daily medical monitoring and nursing care, including but not limited to heart condition, pregnancy, history of seizures, major organ transplant, HIV, diabetes, etc. (NOTE: Input from New Directions Medical Director is suggested.)
2020 Substance Use Disorder Ambulatory Withdrawal Management	**2021 Substance Use Disorder Ambulatory Withdrawal Management**
Intensity of Service	**Intensity of Service**
6. The member and/or family member should be made aware of FDA-approved Medication Assisted Treatments (MAT) available. The facility should document informed consent including the risks and benefits of MAT treatment as well as the risks of no MAT treatment.	6. The member and/or family member should be made aware of FDA-approved Medication Assisted Treatments (MAT) available. The facility should document informed consent including the risks and benefits of MAT treatment as well as the risks of no MAT treatment. MAT is defined as the provision of medications during rehabilitation, not only withdrawal management strategies.
Initial Authorization Request	**Initial Authorization Request**
2. The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care.	2.The treatment is not primarily social, interpersonal, domiciliary or respite care.

5. Member has expressed a commitment to ongoing care to address the underlying substance abuse/dependency issues but needs motivating and monitoring strategies.	5. Member has expressed a commitment to ongoing care to address the underlying substance use disorder issues but needs motivating and monitoring strategies.
Continued Authorization Request(s)	**Continued Authorization Request(s)**
2. The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care.	2. The treatment is not primarily social, interpersonal, domiciliary or respite care
2020 Substance Use Disorder Inpatient Rehabilitation	**2021 Substance Use Disorder Inpatient Rehabilitation**
Intensity of Service	**Intensity of Service**
6. The member and/or family member should be made aware of FDA-approved Medication Assisted Treatments (MAT) available. The facility should document informed consent including the risks and benefits of MAT treatment as well as the risks of no MAT treatment. 7. Treatment programing includes documentation of one individual counseling session weekly or as clinically indicated 14. Family participation: a. For adults: Family treatment is being utilized at an appropriate frequency. If Family treatment is not held, the facility/provider specifically lists the contraindications to Family Therapy. c. Family participation may be conducted via telephonic sessions when there is a significant geographic limitation.	6. The member and/or family member should be made aware of FDA-approved Medication Assisted Treatments (MAT) available. The facility should document informed consent including the risks and benefits of MAT treatment as well as the risks of no MAT treatment. MAT is defined as the provision of medications during rehabilitation, not only withdrawal management strategies. 7. Treatment programing includes documentation of at least one individual counseling session weekly or more as clinically indicated. 14.Family participation: a. For adults: Family treatment is being provided at an appropriate frequency. If Family treatment is not rendered, the facility/provider specifically lists the contraindications to Family Therapy. c. Family participation may be conducted via telephonic sessions when there is a significant geographic or other limitation.
Initial Authorization Request(s)	**Initial Authorization Request(s)**
Must meet 1 -6 and either 7 or 8: 2.There is a reasonable expectation for improvement in the severity of the current acute symptoms and behaviors and this requires care 24 hours daily to provide treatment, structure and support 4. The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care. 5. The therapeutic supports available in the member's home community are insufficient to stabilize the member's condition and daily 24-hour care is required to accomplish clinically significant symptom reduction. 6. If a member has a recent history involving multiple treatment attempts with recidivism, the facility develops and implements a treatment plan focused on increasing motivation, readiness for change, and relapse prevention interventions, and facilitates the development of recovery supports and other services to benefit the member in his/her recovery process. 8. Member has severe medical morbidity from substance use disorder requiring active daily medical evaluation and management, not merely observation.	***Must meet 1 -5 and either 6 or 7:*** 2. There is a reasonable expectation for improvement in the severity of the current condition and behaviors that require care 24 hours daily to provide treatment, structure and support. 4. The treatment is not primarily social, interpersonal, domiciliary or respite care. 5. The therapeutic supports available in the member's home community are insufficient to stabilize the member's current condition and daily 24-hour care is required to safely and effectively treat the member's current condition. 7. Member has severe medical morbidity from substance use disorder which requires daily medical management and nursing care, not merely observation.
Continued Authorization Request(s)	**Continued Authorization Request(s)**
Must meet 1 -10 and at least one of 11, 12 or 13:	*Must meet 1 -10 and at least one of 11, 12 or 13: (N.B., criteria #7 should only be used when the member seeks treatment outside of their home geographic area and #8 only if there are multiple recent admissions)*

2. There is a reasonable expectation for improvement in the severity of the current acute symptoms and behaviors and this requires care 24 hours daily to provide treatment, structure and support. 3. The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care. 13. Member has severe medical morbidity from substance use disorder requiring active medical evaluation and management, not merely observation, and the member must be able to actively participate in his/her substance use disorder treatment.	2.There is a reasonable expectation for improvement in the severity of the current condition and behaviors that require care 24 hours daily to provide treatment, structure and support. 3.The treatment is not primarily social, interpersonal, domiciliary or respite care. 13. Member has severe medical morbidity from substance use disorder which requires daily medical management and nursing care, not merely observation, and the member must be able to actively participate in his/her substance use disorder treatment.
2020 Substance Use Disorder Residential/Subacute Rehabilitation	**2021 Substance Use Disorder Residential/Subacute Rehabilitation**
Intensity of Service	**Intensity of Service**
6. Treatment programing includes documentation of one individual counseling session weekly or as clinically indicated. 7. The member and/or family member should be made aware of FDA-approved Medication Assisted Treatments (MAT) available. The facility should document informed consent including the risks and benefits of MAT treatment as well as the risks of no MAT treatment. 13. Family participation: a. For adults: Family treatment is being utilized at an appropriate frequency. If Family treatment is not held, the facility/provider specifically lists the contraindications to Family Therapy c. Family participation may be conducted via telephonic sessions when there is a significant geographic limitation.	6. Treatment programing includes documentation of at least one individual counseling session weekly or more as clinically indicated. 7. The member and/or family member should be made aware of FDA-approved Medication Assisted Treatments (MAT) available. The facility should document informed consent including the risks and benefits of MAT treatment as well as the risks of no MAT treatment. MAT is defined as the provision of medications during rehabilitation, not only withdrawal management strategies. 13. Family participation: a. For adults: Family treatment is being provided at an appropriate frequency. If Family treatment is not rendered, the facility/provider specifically lists the contraindications to Family Therapy. c. Family participation may be conducted via telephonic sessions when there is a significant geographic or other limitation.
Initial Authorization Request(s)	**Initial Authorization Request(s)**
Must meet 1 –9 and at least one of 10, 11 or 12: 2. There is a reasonable expectation for improvement in the severity of the current acute symptoms and behaviors and this requires care 24 hours daily to provide treatment, structure and support. 3. The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care. 4. The therapeutic supports available in the member's home community are insufficient to stabilize the member's condition and daily 24 hour care is required to accomplish clinically significant symptom reduction 5.If a member has a recent history involving multiple treatment attempts with recidivism, the facility develops and implements a treatment plan focused on increasing motivation, readiness for change, relapse prevention interventions, facilitates the development of recovery supports and other services to benefit the member in his/her recovery process. 6. The member is cognitively capable to actively engage in the recommended treatment plan, and the member is	***Must meet 1 –9 and at least one of 10 or 11:*** 2. There is a reasonable expectation for improvement in the severity of the current condition and behaviors that require care 24 hours daily to provide treatment, structure and support. 3. The treatment is not primarily social, interpersonal, domiciliary or respite care. 4. The therapeutic supports available in the member's home community are insufficient to stabilize the member's current condition and daily 24-hour care is required to safely and effectively treat the member's current condition. 5.The member is cognitively capable to actively engage in the recommended treatment plan.

