

Continued Service Criteria

These criteria apply to all levels of care for mental health conditions and substance use disorder, and are used in conjunction with the guideline for the current level of care.

It is anticipated that as the severity of a member's condition changes, the member's condition will eventually no longer meet the criteria for the current level of care and the member will be safely transitioned to another level of care.

ALL of the following criteria must be met...

1. The criteria for the current level of care continue to be met.

AND

2. The treatment plan continues to include evidence-based treatments which are aimed at achieving specific and realistic goals, and are of sufficient intensity to address the member's specific and realistic goals, and are of sufficient intensity to address the member's condition and support the member's recovery/resiliency. When the diagnosis is a substance use disorder, referral to an age-appropriate sobriety support group and use of an accountability partner such as a sponsor have been considered.

AND

3. When clinically indicated, the provider and the member assess the need to create or update the member's advance directive.

AND

4. When clinically indicated, the member's family/social supports actively participate in the member's treatment.
 - a. The member's documented consent is required when the member is of legal age or status.

AND

5. There continues to be evidence that the member is receiving active treatment, and there continues to be a reasonable expectation that the member's condition will improve further. Lack of progress is being addressed by an appropriate change in the member's treatment plan, and/or an intervention to engage the member in treatment.

AND

6. The member's current symptoms and/or history provide evidence that relapse or a significant deterioration in functioning would be imminent if the member was transitioned to a lower level of care or, in the case of outpatient care, was discharged.