Thurston-Mason Behavioral Health Administrative Services Organization POLICY AND PROCEDURE MANUAL			
TITLE:	Level of Care Guidelines		
SECTION:	Utilization Management – Coverage and Authorization	**POLICY:**	1006
EFFECTIVE:	1.1.2020	**REVISIONS:**	6.1.2021
APPROVED:		**DATE:**	*6.1.2021*

I. PURPOSE

A. Thurston-Mason Behavioral Health Administrative Services Organization (Thurston-Mason BH-ASO) provides behavioral health services, through network providers, for individuals who are not Medicaid eligible, within available resources.

B. Thurston-Mason BH-ASO's approach to care management and service utilization is to provide services in the least restrictive environment that meets the unique treatment needs of the individual.

C. The following information outlines what an individual can expect when accessing behavioral health services from a Thurston-Mason BH-ASO contracted network provider, from request for service to discharge, using medical necessity and this policy.

II. POLICY

A. Request for Service

1. A request for behavioral health services occurs when services are sought or applied for through a telephone call, walk-in, or written request from the individual or those defined as family.
2. Requests for services may be made by the individual or a person authorized to consent to treatment for the individual.
    a. Another person, acting upon the individual's behalf may fax, mail or deliver a handwritten request, as long as it is signed by the individual who is requesting services and is of the age of consent (for behavioral health services), age thirteen (13) or over;
    b. A foster parent or other caregiver may request behavioral health services on behalf of a child under the age of thirteen (13) as long as the request for services is confirmed verbally or in writing by the legal guardian by the time of the intake.
3. The individual's financial information is collected to determine the individual's eligibility for services per Thurston-Mason BH-ASO Policy 3045 Eligibility Verification. If they are Medicaid eligible, the individual qualifies for services under their assigned Managed Care Organization (MCO). Thurston-Mason BH-ASO Policy 1590 Non-Medicaid Services, General Fund State and Federal Block Grant outline additional criteria related to funding and priority populations.
4. If the individual is in a crisis, crisis services will be provided prior to the intake regardless of ability to pay.

B. Intake

1. If the individual is non-Medicaid, as determined by the network provider, meets additional criteria specific to the Thurston-Mason BH-ASO Behavioral Health Provider Guide Statement of Work(s) for the services and/or Attachments, and the network provider has dedicated funds in their contract to provide the specific requested services, then the network provider may provide an intake to the Individual within available resources (up to the contracted amount of funding).

2. If the individual is non-Medicaid, as determined by the network provider, and the funds are **not** available in the network provider's contract and additional eligibility criteria is met specific to the Thurston-Mason BH-ASO Behavioral Health Provider Guide Statement of Work(s), the provider initiates prior authorization with Thurston-Mason BH-ASO as outlined in Policy 1594 Utilization Management Requirements for an intake based on funding within Available Resources and criteria eligibility.

   Note: Medical necessity criteria is defined as: A requested service that is reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent worsening of conditions that endanger life, or cause suffering or pain, or result in illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no other equally effective more conservative or substantially less costly course of treatment available. The "course of treatment" may include mere observation or, where appropriate no treatment at all. The person must have a mental illness and/or substance use disorder as determined by a Mental Health Professional (MHP) and/or Substance Use Disorder Professional (SUDP) or Trainee (SUDPT) in a face-to-face evaluation, per WAC 246-341 (or successor), with a diagnosis covered by the Washington State funded behavioral health programs. The individual's impairment and corresponding need must be the result of a mental illness and/or substance use disorder. The individual is expected to benefit from appropriate treatment and the treatment should be based on necessity, not convenience and cannot be safely or effectively provided in a formal or informal, less acute setting or system of care.

C. LOCUS/CALOCUS/CANS/ASAM

1. A level of care must be requested based on the information gathered from the intake while using one of the following instruments:

   a) Level of Care Utilization System (LOCUS);

   b) Child and Adolescent Level of Care Utilization System (CALOCUS);

   c) Child and Adolescent Needs and Strengths (CANS) crosswalk algorithm; and/or,

   d) American Society of Addiction Medicine (ASAM) Criteria.

2. The purpose of the LOCUS/CALOCUS/CANS/ASAM is to identify individual needs and match those needs with an appropriate level of care. The instruments help identify service intensity and prompt the development of discharge criteria if the Individual is found to meet eligibility for ongoing behavioral health treatment. The tools provide additional diagnostic information that is useful when jointly developing an individualized treatment plan with the individual. LOCUS/CALOCUS/CANS/ASAM related data will be collected and may be used for a variety of purposes, including clinical supervision, utilization management, outcome development and monitoring, and program development.