expressing willingness to participate in the recommended treatment plan 9. The member has documented symptoms and/or behaviors that are a severe deterioration from baseline function demonstrated by recent changes in behavior(s)/psychiatric symptoms that result in severe functional impairment in at least three of the following areas: a. primary support b. social/interpersonal c. occupational/educational d. health/medical compliance e. ability to maintain safety for either self or others 10. This level of care is necessary to provide structure for treatment when at least one of the following exists: a. The member's office based providers submit cogent clinical documentation that the member requires the requested level of care secondary to multiple factors, including but not limited to, medical comorbidity with instability that acutely threatens overall health, unstable living situations, a current support system engages in behaviors that undermine the goals of treatment and adversely affect outcomes, lack of community resources or any other factors that would impact the overall treatment outcome and community tenure. b.After a recent therapeutic trial, the member has a documented history of an inability to be managed at an intensive lower level of care, being uncooperative with treatment or failing to respond to treatment with a reduction in symptom frequency, duration or intensity that triggered the admission. c. The member is at high risk for admission to inpatient care secondary to multiple recent previous treatments that resulted in unsuccessful community tenure despite intensive treatment. 12. There is documentation of ongoing active medical issues secondary to substance use disorder that have the clear potential to precipitate significant medical costs or the member has morbidity from substance use disorder and these require at least weekly medical evaluation and management.	8. The members current condition reflects behavior(s)/psychiatric symptoms that result in functional impairment in 3 areas, including but not limited to: a. potential safety issues for either self or others b. primary support c. social/interpersonal d. occupational/educational e. health/medical compliance 9.This level of care is necessary to provide structure for treatment when at least one of the following exists: a. The member's office based providers submit clinical documentation that the member requires the requested level of care secondary to multiple factors, including but not limited to, medical comorbidity with instability that impairs overall health, unstable living situations, a current support system engages in behaviors that undermine the goals of treatment and adversely affect outcomes, lack of community resources or any other factors that would impact the overall treatment outcome and community tenure. b. After a recent therapeutic trial, the member has a documented history of an inability to adhere to the treatment plan at an intensive lower level of care, being non-responsive to treatment or failing to respond to treatment with a reduction in symptom frequency, duration or intensity that triggered the admission. Failure of treatment at a less intensive level of care is not a prerequisite for requiring benefit coverage at a higher level of care. c. The member is at high risk for admission to inpatient care secondary to multiple recent previous treatments that resulted in unsuccessful stabilization in the community post-discharge. 11. There is documentation of ongoing active medical issues secondary to substance use disorder that have the clear potential to precipitate significant medical care or the member has morbidity from substance use disorder, which requires daily medical monitoring and nursing care.
Continued Authorization Request(s)	**Continued Authorization Request(s)**
Must meet 1 – 10 and at least one of 11, 12 or 13: 2. There is a reasonable expectation for improvement in the severity of the current acute symptoms and behaviors and this requires care 24 hours daily to provide treatment, structure and support. 3. The treatment is not primarily social, custodial,	***Must meet 1 – 10 and at least one of 11, 12 or 13: (N.B., criteria #5 should only be used when the member seeks treatment outside of their home geographic area and #6 only if there are multiple recent admissions)*** 2. There is a reasonable expectation for improvement in the severity of the current acute symptoms and behaviors and this requires care 24 hours daily to provide treatment, structure and support. 3. The treatment is not primarily social, custodial,

