CHAPTER: **4**	SECTION: **48**	SUBJECT: **INDIVIDUAL CARE TO CONSUMERS**
TITLE: **Continuing Stay Review**		
EFFECTIVE DATE: **6/8/2022**	REVISED/REVIEWED DATE: 11/17/23	
ISSUED AND APPROVED BY: Lynne Doyle (Jun 14, 2022 14:14 EDT) EXECUTIVE DIRECTOR		

I. PURPOSE:
To provide guidelines for Continuing Stay Reviews (CSRs) and authorization for intensive services.

II. APPLICATION:
This policy applies to CSRs for both Medicaid and non-Medicaid recipients.

III. DEFINITION:
None

IV. POLICY:
Continued treatment for intensive services will be authorized in accordance with this procedure.

V. PROCEDURE:

A. **CSR Guidelines—Mental Health Intensive Services**:

1. The CSR and reauthorization will occur after admission into the facility has been authorized by the CMHOC Crisis Team. They will authorize admission into the inpatient facility, partial hospitalization program, or crisis residential service for up to three days.
2. This process does not replace case management involvement in treatment and discharge planning. It also does not replace Crisis Management at the treatment site provider level.
3. Continuing treatment in an inpatient setting may be authorized when signs, symptoms, behaviors, impairments, harm inclinations or biologic/medication complications similar to those which justified the individual's admission, remain present and continue to be of such a nature and severity that inpatient treatment is still medically necessary. It is anticipated that in those reviews which fall near the end of an episode of care, these symptoms and functional impairments will have stabilized or diminished.
4. The clinician will decide continuing stay authorization based on interaction with hospital or Crisis Residential staff. CSRs for admissions will be conducted by telephone and encrypted email.

5. Decisions for authorizing continuing stay will be based on criteria for use of hospital, partial hospitalization, or crisis residential levels of care as specified in those contracts. If the criteria for continued inpatient, partial hospitalization, or crisis residential stay are not met, additional days will not be authorized for that episode of care.

B. **CSR Guidelines—SUD Residential, Detox, and Supportive Housing**:

1. Contracted providers will submit requests for reauthorization of services. Providers must complete a reauthorization request prior to the authorization expiration. Failure to complete a concurrent review prior to the expiration of an authorization may result in unfunded treatment days. CMHOC staff responds to these the same day.
2. CMHOC staff will review the reauthorization request based on the ASAM criteria to include specific criteria related to CSRs. CMHOC staff may provide suggestions for goals that are more appropriate to the individual's identified stage of change or recommend discharge/step down to another level of care. For reauthorization of detox services, the provider is required to report a current CIWA/CINA score and include current withdrawal-related symptoms as well as any other clinical information relevant to each request.
3. The primary focus of subsequent reviews is to discuss progress, especially as it relates to treatment goals and stage of change. Additionally, discharge dates and aftercare planning are expectations without subsequent reviews. The number of reviews for each case is determined by the length of stay and overall progress.
4. Upon discharge, the provider must ensure individuals have scheduled appropriate follow-up appointments in the community and upload the current BH-TEDS to AVATAR to complete discharge expectations.

C. **Continuing Stay Recertification Rationale for Adult Inpatient Psychiatric Care:**

1. After an individual has been authorized for admission to an inpatient psychiatric setting, services will be reviewed at regular intervals to assess the current status of the treatment process and to determine the continued necessity for care in an inpatient setting. Treatment within an inpatient psychiatric setting is directed at stabilization of incapacitating signs or symptoms, amelioration of severely disabling functional impairments, arrestment of potentially life-threatening self/other harm inclinations, management of adverse biologic reactions to treatment, and/or regulation of complicated medical and psychiatric situations. The Continuing Stay Recertification process is designed to assess the efficacy of the treatment regime in addressing these concerns, and to determine whether the inpatient setting remains the most appropriate, least restrictive, level of care for treatment of the individual's problems and dysfunctions.
2. Discharge planning, including coordination of care, must begin at the onset of treatment in the inpatient unit and must be adequately documented in the inpatient chart. This must include documentation of attempts for the inpatient psychiatrists to reach the outpatient psychiatrist by telephone or secure email.

3. Only Medicaid payment cannot be authorized for continued stays that are due solely to placement problems or the unavailability of aftercare services.
4. Criteria:
    a. Diagnosis: The individual has a validated current DSM or ICD mental disorder with remains the principal diagnosis for purposes of care during the period under review.
    b. Severity of Illness:
        i. Persistence/intensification of signs/symptoms, impairments, harm inclination or biologic/medication complications which necessitated admission to this level of care, and ***which cannot currently be addressed at a lower level of care.***
        ii. Continued severe disturbance of cognition, perception, affect, memory, behavior, or judgement.
        iii. Continued gravely disabling or incapacitating functional impairments or severely and pervasively impaired personal judgement.
        iv. Continued significant self/other harm risk.
        v. Use of psychotropic medication at dosage levels necessitating medical supervision, dosage titration of medication requiring skilled observation or adverse biologic reactions requiring close and continuous observation and monitoring.
        vi. Emergence of new signs/ symptoms, impairments, harm inclinations or medication complications that meet admission criteria.
    c. Intensity of Service:
        i. Due to the severity of signs and symptoms, the individual requires close observation and medical supervision to control risk behaviors or inclinations, to assure basic needs are met or to manage biologic/medication complications.
        ii. The individual is receiving active, timely, intensive treatment delivered according to an individualized plan of care.
        iii. Active treatment is directed toward stabilizing or diminishing those symptoms, impairments, harm inclinations, or biologic/medication complications that necessitated admission to inpatient care.
        iv. The individual is making progress toward treatment goals as evidenced by a measurable reduction in signs/ symptoms, impairments, harm inclinations, or biologic/medication complications, or if no progress has been made, there has been a major modification of the treatment plan and therapeutic program, and there is a reasonable expectation of a positive response to treatment.

