Psych under 21

Home & Community Based Services Children/Youth Program

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Objectives

- Overview of why Oregon is developing the LOC criteria.
- Review feedback from draft LOC criteria.
- Review changes to the draft LOC criteria.

Why now? – Part 1

- Oregon is currently developing a standardized level of care (LOC) criteria to determine whether an individual meets the eligibility criteria to receive psychiatric services in a hospital or PRTF.
  - Fee-for-Service, Coordinated Care Organizations (CCOs), licensed PRTF providers and hospitals currently can choose specific criteria to determine eligibility for PRTF.
  - Home & Community Based Services(HCBS) for children and youth under 21 is currently under development and it will require there to be a level of care criteria to determine eligibility.

Why now? – Part 2

- Oregon has committed to establishing medical necessity criteria for Psych Under 21 Services so that children and youth can access services under the appropriate Medicaid authority/authorities that support consistency and transparency in how children, youth, and families access this service, regardless of setting (hospital, residential intervention, or community).
- Oregon legislative efforts that have highlighted the needs for expanding HCBS children and youth include Senate Bill (SB) 1557 (2024) and SB 909 (2025).
  - SB 909 made it to Ways & Means Committee during 2025 Legislative Session, however ultimately did not pass.
- Oregon OAR rule changes (ex. Intensive Treatment Services (ITS) rule changes).

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Understanding the Final Medical Necessity Criteria for Psych Under 21

Development of the Criteria

- A small team of OHA and contracted partners developed and revised the criteria.
- Part of the team engaged with multiple internal/external partners, youth and families, providers, CCO and private insurers.
- Feedback was given during the engagement sessions and also via a survey.
- The team reviewed initial feedback and made adjustments to criteria language.

What *do* the criteria do?

- They begin to establish consistent and transparent eligibility standards across all Psych under 21 services, including those that may be provided in a home- and community-based setting through the appropriate Medicaid authority/authorities.
- The consistent criteria will be applied across programs and settings, consistent with federal and state definitions.

What do the criteria *not* do?

- They do not establish:
  - The process for implementing the criteria, which should include comprehensive training and technical assistance to support the workforce and families and youth;
  - The requirements for the comprehensive behavioral health evaluation (e.g., trauma-responsive, developmentally and culturally appropriate, strengths-based, functional across life domains);
  - The type of documentation required to support the criteria, which could include specific tools and/or forms; or
  - The process for initial and ongoing implementation of the criteria (including changes to regulations, policies, forms, contracts, and/or training as well as development of continuous quality improvement activities to support implementation).
- These design and implementation activities will need to be addressed after the specific criteria are finalized.

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Final Psych Under 21 Criteria

Reminders!

- Criteria are written for implementation in both residential (hospital and PRTF) and home- and community-based settings (under the 1915(k) or other appropriate Medicaid authority).
- Criteria are written to ensure that youth meeting the criteria require services consistent with the federal definition of Psych Under 21, which is an *inpatient* level of care.
- The team has done its best to use language that is strengths-based and family friendly, consistent with systems of care values and principles. However, the medical necessity process is inherently deficit-based and anchored in diagnosis and impairments in functioning. During the implementation process, OHA and partners will seek to ensure that outreach and communication, training, and outcomes monitoring materials and protocols are strengths-based and family- and youth-friendly to the greatest extent possible.

General feedback

- Importance of ensuring that the criteria is not at odds with and/or duplicative of existing rules.
- Desire to verify that any tools potentially selected aligned with current utilization.
- Importance of a strong implementation plan that incorporates the needs of family, youth, providers, and all other partners.
- Overall, there was expressed appreciation for the clarity of language used and alignment with current needs.

Inclusion Criteria – No Change from Original

The youth must meet all the criteria under each of four categories:

- Age
- Diagnosis
- Behavior or Activities
- Most Appropriate Level of Care

1) AGE FEEDBACK

Strength:

- The changes align with OHA's expansion of youth services up to age 21.

General Feedback:

- Ensuring services and programs are age appropriate.
- Removed language regarding anyone under the age of 5 going into residential because of questions of who would approve it.

1) AGE

- The youth is under 21 years age at the time of enrollment.

2) DIAGNOSIS

Strength:

- Positive feedback on co-occurring and I/DD not being exclusionary.

General Feedback:

- Questions on who will provide the assessment.
- Timeframes for completion of assessment.
- Questions on what constitutes a complete behavioral health evaluation.

2) DIAGNOSIS

- The youth has a diagnosable mental health disorder, according to the most recent DSM, made as part of a mental health assessment as defined in OAR 309-019-0135.

*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.

3) IMPAIRMENT IN FUNCTIONING

Strengths:

- This section of the criteria was noted as clear by the audiences.
- Providers stated that it generally aligned with current admission criteria.

General Feedback:

- To remove all and/or language to align with rule compliance.
- Recommendations to update the word “school” to “education” to be inclusive of other environments.

3) IMPAIRMENT IN FUNCTIONING – Part 1

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, education/work, or community).** These activities include daily self-care activities, attendance with 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
  - Documented impairment (at home, in community, with education/employment, or with peers) that impacts participation in activities, communication, or functioning due to a mental health condition
  - Significant disruptions in social relationships, which may include serious or extreme deterioration in interactions with peers, adults, or family or significant withdrawal from and avoidance of social interactions
  - Persistent neglect of and inability to attend to self-care/hygiene levels appropriate to age or developmental level due to the mental health condition
  - 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

3) IMPAIRMENT IN FUNCTIONING – Part 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
  - Significant self-injurious behaviors; or
  - Experiencing frequent or intermittent and unpredictable episodes of impulsiveness, aggression, or risk-taking behaviors that may compromise the safety of self or others in their proximity
- **The youth is experiencing impairment so severe** as to preclude observation of social functioning or assessment of specific symptoms.*

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

4) MOST APPROPRIATE LEVEL OF CARE

Strength:

- It was an appropriate approach, and no concerns were raised with the current framework.

General Feedback:

- Asking for overall language clarity and when criteria c would apply.

4) MOST APPROPRIATE LEVEL OF CARE

Both Criteria a and b must be met. Criteria c must be met if applicable for services in a residential setting:

A) 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, or functioning are too acute or unstable for less intensive or standard outpatient treatment interventions and less restrictive services; or
- The youth's current behavioral or emotional impairment has not responded to alternative treatment, has been intractable or, despite treatment, continues to persist or worsen

B) 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.

C) 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 youth has demonstrated a current need for a highly structured living environment providing 24-hour treatment monitoring and supervision
- *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

Exclusion Criteria

General Feedback:

- Overall, no concerns with this section.
- Clarify wording around age and legal guardianship, especially considering Oregon's law allowing youth 14+ to consent to their own mental health care; current phrasing is confusing and may conflict with age of consent statutes.

Exclusion Criteria

The youth meets any one of the following criteria:

- The youth is 18 or older without a legal guardian and does not voluntarily consent to treatment.
- The youth has a legal guardian, and the legal guardian does not voluntarily consent to treatment.*
- The mental health assessment of the youth indicates that the youth is not appropriate for this intensity of clinical intervention.

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

Next Steps

- We appreciate everyone taking the time to engage with the Level of Care criteria.
- We are currently engaging with the final version of the Level of Care criteria.
- Future implementation, timeline and roadmap will be determined and more engagements to occur.
  - This will include the current rule making process for the 410 and 309 OARS as well as future rule development.

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Questions for the team?