interpersonal, domiciliary or respite care. 7. The member is displaying increasing motivation, interest in and ability to actively engage in his/her substance use disorder treatment, as evidenced by active participation in groups, cooperation with treatment plan, working on assignments, actively building a relapse prevention plan and other markers of treatment engagement.	interpersonal, domiciliary or respite care. 7. The member is displaying increasing motivation, interest in and ability to actively engage in his/her substance use disorder treatment, as evidenced by active participation in groups, cooperation with treatment plan, working on assignments, actively building a relapse prevention plan and other markers of treatment engagement. If the member is not displaying increased motivation, there is evidence of active, timely reevaluation and treatment plan modifications to address the current condition.
13. Member has severe medical morbidity from substance use disorder requiring active medical evaluation and management, not merely observation and the member must be able to actively participate in his/her substance use disorder treatment.	13. Member has severe medical morbidity from substance use disorder which requires daily medical monitoring and nursing care, not merely observation and the member must be able to actively participate in his/her substance use disorder treatment.
2020 Substance Use Disorder Partial Day Rehabilitation	**2021 Substance Use Disorder Partial Day Rehabilitation**
Intensity of Service	**Intensity of Service**
5. The member and/or family member should be made aware of FDA approved Medication Assisted Treatments (MAT) available. The facility should document informed consent including the risks and benefits of MAT treatment as well as the risks of no MAT treatment.	5. The member and/or family member should be made aware of FDA approved Medication Assisted Treatments (MAT) available. The facility should document informed consent including the risks and benefits of MAT treatment as well as the risks of no MAT treatment. MAT is defined as the provision of medications during rehabilitation, not only withdrawal management strategies.
6. Treatment programing includes documentation of one individual counseling session weekly or as clinically indicated. 11. For members receiving boarding services, during non-program hours the member is allowed the opportunity to: b. Develop and practice new skills in the real world to prepare for community re-integration and long term recovery 13.Family participation: a. For adults Family treatment is being utilized at an appropriate frequency. If Family treatment is not held, the facility/provider specifically lists the contraindications to Family Therapy. c. Family participation may be conducted via telephonic sessions when there is a significant geographic limitation.	6. Treatment programing includes documentation of at least one individual counseling session weekly or more as clinically indicated. 11. When members are receiving boarding services, during non-program hours the member is allowed the opportunity to: b. Develop and practice new recovery skills in the real world to prepare for community re-integration and sustained, community-based recovery. 13. Family participation: a. For adults Family treatment is being provided at an appropriate frequency. If Family treatment is not rendered, the facility/provider specifically lists the contraindications to Family Therapy. c. Family participation may be conducted via telephonic sessions when there is a significant geographic or other limitation.
Initial Authorization Request	**Initial Authorization Request**
Must meet 1 – 9 and at least one of 10, 11 or 12: 2. There is a reasonable expectation for improvement in the severity of the current acute symptoms and behaviors and this requires a minimum of twenty hours each week to provide treatment, structure and support. 3. The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care. 4. The therapeutic supports available in the member's home community are insufficient to stabilize the	***Must meet 1 – 9 and either 10 or 11:*** 2. There is a reasonable expectation for improvement in the severity of the current condition and behaviors that require a minimum of twenty hours each week to provide treatment, structure and support. 3. The treatment is not primarily social, interpersonal, domiciliary or respite care. 4. The therapeutic supports available in the member's

member’s condition and a minimum of twenty hours of treatment each week is required to accomplish clinically significant symptom reduction. 5. If a member has a recent history involving multiple treatment attempts with recidivism, the facility develops and implements a treatment plan focused on increasing motivation, readiness for change, relapse prevention interventions, facilitates the development of recovery supports and other services to benefit the member in his/her recovery process. 6. The member is cognitively capable to actively engage in the recommended treatment plan, and the member is expressing willingness to participate in the recommended treatment plan 9. The member has documented symptoms and/or behaviors that are a significant deterioration from baseline function demonstrated by recent changes in behavior(s)/ psychiatric symptoms that result in significant functional impairment in at least two of the following areas: a. primary support b. social/interpersonal c. occupational/educational d. health/medical compliance e. ability to maintain safety for either self or others 10. This level of care is necessary to provide structure for treatment when at least one of the following exists: a. The member’s office based providers submit cogent clinical documentation that the member requires the requested level of care secondary to multiple factors, including but not limited to, medical comorbidity with instability that acutely threatens overall health, unstable living situations, a current support system engages in behaviors that undermine the goals of treatment and adversely affect outcomes, lack of community resources or any other factors that would impact the overall treatment outcome and community tenure. b. After a recent therapeutic trial, the member has a documented history of an inability to be managed at an intensive lower level of care, being uncooperative with treatment or failing to respond to treatment with a reduction in symptom frequency, duration or intensity that triggered the admission. c. The member is at high risk for admission to a higher level of care secondary to multiple recent previous treatments that resulted in unsuccessful community tenure despite intensive treatment.	home community are insufficient to stabilize the member’s current condition and a minimum of twenty hours of treatment each week is required to safely and effectively treat the member’s current condition. 5. The member is cognitively capable to actively engage in the recommended treatment plan. 8. The members current condition reflects behavior(s)/psychiatric symptoms that result in functional impairment in 2 areas, including but not limited to: a. potential safety issues for either self or others b. primary support c. social/interpersonal d. occupational/educational e. health/medical compliance 9. This level of care is necessary to provide structure for treatment when at least one of the following exists: a. The member’s office based providers submit clinical documentation that the member requires the requested level of care secondary to multiple factors, including but not limited to, medical comorbidity with instability that impairs overall health, unstable living situations, a current support system engages in behaviors that undermine the goals of treatment and adversely affect outcomes, lack of community resources or any other factors that would impact the overall treatment outcome and community tenure. b. After a recent therapeutic trial, the member has a documented history of an inability to adhere to the treatment plan at an intensive lower level of care, being non-responsive to treatment or failing to respond to treatment with a reduction in symptom frequency, duration or intensity that triggered the admission. Failure of treatment at a less intensive level of care is not a prerequisite for requiring benefit coverage at a higher level of care c. The member is at high risk for admission to a higher level of care secondary to multiple recent previous treatments that resulted in unsuccessful stabilization in the community post-discharge.
Continued Authorization Request(s)	**Continued Authorization Request(s)**
Must meet 1 through 10 and either 11, 12 or 13:	***Must meet 1 through 10 and either 11, 12 or 13: (N.B., criteria #5 should only be used when the member***

