**UHCCP Behavioral Health Residential Facility Medical Necessity Clinical Criteria**

Behavioral Health Residential Facility (BHRF) is a level of care that is inclusive of all treatment services provided by the BHRF. Treatment services are in accordance with the treatment plan created by the member's treatment team, Child and Family Team (CFT), or Adult Recovery Team (ART). BHRF services require expedited prior authorization review.

Admission Criteria:

- Member has a diagnosed BH condition which reflects the symptoms and behaviors necessary for a request for residential treatment. The BH condition causing the significant functional and/or psychosocial impairment must be evidenced in the assessment by the following:

A. At least one area of significant risk of harm within the past three months as a result of (must identify 1 element below):
    - Suicidal/aggressive/self-harm/homicidal thoughts or behaviors without current Plan or intent,
    - Impulsivity with poor judgment/insight,
    - Maladaptive physical or sexual behavior,
    - Member's inability to remain safe within his or her environment, despite environmental supports (i.e., natural or informal supports), or
    - Medication side effects due to toxicity or contraindications

AND

B. At least one area of serious functional impairment as evidenced by (must identify 1 element below):
    - Inability to complete developmentally appropriate self-care or self-regulation due to member's Behavioral Health Condition(s),
    - Neglect or disruption of ability to attend to majority of basic needs, such as personal safety, hygiene, nutrition, or medical care,
    - Frequent inpatient psychiatric admissions or legal involvement due to lack of insight or judgment associated with psychotic or affective/mood symptoms or major psychiatric disorders,
    - Frequent withdrawal management services, which can include but are not limited to, detox facilities, Medication Assisted Treatment (MAT) and ambulatory detox,
    - Inability to independently self-administer medically necessary psychotropic medications despite interventions such as education, regimen simplification,

daily outpatient dispensing, and long-acting injectable medications, or

- Impairments persisting in the absence of situational stressors that delay recovery from the presenting problem.

AND (Must meet all elements below)

C. A need for 24-hour behavioral health care and supervision to develop adequate and effective coping skills that will allow the member to live safely in the community,
D. Anticipated stabilization cannot be achieved in a less restrictive setting,
E. Evidence that appropriate treatment in a less restrictive environment has not been successful or is not available, therefore warranting a higher level of care, and
F. The Member or Guardian agrees to participate in the treatment. In the case of those who have a Health Care Decision Maker (HCDM), including minors, the HCDM also agrees to, and participates as part of, the treatment team.
G. For members that are court ordered to a secured BHRF, agreement to participate in treatment is not a requirement.
H. Member's outpatient team must be a part of the pre-admission assessment and treatment plan formulation. This includes when documentation is created by another qualified provider.
    - Exception to this requirement occurs when a member is evaluated by a crisis provider, Emergency Department, or Behavioral Health Inpatient Facility
I. The BHRF must notify the member's outpatient team of admission before the BHRF treatment plan is created.

Continued Stay Clinical Criteria:

- UHCCP collaborates with the CFT/ART/TRBHA teams to determine if the member meets continued stay criteria during the monthly Treatment Plan review. Progress towards the treatment goals and continued display of risk and functional impairment shall also be assessed. Treatment interventions, frequency, crisis/safety planning, and targeted discharge will be adjusted accordingly to support the need for continued stay. The following criteria is considered when determining continued stay:
    - The member continues to demonstrate significant risk of harm and/or functional impairment as a result of a Behavioral Health Condition, OR
    - Providers and supports are not available to meet current behavioral and physical health needs at a less restrictive lower level of care.

Discharge Criteria:

- Discharge readiness will be assessed by UHCCP and the CFT/ART/TRBHA during

each Treatment Plan review and update. The following criteria is considered when determining discharge readiness:

- Symptom or behavior relief is reduced as evidenced by progress made or completion of Treatment Plan goals,
- Functional capacity is improved; essential functions such as eating or hydrating necessary to sustain life has significantly improved or is able to be cared for in a less restrictive level of care,
- Member can participate in needed monitoring, or a caregiver is available to provide monitoring in a less restrictive level of care, or
- Providers and supports are available to meet current behavioral and physical health needs at a less restrictive level of care.