



Clinical Review Criteria related to Behavioral Health Day Treatment

I. Criteria for Approval

- A. The member is unable to regain a prior, higher level of functioning outside the treatment program due to a mental health disorder as evidenced by:
 - 1. Severe psychiatric symptoms that require medical stabilization, such as suicidal or homicidal ideations, self-injurious or assaultive behaviors, psychosis, hypomania, neurovegetative depression or high anxiety.
 - 2. Significant interference in at least one functional area (social, vocational, educational, self-care or care of a minor or disabled dependent).
 - 3. The member's condition cannot be stabilized at a less intensive level of care.
 - 4. The member is actively participating in treatment and attending at least 80% of scheduled sessions.
 - 5. The treatment may reasonably be expected to affect a substantial improvement in the member's condition.
 - 6. There is an individualized treatment plan developed by a licensed clinician with specific, objective treatment goals and timelines for achieving those goals.

II. What is Not Covered:

- A. The individual can be safely maintained and effectively treated at a less intensive level of care.
- B. The individual's condition is chronic and/or it is not reasonable to expect that a higher level of functioning can be affected by participation in a short-term, intensive treatment setting.
- C. The primary problem is social or economic (i.e. housing, family conflict, lack of daily structure or socialization outlets, etc.) or one of physical health without a concurrent major behavioral health disorder.

REFERENCES

NCQA Standard, UM 2, Clinical Criteria for Utilization Management Decisions, Element A