NEW DIRECTIONS

	seeks treatment outside of their home geographic area and #6 only if there are multiple recent admissions)
2. There is a reasonable expectation for improvement in the severity of the current acute symptoms and behaviors and this requires a minimum of twenty hours each week to provide treatment, structure and support. 3. The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care. 8. The member is displaying increasing motivation, interest in and ability to actively engage in his/her substance use disorder treatment, as evidenced by active participation in groups, cooperation with treatment plan, working on assignments, actively building a relapse prevention plan and other markers of treatment engagement.	2.There is a reasonable expectation for improvement in the severity of the current condition and behaviors that require a minimum of twenty hours each week to provide treatment, structure and support. 3. The treatment is not primarily social, interpersonal, domiciliary or respite care. 8. The member is displaying increasing motivation, interest in and ability to actively engage in his/her substance use disorder treatment, as evidenced by active participation in groups, cooperation with treatment plan, working on assignments, actively building a relapse prevention plan and other markers of treatment engagement. If the member is not displaying increased motivation, there is evidence of active, timely reevaluation and treatment plan modifications to address the current condition.
2020 Substance Use Disorder Intensive Outpatient Rehabilitation	**2021 Substance Use Disorder Intensive Outpatient Rehabilitation**
Intensity of Service	**Intensity of Service**
4. Treatment programing includes documentation of one individual counseling session weekly or as clinically indicated. 5. The member and/or family member should be made aware of FDA approved Medication Assisted Treatments (MAT) available. The facility should document informed consent including the risks and benefits of MAT treatment as well as the risks of no MAT treatment. 9. For members receiving boarding services, during non-program hours the member is allowed the opportunity to: b. Develop and practice new skills in the real world to prepare for community re-integration and long term recovery 11. Family participation: a. For adults: Family treatment is being utilized at an appropriate frequency. If Family treatment is not held, the facility/provider specifically lists the contraindications to Family Therapy. c. Family participation may be conducted via telephonic sessions when there is a significant geographic limitation.	4. Treatment programing includes documentation of at least one individual counseling session weekly or more as clinically indicated. 5. The member and/or family member should be made aware of FDA approved Medication Assisted Treatments (MAT) available. The facility should document informed consent including the risks and benefits of MAT treatment as well as the risks of no MAT treatment. MAT is defined as the provision of medications during rehabilitation, not only withdrawal management strategies. 9. When members are receiving boarding services, during non-program hours the member is allowed the opportunity to: b. Develop and practice new recovery skills in the real world to prepare for community re-integration and sustained, community-based recovery 11. Family participation: a. For adults: Family treatment is being provided at an appropriate frequency. If Family treatment is not rendered, the facility/provider specifically lists the contraindications to Family Therapy. c. Family participation may be conducted via telephonic sessions when there is a significant geographic or other limitation.
Initial Authorization Request	**Initial Authorization Request**
Must meet 1- 9 and at least one of 10, 11 or 12: 2. There is a reasonable expectation for improvement in the severity of the current acute symptoms and behaviors and this requires a minimum of nine hours each week to provide treatment, structure and support. 3. The treatment is not primarily social, custodial,	***Must meet 1- 9 and either 10 or 11:*** 2. There is a reasonable expectation for improvement in the severity of the current condition and behaviors that require a minimum of nine hours each week to provide treatment, structure and support. 3. The treatment is not primarily social, interpersonal,

NEW DIRECTIONS

interpersonal, domiciliary or respite care. 4. The therapeutic supports available in the member's home community are insufficient to stabilize the member's condition and a minimum of nine hours of treatment each week is required to accomplish clinically significant symptom reduction 5. If a member has a recent history involving multiple treatment attempts with recidivism, the facility develops and implements a treatment plan focused on increasing motivation, readiness for change, relapse prevention interventions, facilitates the development of recovery supports and other services to benefit the member in his/her recovery process. 6. The member is cognitively capable to actively engage in the recommended treatment plan, and the member is expressing willingness to participate in the recommended treatment plan 8. The member's recovery environment and support systems are generally supportive of rehabilitation and the member can succeed in treatment with the intensity of current treatment services. 9. The member has documented symptoms and/or behaviors that are a marked deterioration from baseline function demonstrated by recent changes in behavior(s)/psychiatric symptoms that result in marked functional impairment in at least two (2) of the following areas: a. primary support b. social/interpersonal c. occupational/educational d. health/medical compliance e. ability to maintain safety for either self or others 10. This level of care is necessary to provide structure for treatment when at least one of the following exists: a. The member's office based providers submit cogent clinical documentation that the member requires the requested level of care secondary to multiple factors, including but not limited to, medical comorbidity with instability that acutely threatens overall health, unstable living situations, a current support system engages in behaviors that undermine the goals of treatment and adversely affect outcomes, lack of community resources or any other factors that would impact the overall treatment outcome and community tenure. b. After a recent therapeutic trial, the member has a documented history of an inability to be managed at an intensive lower level of care, being uncooperative with treatment or failing to respond to treatment with a reduction in symptom frequency, duration or intensity that triggered the admission. c. The member is at high risk for admission to a higher	domiciliary or respite care. 4. The therapeutic supports available in the member's home community are insufficient to stabilize the member's current condition and a minimum of nine hours of treatment each week is required to safely and effectively treat the member's current condition. 5. The member is cognitively capable to actively engage in the recommended treatment plan. 7. The member's recovery environment and support systems are generally supportive of rehabilitation and the member can succeed in treatment with the intensity of current treatment services. 8. The members current condition reflects behavior(s)/psychiatric symptoms that result in functional impairment in 1 area, including but not limited to: a. potential safety issues for either self or others b. primary support c. social/interpersonal d. occupational/educational e. health/medical compliance 9. This level of care is necessary to provide structure for treatment when at least one of the following exists: a. The member's office based providers submit clinical documentation that the member requires the requested level of care secondary to multiple factors, including but not limited to, medical comorbidity with instability that impairs overall health, unstable living situations, a current support system engages in behaviors that undermine the goals of treatment and adversely affect outcomes, lack of community resources or any other factors that would impact the overall treatment outcome and community tenure. b. After a recent therapeutic trial, the member has a documented history of an inability to adhere to the treatment plan at an intensive lower level of care, being non-responsive to treatment or failing to respond to treatment with a reduction in symptom frequency, duration or intensity that triggered the admission. Failure of treatment at a less intensive level of care is not a prerequisite for requiring benefit coverage at a higher level of care. c. The member is at high risk for admission to a higher