3. A LOCUS/CALOCUS/CANS/ASAM must be completed on all individuals seeking services. The LOCUS must be conducted on all adults age twenty-one (21) and older and will typically be used for ages 18-21; a CALOCUS/CANS must be conducted on all children and adolescents under the age of eighteen (18).

Note: In some circumstances a CALOCUS/CANS may be used for individuals over the age of eighteen (18) if clinically appropriate and well-documented in the clinical record. Examples of this may be a young adult with developmentally disabilities or an adult continuing to be served in a children's system.

4. Individuals being discharged from Western State Hospital or other community hospital, do **not** need to have a completed LOCUS/CALOCUS/CANS/ASAM prior to an authorization request. The LOCUS/CALOCUS/CANS/ASAM must be completed within 30 days of discharge from a hospital setting.
5. Network providers must use the LOCUS/CALOCUS/CANS/ASAM score sheet to determine the level of care that corresponds with the appropriate instrument. If the level of care from the LOCUS/CALOCUS/CANS/ASAM score sheet differs from the clinical impressions of the network provider, a written clinical justification must be submitted to Thurston-Mason BH-ASO at the time of the authorization request (see Policy 1005 Notice Requirements).
6. Exception granted by Thurston-Mason BH-ASO. In some circumstances where the individual is receiving only an ancillary/specialized service from a network provider, Thurston-Mason BH-ASO will inform the network provider that the LOCUS/CALOCUS/ CANS/ASAM will **not** be required.
7. Timelines for completing the LOCUS/CALOCUS/CANS/ASAM:
    a) At the time authorization for services is sought, the instrument does not need to be completed if it is anticipated that the individual will not meet medical necessity or when a denial is being requested. However, an authorization request must be submitted (see Policy 1005 Notice Requirements).
    b) At the time of each request for continuing services (re-authorizations), the Non-Medicaid Services, GFS and FBG form must be submitted to Thurston-Mason BH-ASO. Refer to the ***LOCUS/CALOCUS/CANS/ASAM Navigators*** for more information on lengths of stay and authorization requirements.
    c) For individuals who exit services and then return during the current authorization period, the LOCUS/CALOCUS/CANS/ASAM will be completed when they return as this is considered a "new episode of care." This requires submission of the Non-Medicaid Services, GFS and FBG form.
    d) The LOCUS/CALOCUS/CANS/ASAM should be completed at any time that a significant life event occurs with the individual that might impact service intensity.

D. Admission Criteria

1. The levels of care are based on Thurston-Mason BH-ASO's adopted utilization management system. See Thurston-Mason BH-ASO Policy 1594 Utilization Management, of the LOCUS/CALOCUS/CANS/ASAM.
    a) Mental Health
        1) An individual must meet the following before they are eligible for <u>Level of Care 1-4</u> assignment:
            - As previously mentioned in *Intake*, a medical necessity determination, presence of a covered mental health diagnosis will be made by the MHP;
            - When indicated, a special population consultation and/or evaluation should be provided;
    b) Substance Use

1) An individual must meet the following before being considered for any ASAM criteria level of care assignment:

- As previously mentioned in *Intake*, a medical necessity determination, presence of a covered substance use disorder diagnosis and application of the ASAM criteria following an assessment by a CDP or CDPT.

2. All level of care services require agreement between the individual, family (when requested or permitted), network provider, and Thurston-Mason BH-ASO as to the appropriateness, fit and the individual's expressed needs and goals. Thurston-Mason BH-ASO care coordinators review authorizations for initial, routine outpatient services and authorizations for higher-levels of care in addition to re-authorization requests and consistently apply the Thurston-Mason BH-ASO 1006 Level of Care (LOC) Guidelines and Authorization Criteria.

E. Authorization of Services, Thurston-Mason BH-ASO allows for two authorization types: pre-authorized services and Thurston-Mason BH-ASO prior authorization required. See Thurston-Mason BH-ASO Policy 1594 Utilization Management Requirements, 1594.01 Thurston-Mason BH-ASO Provider Services Reference Guide, 1006.01 Level of Care for Authorizations, and 1005 Notice Requirements for details regarding the authorization type, process, and timeframes for the following services:

1. Medically Necessary Services:
    a. Assessment
    b. Brief Intervention
    c. Brief Outpatient Treatment
    d. Case Management
    e. Day Support
    f. Engagement and Referral
    g. Evidence Based/Wraparound Services
    h. Interim Services
    i. Opioid Dependency/HIV Services Outreach
    j. E&T services provided at Community Hospitals or E&T facilities
    k. Family Treatment
    l. Group Therapy
    m. High Intensity Treatment
    n. Individual Therapy
    o. Inpatient psychiatric services – voluntary
    p. Intake Evaluation
    q. Intensive Outpatient – SUD
    r. Intensive Inpatient Residential Treatment Services – SUD
    s. Long-Term Care Residential - SUD
    t. Medication Management
    u. Medication Monitoring

v. Mental Health Residential

w. Opioid Treatment Programs (OTPs)/Medication Assisted Treatment (MAT)

x. Outpatient Treatment

y. Peer Support

z. Psychological Assessment

aa. Recovery House Residential Treatment - SUD

bb. Rehabilitation Case Management

cc. Special Population Evaluation

dd. TB Counseling, Screening, Testing and Referral

ee. Therapeutic Psychoeducation

ff. Urinalysis/Screening Test

gg. TB Screening/Skin Test

hh. Withdrawal Management – Acute

ii. Withdrawal Management – Sub Acute

2. Non-Medically Necessary Services

a) Alcohol/Drug Information School

b) Childcare

c) Community Outreach – SABG priority populations PPW and IUID

d) Continuing Education and Training

e) PPW Housing Support Services

f) Recovery Support Services

g) Sobering Services (not offered in the Thurston-Mason region)

h) Therapeutic Interventions for Children

i) Transportation

3. The eligibility for initial and ongoing services is based on the network provider's assessment provided by the MHP or SUD or SUDPT (or other licensed professional for non-medically necessary services), medical necessary determination or non-medically necessary criteria, **and** available resources. If the individual meets the financial, clinical and specific program eligibility criteria and dedicated funds are in the provider's contract for the service, the provider may enroll the individual into services.

4. When following an intake, the network provider determines that ongoing services are **not medically necessary**:

   a) The network provider shall notify Thurston-Mason BH-ASO describing the reason that services are not medically necessary,

   b) Thurston-Mason BH-ASO will review and if concurs, will initiate the Notice of Action process.

5. Reauthorization of services continuing beyond the initial authorized period are required for all services, including:

a) Pre-authorized services: The Network Provider will conduct review of treatment progress and determine what services are medically necessary for continuing stay, including scope, intensity, and duration and adhere to Utilization Management requirements in Thurston-Mason BH-ASO Policy 1594.

b) Thurston-Mason BH-ASO prior authorization required: Network provider will submit reauthorization request to Thurston-Mason BH-ASO, which includes covered diagnosis, clinical rational, and level of care requested. Thurston-Mason BH-ASO will review the reauthorization request and complete the electronic authorization process within five (5) calendar days of the request. If the requested level of care requires further review, Thurston-Mason BH-ASO will request additional clinical records prior to making a determination.

i) For substance use disorder (SUD) residential reauthorization requests:

(1) SUD residential network provider will submit a Utilization Review form via encrypted email to oprequest@tmbho.org. This will be completed within three (3) days of the current authorization expiration date.

(2) Thurston-Mason BH-ASO will review the Utilization Review request, the clinical notes, and the updated ASAM dimensional criteria, and will approve or deny additional days of treatment based on medical necessity. The decision will be sent via encrypted email to the provider and, if necessary, a Notice of Action letter if service are denied.

6. The network provider shall develop and maintain an efficient and timely authorization request/notification process that incorporates Thurston-Mason BH-ASO procedures and timeline requirements.

7. The Level of Care Guidelines are based on published or peer reviewed standards. Once services begin, it is the philosophy of Thurston-Mason BH-ASO to provide quality treatment – at the appropriate amount, duration, and scope – to all individuals based on both their strengths and individualized needs. The ultimate goal of Thurston-Mason BH-ASO is to support the individual in maximizing their fulfillment of the innate potential toward independence, resiliency, recovery, and autonomy. Thurston-Mason BH-ASO strives to operationalize this philosophy by developing a partnership with the individual, family (when requested or permitted), and the network provider to provide the right intensity and frequency of services at the appropriate time. This is accomplished through the development of an individualized treatment/service plan (ITP or ISP).

F. Treatment Plan

1. The treatment plan must adhere to WAC 246-341 (or its successor) and be based on a standardized bio-psychosocial assessment that includes the individual's strengths while addressing their clinical needs. The development of an appropriate treatment plan must be performed in collaboration with the individual, their family (if requested) and focus on the provision of care in the least restrictive treatment environment. This approach seeks full involvement of the individual and their natural supports, where the individual drives the development and revision of the treatment plan which documents their voice.