D. **Continuing Stay Recertification Rationale for Crisis Residential Treatment**

1. After an individual has been authorized for admission to a crisis residential program, services will be reviewed at regular intervals to assess the current status of the treatment process and to determine the continued necessity for care. The Continuing

Stay Recertification process is designed to assess the efficacy of the treatment regime and to determine whether the crisis residential setting remains the most appropriate, least restrictive level of care for treatment of the individual's problems and dysfunctions.

2. Discharge planning, including coordination of care per section C.2 above, must begin at the onset of crisis residential treatment and must be adequately documented in the individual's record.
3. Only Medicaid payment cannot be authorized for continued stays that are due solely to placement problems or the unavailability of aftercare services.
4. Criteria:
    a. Diagnosis: The individual has a validated current DSM or ICD mental disorder with remains the principal diagnosis for purposes of care during the period under review.
    b. Severity of Illness:
        i. Persistence/intensification of signs/symptoms, impairments, harm inclination or biologic/medication complications which necessitated admission to this level of care, and ***which cannot currently be addressed at a lower level of care.***
        ii. Continued disturbance of cognition, perception, affect, memory, behavior, or judgment.
        iii. Continued disabling or incapacitating functional impairments or severely and pervasively impaired personal adjustment.
        iv. Continued significant self/other harm risk.
        v. Use of psychotropic medication at dosage levels necessitating medical supervision or dosage titration of medications requiring skilled observation.
        vi. Emergence of new signs/symptoms, impairments, harm inclinations or medication complications that meet admission criteria.
    c. Intensity of Service:
        i. Due to the severity of signs and symptoms, the individual requires close observation and medical supervision to control risk behaviors or inclinations, to assure basic needs are met, or to manage biologic/medication complications.
        ii. The individual is receiving active, timely, intensive treatment delivered according to an individualized plan of care.
        iii. Active treatment is directed toward stabilizing or diminishing those symptoms, impairments, harm inclinations, or biologic/medication complications that necessitated admission to inpatient care.
        iv. The individual is making progress toward treatment goals as evidenced by a measurable reduction in signs/symptoms, impairments, harm inclinations, or biologic/medication complications, or if no progress has been made, there has been a major modification of the treatment plan and therapeutic program,

and there is a reasonable expectation of a positive response to treatment.

E. **Continuing Stay Recertification Rationale for Partial Hospitalization Care: Adults, Adolescents, and Children:**

1. After an individual has been certified for admission to a partial hospitalization program, services will be reviewed at regular intervals to assess the current status of the treatment process and to determine the continued necessity for care in a partial hospitalization setting. Treatment within a partial hospitalization program is directed at resolution or stabilization of acute symptoms, elimination or amelioration or disabling functional impairments, maintenance of self/other safety, and/or regulation of precarious or complicated medication situations. The Continuing Stay Re-Certification process is designed to assess the efficacy of the treatment regime in addressing these concerns, and to determine whether the partial program remains the most appropriate, least restrictive level of care for treatment of the individual's problems and dysfunctions.
2. Discharge planning, including coordination of care per section C.2 above, must begin at the onset of treatment in the program.
3. Only Medicaid payments cannot be authorized for continued stays that are due solely to placement problems or the unavailability of aftercare services.
4. Criteria:
    a. Diagnosis: The individual has a validated current DSM or ICD mental disorder with remains the principal diagnosis for purposes of care during the period under review.
    b. Severity of Illness:
        i. Persistence/intensification of signs/symptoms, impairments, harm inclination or biologic/medication complications which necessitated admission to this level of care, and ***which cannot currently be addressed at a lower level of care.***
        ii. Emergence of new symptoms, impairments, harm inclinations or medication complications that meet admission criteria.
    c. Intensity of Service:
        i. The individual is receiving active, timely, intensive, structured multi-modal treatment delivered according to an individualized plan of care.
        ii. Active treatment is directed toward stabilizing or diminishing those symptoms, impairments, harm inclinations or medication complications which necessitated admission to the program.
        iii. The individual is making progress toward treatment goals, or if no progress has been made, the treatment plan and therapeutic program have been revised accordingly, and there is a reasonable expectation of a positive response to treatment.
        iv. Discharge criteria and aftercare planning are documented in the individual's record.

F. **Denial of Continuing Stay Recertification for Inpatient Psychiatric Care and Partial Hospitalization Care:**

1. A clinician from the Crisis Department may deny authorization during the CSR process when medical necessity criteria for the requested level of service is not supported or met. The clinician will verbally advise or advise via secure email the provider of the denial of authorization and recommended alternative service. The facility has the opportunity for a retrospective review after discharge.

VI. ATTACHMENT:
Not Applicable