level of care secondary to multiple recent previous treatments that resulted in unsuccessful community tenure despite intensive treatment.	level of care secondary to multiple recent previous treatments that resulted in unsuccessful stabilization in the community post-discharge.
Continued Authorization Request(s)	**Continued Authorization Request(s)**
Must meet 1 – 10 and at least one of 11, 12 or 13: 2. There is a reasonable expectation for improvement in the severity of the current acute symptoms and behaviors and this requires a minimum of nine hours each week to provide treatment, structure and support 3. The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care. 8. The member is displaying increasing motivation, interest in, and ability to actively engage in his/her substance use disorder treatment, as evidenced by active participation in groups, cooperation with treatment plan, working on assignments, actively building a relapse prevention plan and other markers of treatment engagement.	***Must meet 1 – 10 and at least one of 11, 12 or 13: (N.B., criteria #5 should only be used when the member seeks treatment outside of their home geographic area and #6 only if there are multiple recent admissions)*** 2. There is a reasonable expectation for improvement in the severity of the current condition and behaviors that require a minimum of nine hours each week to provide treatment, structure and support. 3. The treatment is not primarily social, interpersonal, domiciliary or respite care. 8. The member is displaying increasing motivation, interest in, and ability to actively engage in his/her substance use disorder treatment, as evidenced by active participation in groups, cooperation with treatment plan, working on assignments, actively building a relapse prevention plan and other markers of treatment engagement. If the member is not displaying increased motivation, there is evidence of active, timely reevaluation and treatment plan modifications to address the current condition.
2020 Substance Use Disorder Outpatient Rehabilitation	**2021 Substance Use Disorder Outpatient Rehabilitation**
Intensity of Service	**Intensity of Service**
3.The member and/or family member should be made aware of FDA approved Medication Assisted Treatments (MAT) available. The facility should document informed consent including the risks and benefits of MAT treatment as well as the risks of no MAT treatment. 6.Family participation: a. For adults: Family treatment is being utilized at an appropriate frequency. If Family treatment is not held, the facility/provider specifically lists the contraindications to Family Therapy. c. Family participation may be conducted via telephonic sessions when there is a significant geographic limitation.	3.The member and/or family member should be made aware of FDA approved Medication Assisted Treatments (MAT) available. The facility should document informed consent including the risks and benefits of MAT treatment as well as the risks of no MAT treatment. MAT is defined as the provision of medications during rehabilitation, not only withdrawal management strategies. 6.Family participation: a. For adults: Family treatment is being provided at an appropriate frequency. If Family treatment is not rendered, the facility/provider specifically lists the contraindications to Family Therapy. c. Family participation may be conducted via telephonic sessions when there is a significant geographic limitation.
Initial Authorization Request	**Initial Authorization Request**
2. There is a reasonable expectation of reduction in behaviors/symptoms with the proposed treatment at this level of care. 3. The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care.	2. There is a reasonable expectation of reduction in behaviors/symptoms for the current condition with the proposed treatment at this level of care. 3. The treatment is not primarily social, interpersonal, domiciliary or respite care.
Continued Authorization Request(s)	**Continued Authorization Request(s)**
2. There is a reasonable expectation of reduction in behaviors/symptoms with the proposed treatment at this level of care.	2. There is a reasonable expectation of reduction in behaviors/symptoms for the current condition with the proposed treatment at this level of care.

3. The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care.	3.The treatment is not primarily social, interpersonal, domiciliary or respite care.
2020 Eating Disorder Acute Inpatient	**2021 Eating Disorder Acute Inpatient**
Intensity of Service	**Intensity of Service**
6. Treatment programing includes documentation of one individual counseling session weekly or as clinically indicated. 14. Family participation: a. For adults: Family treatment is being utilized at an appropriate frequency. If Family treatment is not held, the facility/provider specifically lists the contraindications to Family Therapy. c. Family participation may be conducted via telephonic sessions when there is a significant geographic limitation.	6. Treatment programing includes documentation of at least one individual counseling session weekly or more as clinically indicated. 14. Family participation: a. For adults: Family treatment is being provided at an appropriate frequency. If Family treatment is not rendered, the facility/provider specifically lists the contraindications to Family Therapy. c. Family participation may be conducted via telephonic sessions when there is a significant geographic or other limitation.
Initial Authorization Request	**Initial Authorization Request**
2. There is a reasonable expectation for improvement in the severity of the current acute symptoms and behaviors and this requires care 24 hours daily to provide treatment, structure and support. 3. The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care.	2. There is a reasonable expectation for improvement in the severity of the current condition and behaviors that require care 24 hours daily to provide treatment, structure and support. 3.The treatment is not primarily social, interpersonal, domiciliary or respite care.
Continued Authorization Request(s)	**Continued Authorization Request(s)**
Must meet all of the following: 3.There is a reasonable expectation for improvement in the severity of the current acute symptoms and behaviors and this requires care 24 hours daily to provide treatment, structure and support. 4. The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care. 7. The member is displaying increasing motivation, interest in and ability to actively engage in his/her eating disorder treatment, as evidenced by active participation in groups, cooperation with treatment plan, working on assignments, increasing ability to eat independently, actively developing discharge plans and other markers of treatment engagement.	***Must meet all of the following: (N.B., criteria #5 should only be used when the member seeks treatment outside of their home geographic area and #6 only if there are multiple recent admissions)*** 3.There is a reasonable expectation for improvement in the severity of the current condition and behaviors that require care 24 hours daily to provide treatment, structure and support. 4.The treatment is not primarily social, interpersonal, domiciliary or respite care. 7. The member is displaying increasing motivation, interest in and ability to actively engage in his/her eating disorder treatment, as evidenced by active participation in groups, cooperation with treatment plan, working on assignments, increasing ability to eat independently, actively developing discharge plans and other markers of treatment engagement. If the member is not displaying increased motivation, there is evidence of active, timely reevaluation and treatment plan modifications to address the current condition.
2020 Eating Disorder Residential	**2021 Eating Disorder Residential**
Intensity of Service	**Intensity of Service**
6. Treatment programing includes documentation of one individual counseling session weekly or as clinically indicated.	6. Treatment programing includes documentation of at least one individual counseling session weekly or more as clinically indicated.

