DRAFT PSYCH UNDER 21 MEDICAL NECESSITY (LOC) CRITERIA

NOTES: Criteria are written for implementation in both residential (hospital and PRTF) and homeand community-based settings (under the 1915(k) or other appropriate Medicaid authority). Criteria are written to ensure that youth meeting the LOC require services consistent with the federal definition of <u>Psych Under 21</u>, which is an inpatient LOC.

The criteria do not describe the specific requirements for the comprehensive behavioral health evaluation, the documentation and evidence that may be required for the CON process, or any of the necessary implementation activities. The criteria below are solely eligibility criteria for Psych Under 21 services.

INCLUSION CRITERIA: The youth must meet ALL of the following criteria:

- 1. **AGE:** The youth is under 21 years age at the time of enrollment. Any youth recommended to receive treatment in a residential setting must be at least five years of age or have the approval of the OHA Director or designee.
- 2. **DIAGNOSIS:** The youth has a diagnosable mental health disorder¹, according to the most recent DSM, made as part of a mental health assessment as defined in OAR 309-019-0135. The youth has a diagnosable mental health disorder, according to the most recent DSM. The diagnosis was made as part of a complete behavioral health evaluation completed or supervised by a Llicensed behavioral health Practitioner of the Healing Arts or Qualified Mental Health Professional.
- 3. **IMPAIRMENT IN FUNCTIONING**: There is evidence that the youth demonstrates severe or marked impairment in functioning. This is demonstrated by at least one of the following:
- The youth's mental health condition routinely prevents participation in age- or developmentally appropriate activities and expectations in at least two life domains (home, school_education/work, and/or community). These activities include daily self-care activities, attendance at school education or work, activities in the home, social activities, other activities of daily living. This impairment may be evidenced by any of the following:
 - Symptoms of the condition preventing participation in age- or developmentally appropriate activities and expectations, including regular attendance at school or work.
 - ii. Documented impairment (at home, in community, at school education/employment, or with peers) that impacts participation in activities, communication, or functioning due to a mental health condition.
 - iii. Significant disruptions in social relationships, which may include serious or

¹ The youth may have a co-occurring intellectual or developmental disability, substance use disorder, and/or physical health condition but must also have a mental health disorder to meet the Psych Under 21 Level of Care. The youth may not be excluded from this level of service due to the presence of a comorbid condition, regardless of whether the comorbid condition exacerbates the mental health condition.

- extreme deterioration in interactions with peers, adults, and/or family or significant withdrawal from and avoidance of social interactions.
- iv. Persistent neglect of and inability to attend to self-care/hygiene levels appropriate to age or developmental level due to the mental health condition.
- v. Serious or extreme disruption in physical functioning, including related to sleep or eating, causing compromise of health and well-being due to mental health condition.
- 2. The youth is a potential danger to self or others due to
 - Suicidal or homicidal preoccupation or rumination with or without lethal plan or intent
 - ii. Significant self-injurious behaviors; or
 - iii. Experiencing frequent and/or intermittent and unpredictable episodes of impulsiveness, aggression, and/or risk-taking behaviors that may compromise the safety of self or others in their proximity.
- 3. The youth is experiencing impairment so severe as to preclude observation of social functioning or assessment of specific symptoms.²
- 4. **MOST APPROPRIATE LEVEL OF CARE:** Both Criteria a and b must be met. Criteria c must be met as well as (C) if applicable for services in a residential setting:
- 1. This level of care is recommended as the least restrictive to adequately treat the symptoms and is the most clinically appropriate service for the child because either:
 - The youth's current presentation, behaviors, and/or functioning are too acute or unstable for less intensive or standard outpatient treatment interventions and less restrictive services; or
 - ii. The youth's current behavioral or emotional impairment has not responded to alternative treatment, has been intractable and/or, despite treatment, continues to persist or worsen.
- 2. This intensity of services will promote stabilization and progression toward mental health goals or prevent further regression based on the youth's current presentation, mental health goals, needs, and supports.
- 3. For all youth receiving services in a residential setting (hospital or program licensed as a psychiatric residential treatment facility): In addition to a and b, the other criteria outlined
 - i. The youth has demonstrated a current need for a highly structured living environment providing 24-hour treatment monitoring and supervision.
 - ii. Only for youth receiving services in a hospital: The youth is in an acute crisis with safety or co-occurring physical health issues or otherwise requires complex and intensive assessment, evaluation, monitoring, and treatment.

² For example, depression or psychosis so severe that assessment or observation of social functioning is not possible at the time.

- 5. **EXCLUSION CRITERIA:** The youth meets any of the following criteria:
- 1. The youth is 18 or older without a legal guardian and does not voluntarily consent to treatment.
- 2. The youth has a legal guardian and the legal guardian does not voluntarily consent to treatment.³ The youth is under 18 or over 18 with a legal guardian and the legal guardian does not voluntarily consent to treatment.
- 3. The complete behavioral health evaluation mental health assessment of the youth indicates that the youth is not appropriate for this intensity of clinical intervention.

³ Youth between 14 to 17 years of age can consent to outpatient treatment without legal guardian consent.