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15. Family participation: a. For adults: Family treatment is being utilized at an appropriate frequency. If Family treatment is not held, the facility/provider specifically lists the contraindications to Family Therapy. c. Family participation may be conducted via telephonic sessions when there is a significant geographic limitation.	15. Family participation: a. For adults: Family treatment is being provided at an appropriate frequency. If Family treatment is not rendered, the facility/provider specifically lists the contraindications to Family Therapy. c. Family participation may be conducted via telephonic sessions when there is a significant geographic or other limitation.
Initial Authorization Request	**Initial Authorization Request**
Must meet 1 – 6 and either 7, 8 or 9: 2. There is a reasonable expectation for improvement in the severity of the current acute symptoms and behaviors and this requires care 24 hours daily to provide treatment, structure and support 3. The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care. 4. The therapeutic supports available in the member's home community are insufficient to stabilize the member's condition and daily 24 hour is required to accomplish clinically significant symptom reduction 5. If a member has a recent history of treatment usage involving multiple treatment attempts at residential/ subacute care, there must be documentation of the ability to participate in and benefit from the treatment at a residential/ subacute level of care. 6. The member has documented symptoms and/or behaviors that are a severe deterioration from baseline function demonstrated by recent changes in behavior(s)/psychiatric symptoms that result in severe functional impairment in at least three of the following areas: a. primary support b. social/interpersonal c. occupational/educational d. health/medical compliance e. ability to maintain safety for either self or others 7. This level of care is necessary to provide structure for treatment when at least one of the following exists: a. The member's family members and/or support system demonstrate behaviors that are likely to undermine goals of treatment or do not possess the requisite skills to manage the disease effectively, such that treatment at a lower level of care is unlikely to be successful. b. The member's office-based providers submit cogent clinical documentation that the member requires the requested level of care secondary to multiple factors, including but not limited to, medical comorbidity with instability that acutely threatens overall health, concurrent substance abuse, unstable living situations, a current support system engages in behaviors that undermine the goals of treatment and adversely affect outcomes, lack of community resources or any other factors that would impact the overall treatment outcome and community tenure.	***Must meet 1 – 6 and either 7 or 8:*** 2. There is a reasonable expectation for improvement in the severity of the current condition and behaviors that require care 24 hours daily to provide treatment, structure and support. 3. The treatment is not primarily social, interpersonal, domiciliary or respite care. 4. The therapeutic supports available in the member's home community are insufficient to stabilize the member's current condition and daily 24-hour care is required to safely and effectively treat the member's current condition. 5. The members current condition reflects behavior(s)/psychiatric symptoms that result in functional impairment in 3 areas, including but not limited to: a. potential safety issues for either self or others b. primary support c. social/interpersonal d. occupational/educational e. health/medical compliance 6. This level of care is necessary to provide structure for treatment when at least one of the following exists: a. The member's family members and/or support system demonstrate behaviors that are likely to undermine goals of treatment or do not possess the requisite skills to manage the disease effectively, such that treatment at a lower level of care is unlikely to be successful. b. The member's office-based providers submit clinical documentation that the member requires the requested level of care secondary to multiple factors, including but not limited to, medical comorbidity with instability that impairs overall health, concurrent substance use disorder, unstable living situations, a current support system engages in behaviors that undermine the goals of treatment and adversely affect outcomes, lack of community resources or any other factors that would impact the overall treatment outcome and community

c. After a recent therapeutic trial, the member has a documented history of an inability to be managed at an intensive lower level of care, being uncooperative with treatment or failing to respond to treatment with a reduction in symptom frequency, duration or intensity that triggered the admission. d. The member is at high risk for admission to a higher level of care secondary to multiple recent previous inpatient treatments that resulted in unsuccessful community tenure despite intensive treatment.	tenure. c. After a recent therapeutic trial, the member has a documented history of an inability to adhere to the treatment plan at an intensive lower level of care, being non-responsive to treatment or failing to respond to treatment with a reduction in symptom frequency, duration or intensity that triggered the admission. Failure of treatment at a less intensive level of care is not a prerequisite for requiring benefit coverage at a higher level of care. d. The member is at high risk for admission to a higher level of care secondary to multiple recent previous inpatient treatments that resulted in unsuccessful stabilization in the community post-discharge.
Continued Authorization Request(s)	**Continued Authorization Request(s)**
Must meet all of the following: 2.There is a reasonable expectation for improvement in the severity of the current acute symptoms and behaviors and this requires care 24 hours daily to provide treatment, structure and support. 3. The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care. 8. The member is displaying increasing motivation, interest in and ability to actively engage in his/her eating disorder treatment, as evidenced by active participation in groups, cooperation with treatment plan, working on assignments, increasing ability to eat independently, actively developing discharge plans and other markers of treatment engagement.	***Must meet all of the following: (N.B., criteria #6 should only be used when the member seeks treatment outside of their home geographic area and #7 only if there are multiple recent admissions)*** 2. There is a reasonable expectation for improvement in the severity of the current condition and behaviors that require care 24 hours daily to provide treatment, structure and support. 3. The treatment is not primarily social, interpersonal, domiciliary or respite care. 8. The member is displaying increasing motivation, interest in and ability to actively engage in his/her eating disorder treatment, as evidenced by active participation in groups, cooperation with treatment plan, working on assignments, increasing ability to eat independently, actively developing discharge plans and other markers of treatment engagement. If the member is not displaying increased motivation, there is evidence of active, timely reevaluation and treatment plan modifications to address the current condition.
2020 Eating Disorder Partial Hospitalization	**2021 Eating Disorder Partial Hospitalization**
Intensity of Service	**Intensity of Service**
5. Treatment programing includes documentation of one individual counseling session weekly or as clinically indicated. 10. For members receiving boarding services, during non-program hours the member is allowed the opportunity to: b. Develop and practice new skills in the real world to prepare for community re-integration and long term recovery 14. Family participation: a. For adults: Family treatment is being utilized at an appropriate frequency. If Family treatment is not held,	5. Treatment programing includes documentation of at least one individual counseling session weekly or more as clinically indicated. 10. When members are receiving boarding services, during non-program hours the member is allowed the opportunity to: b. Develop and practice new recovery skills in the real world to prepare for community re-integration and sustained, community-based recovery 14. Family participation: a. For adults: Family treatment is being provided at an

the facility/provider specifically lists the contraindications to Family Therapy. c. Family participation may be conducted via telephonic sessions when there is a significant geographic limitation.	appropriate frequency. If Family treatment is not rendered, the facility/provider specifically lists the contraindications to Family Therapy. c. Family participation may be conducted via telephonic sessions when there is a significant geographic or other limitation.
Initial Authorization Request	**Initial Authorization Request**
Must meet 1 -12 and either 13 or 14: 2. There is a reasonable expectation for improvement in the severity of the current acute symptoms and behaviors and this requires a minimum of twenty hours each week to provide treatment, structure and support. 3. The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care. 6.The therapeutic supports available in the member's home community are insufficient to stabilize the member's condition and a minimum of twenty hours of treatment each week is required to accomplish clinically significant symptom reduction 7. If a member has a recent history involving multiple treatment attempts with recidivism, the facility develops and implements a treatment plan focused on increasing motivation, readiness for change, practicing new skills to facilitate the development of recovery and other supports to benefit the member in his/her recovery process. 8. The member has documented symptoms and/or behaviors that are a significant deterioration from baseline function demonstrated by recent changes in behavior(s)/psychiatric symptoms that result in significant functional impairment in at least two (2) of the following areas: a. primary support b. social/interpersonal c. occupational/educational d. health/medical compliance e. ability to maintain safety for either self or others 9. The member is cognitively capable to actively engage in the recommended treatment plan and the member is expressing willingness to participate in the recommended treatment plan. 11. This level of care is necessary to provide structure for treatment when at least one of the following exists: a. The member's family members and/or support system demonstrate behaviors that are likely to undermine goals of treatment or do not possess the requisite skills to manage the eating disorder effectively, such that treatment at a lower level of care is unlikely to be successful. b. The member's office based providers submit cogent clinical documentation that the member requires the requested level of care secondary to multiple factors, including but not limited to, medical comorbidity with instability that acutely threatens overall health, concurrent substance abuse, unstable living situations, a current support system engages in behaviors that	***Must meet 1 -11 and either 12 or 13:*** 2.There is a reasonable expectation for improvement in the severity of the current condition and behaviors and this requires a minimum of twenty hours each week to provide treatment, structure and support. 3.The treatment is not primarily social, interpersonal, domiciliary or respite care. 6.The therapeutic supports available in the member's home community are insufficient to stabilize the member's current condition and a minimum of twenty hours of treatment each week is required to safely and effectively treat the member's current condition. 7. The members current condition reflects behavior(s)/psychiatric symptoms that result in functional impairment in 2 areas, including but not limited to: a. potential safety issues for either self or others b. primary support c. social/interpersonal d. occupational/educational e. health/medical compliance 8. The member is cognitively capable to actively engage in the recommended treatment plan. 10. This level of care is necessary to provide structure for treatment when at least one of the following exists: a. The member's family members and/or support system demonstrate behaviors that are likely to undermine goals of treatment or do not possess the requisite skills to manage the eating disorder effectively, such that treatment at a lower level of care is unlikely to be successful. b. The member's office based providers submit clinical documentation that the member requires the requested level of care secondary to multiple factors, including but not limited to, medical comorbidity with instability that impairs overall health, concurrent substance use disorder, unstable living situations, a current support

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undermine the goals of treatment and adversely affect outcomes, lack of community resources or any other factors that would impact the overall treatment outcome and community tenure. c. After a recent therapeutic trial, the member has a documented history of an inability to be managed at an intensive lower level of care, being uncooperative with treatment or failing to respond to treatment with a reduction in symptom frequency, duration or intensity that triggered the admission. d. The member is at high risk for admission to a higher level of care secondary to multiple recent previous treatments that resulted in unsuccessful community tenure despite intensive treatment.	system engages in behaviors that undermine the goals of treatment and adversely affect outcomes, lack of community resources or any other factors that would impact the overall treatment outcome and community tenure. c. After a recent therapeutic trial, the member has a documented history of an inability to adhere to the treatment plan at an intensive lower level of care, being non-responsive to treatment or failing to respond to treatment with a reduction in symptom frequency, duration or intensity that triggered the admission. Failure of treatment at a less intensive level of care is not a prerequisite for requiring benefit coverage at a higher level of care. d. The member is at high risk for admission to a higher level of care secondary to multiple recent previous treatments that resulted in unsuccessful stabilization in the community post-discharge.
Continued Authorization Request(s)	**Continued Authorization Request(s)**
Must meet all of the following: 2.There is a reasonable expectation for improvement in the severity of the current acute symptoms and behaviors and this requires a minimum of twenty hours each week to provide treatment, structure and support. 3.The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care. 8.The member is displaying increasing motivation, interest in and ability to actively engage in his/her eating disorder treatment, as evidenced by active participation in groups, cooperation with treatment plan, working on assignments, increasing ability to eat independently, actively developing discharge plans and other markers of treatment engagement.	***Must meet all of the following: (N.B., criteria #6 should only be used when the member seeks treatment outside of their home geographic area and #7 only if there are multiple recent admissions)*** 2.There is a reasonable expectation for improvement in the severity of the current condition and behaviors that require a minimum of twenty hours each week to provide treatment, structure and support. 3.The treatment is not primarily social, interpersonal, domiciliary or respite care. 8.The member is displaying increasing motivation, interest in and ability to actively engage in his/her eating disorder treatment, as evidenced by active participation in groups, cooperation with treatment plan, working on assignments, increasing ability to eat independently, actively developing discharge plans and other markers of treatment engagement. If the member is not displaying increased motivation, there is evidence of active, timely reevaluation and treatment plan modifications to address the current condition.
2020 Eating Disorder Intensive Outpatient	**2021 Eating Disorder Intensive Outpatient**
Intensity of Service	**Intensity of Service**
5. Treatment programing includes documentation of one individual counseling session weekly or as clinically indicated. 10. For members receiving boarding services, during non-program hours the member is allowed the opportunity to: b. Develop and practice new skills in the real world to prepare for community re-integration and long term	5. Treatment programing includes documentation of at least one individual counseling session weekly or more as clinically indicated. 10. When members are receiving boarding services, during non-program hours the member is allowed the opportunity to: b. Develop and practice new recovery skills in the real

recovery 14.Family participation: a. For adults: Family treatment is being utilized at an appropriate frequency. If Family treatment is not held, the facility/provider specifically lists the contraindications to Family Therapy c. Family participation may be conducted via telephonic sessions when there is a significant geographic limitation.	world to prepare for community re-integration and sustained, community-based recovery. 14. Family participation: a. For adults: Family treatment is being provided at an appropriate frequency. If Family treatment is not rendered, the facility/provider specifically lists the contraindications to Family Therapy. c. Family participation may be conducted via telephonic sessions when there is a significant geographic or other limitation.
Initial Authorization Request	**Initial Authorization Request**
Must meet 1-10 and either 11 or 12: 2. There is a reasonable expectation for improvement in the severity of the current acute symptoms and behaviors and this requires a minimum of nine hours each week to provide treatment, structure and support. 3. The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care. 5. The therapeutic supports available in the member's home community are insufficient to stabilize the member's condition and a minimum of nine hours of treatment each week is required to accomplish clinically significant symptom reduction 6. If a member has a recent history involving multiple treatment attempts with recidivism, the facility develops and implements a treatment plan focused on increasing motivation, readiness for change, practicing new skills to facilitate the development of recovery and other supports to benefit the member in his/her recovery process. 7. The member has documented symptoms and/or behaviors that are a marked deterioration from baseline function demonstrated by recent changes in behavior(s)/ psychiatric symptoms that result in marked functional impairment in at least one (1) of the following areas: a. primary support b. social/interpersonal c. occupational/educational d. health/medical compliance e. ability to maintain safety for either self or others. 8. The member is cognitively capable to actively engage in the recommended treatment plan and the member is expressing willingness to participate in the recommended treatment plan. 9. This level of care is necessary to provide structure for treatment when at least one of the following exists a. The member's family member and/or support system demonstrate behaviors that are likely to undermine goals of treatment or do not possess the requisite skills to manage the eating disorder effectively, such that treatment at a lower level of care is unlikely to be successful. b. The member's office based providers submit cogent clinical documentation that the member requires the requested level of care secondary to multiple factors, including but not limited to, medical comorbidity with	***Must meet 1-9 and either 10 or 11:*** 2. There is a reasonable expectation for improvement in the severity of the current condition and behaviors that require a minimum of nine hours each week to provide treatment, structure and support. 3. The treatment is not primarily social, interpersonal, domiciliary or respite care. 5. The therapeutic supports available in the member's home community are insufficient to stabilize the member's current condition and a minimum of nine hours of treatment each week is required to safely and effectively treat the member's current condition. 6. The members current condition reflects behavior(s)/psychiatric symptoms that result in functional impairment in 1 area, including but not limited to: a. potential safety issues for either self or others b. primary support c. social/interpersonal d. occupational/educational e. health/medical compliance 7. The member is cognitively capable to actively engage in the recommended treatment plan. 8. This level of care is necessary to provide structure for treatment when at least one of the following exists: a. The member's family member and/or support system demonstrate behaviors that are likely to undermine goals of treatment or do not possess the requisite skills to manage the eating disorder effectively, such that treatment at a lower level of care is unlikely to be successful. b. The member's office based providers submit clinical documentation that the member requires the requested level of care secondary to multiple factors, including but not limited to, medical comorbidity with instability that

instability that acutely threatens overall health, concurrent substance abuse, unstable living situations, a current support system engages in behaviors that undermine the goals of treatment and adversely affect outcomes, lack of community resources or any other factors that would impact the overall treatment outcome and community tenure. c. After a recent therapeutic trial, the member has a documented history of an inability to be managed at an intensive lower level of care, being uncooperative with treatment or failing to respond to treatment with a reduction in symptom frequency, duration or intensity that triggered the admission. d. The member is at high risk for admission to a higher level of care secondary to multiple recent previous treatments that resulted in unsuccessful community tenure despite intensive treatment.	impairs overall health, concurrent substance use disorder, unstable living situations, a current support system engages in behaviors that undermine the goals of treatment and adversely affect outcomes, lack of community resources or any other factors that would impact the overall treatment outcome and community tenure. c. After a recent therapeutic trial, the member has a documented history of an inability to adhere to the treatment plan at an intensive lower level of care, being non-responsive to treatment or failing to respond to treatment with a reduction in symptom frequency, duration or intensity that triggered the admission. Failure of treatment at a less intensive level of care is not a prerequisite for requiring benefit coverage at a higher level of care. d. The member is at high risk for admission to a higher level of care secondary to multiple recent previous treatments that resulted in unsuccessful stabilization in the community-post-discharge.
Continued Authorization Request(s)	**Continued Authorization Request(s)**
Must meet all of the following: 2. There is a reasonable expectation for improvement in the severity of the current acute symptoms and behaviors and this requires a minimum of nine hours each week to provide treatment, structure and support. 3. The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care. 9.The member is displaying increasing motivation, interest in and ability to actively engage in his/her eating disorder treatment, as evidenced by active participation in groups, cooperation with treatment plan, working on assignments, increasing ability to eat independently, actively developing discharge plans and other markers of treatment engagement.	***Must meet all of the following: (N.B., criteria #6 should only be used when the member seeks treatment outside of their home geographic area and #8 only if there are multiple recent admissions)*** 2. There is a reasonable expectation for improvement in the severity of the current condition and behaviors that require a minimum of nine hours each week to provide treatment, structure and support. 3.The treatment is not primarily social, interpersonal, domiciliary or respite care. 9. The member is displaying increasing motivation, interest in and ability to actively engage in his/her eating disorder treatment, as evidenced by active participation in groups, cooperation with treatment plan, working on assignments, increasing ability to eat independently, actively developing discharge plans and other markers of treatment engagement. If the member is not displaying increased motivation, there is evidence of active, timely reevaluation and treatment plan modifications to address the current condition.
2020 Eating Disorder Outpatient	**2021 Eating Disorder Outpatient**

NEW DIRECTIONS

Intensity of Service	Intensity of Service
6. Family participation: a. For adults: Family treatment is being utilized at an appropriate frequency. If Family treatment is not held, the facility/provider specifically lists the contraindications to Family Therapy. c. Family participation may be conducted via telephonic sessions when there is a significant geographic or other limitation.	6. Family participation: a. For adults: Family treatment is being provided at an appropriate frequency. If Family treatment is not rendered, the facility/provider specifically lists the contraindications to Family Therapy. c. Family participation may be conducted via telephonic sessions when there is a significant geographic or other limitation.
Initial Authorization Request	**Initial Authorization Request**
2.There is a reasonable expectation of reduction in behaviors/symptoms with the proposed treatment at this level of care. 3. The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care.	2. There is a reasonable expectation of reduction in behaviors/symptoms for the current condition with the proposed treatment at this level of care. 3. The treatment is not primarily social, interpersonal, domiciliary or respite care.
Continued Authorization Request(s)	**Continued Authorization Request(s)**
2. There is a reasonable expectation of reduction in behaviors/symptoms with the proposed treatment at this level of care. 3. The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care.	2. There is a reasonable expectation of reduction in behaviors/symptoms for the current condition with the proposed treatment at this level of care. 3. The treatment is not primarily social, interpersonal, domiciliary or respite care.