2. Treatment shall be based on the strengths (assets) and desires (treatment goals) of the individual across identified life domains and incorporate their family and natural supports. It must contain documented individual education on the nature of the behavioral health condition that the individual is experiencing and the range of options for treatment and support available in the system. These options should include not only medications and

psychotherapies, but also alternative approaches that are appropriate to the age, language, ethnic culture and preferences of the individual.

G. Treatment Services

1. Network providers will inform individuals about the available services under the LOC that is being recommended and authorized, including the expected treatment duration for each treatment episode.
2. Clinically appropriate treatment services (interventions) are provided to alleviate symptoms and help prevent further deterioration associated with DSM-5 (or current successor) diagnoses. The intent of treatment is to restore the individual to their previous level of adaptive functioning or to the highest level of functioning that the person can maintain while in the least restrictive environment possible. The services provided must directly address specific preventative, diagnostic, therapeutic, rehabilitative or palliative needs of the individual.
3. Treatment services may also include educational/ vocational, medical, social/recreational, psychological, emotional, legal, and safety related supports. Services shall be informed by and coordinated with other formal service systems and/or informal support systems. These services/supports are developed creatively and flexibly to meet the unique needs of the individual. The treatment plan must be linked to specific treatment goals as defined with the individual, and include estimated time frames for review, at each treatment juncture, before requesting a re-authorization for continuing care, and/or completion per WAC 246-341. Each individual's treatment plan must contain discharge criteria – developed between the network provider and the individual – that clearly delineates when an episode of care is complete. To this end, it is critical that network providers, in collaboration with the individuals they serve, develop treatment plans that include manageable goals and objectives, measurable outcomes, clear and descriptive interventions, and mechanisms to report on progress and any unmet needs after each reporting period.
4. Treatment will be offered according to standards of care that incorporate strength-based and person (and family) -centered models. These models will utilize collaborative efforts between treatment providers, the individual, and when appropriate, their family, and other systems of care in defining the presenting problems in solvable terms and setting realistic goals for change. Treatment should be time-limited, solution-focused and recovery-oriented, building on both individual (and family) strengths, natural supports, and community resources.
5. Treatments will be Evidence Based Practices (EBPs), Promising Practices, or Emerging Practices, whenever possible.
6. The individualized treatment plan must also include a discharge/aftercare/termination plan that is recovery oriented and is consistent with the available resources and natural supports that meet the individual's and/or family's specific ongoing needs.
7. Ultimately, the initial intake and bio-psychosocial assessment, along with the completion of the LOCUS/CALOCUS/CANS/ASAM, leads to the initial level of care, and the treatment plan and periodic review and assessment of progress toward the treatment goals leads to the justification for requesting reauthorization for ongoing services (continued stay) or for a discharge, based on medical necessity and treatment needs.
8. In addition to the initial eligibility criteria described above, the LOC Guidelines also include criteria for a continuing stay when further treatment needs are identified and/or discharge from services is needed when treatment goals are met.

H. Continuing Stay Criteria / Medical Necessity (also see Section: Authorization of Services)

1. All outpatient Levels of Care may be approved for up to a maximum of twelve (12) months for each initial service episode. A reauthorization request for a period of time may be submitted and authorized depending on individual needs and available resources. An individual must be reassessed and meet ALL of the following before being considered for continued treatment:

    a) The individual is determined to have a mental illness and/or substance use disorder.

    b) The intervention is deemed necessary to improve, stabilize or prevent deterioration of functioning resulting from the presence of a covered mental health and/or substance use disorder diagnosis, and is provided in accordance with the Thurston-Mason BH-ASO's policies and guidelines.

    c) The individual is expected to benefit from the intervention.

    d) The individual demonstrates rehabilitative potential to achieve a decrease in the symptoms of the covered mental illness and/or substance use disorder, or their consequences; or

    e) The individual's current symptoms and history demonstrate that behavioral health treatment is necessary for them to maintain gains in order to prevent rapid deterioration, to maintain community safety or to avoid hospitalization.

    f) Any other formal or informal system or support would not more appropriately meet the individual's unmet need(s) resulting from a covered mental health and/or substance use disorder diagnosis.

I. Discharge Criteria

1. Discharge planning, and the establishment of discharge criteria, must occur for ALL individuals at the **beginning** of the treatment planning process. The establishment of discharge criteria shall be individualized to meet the unique needs of the individual. In some circumstances, discharge criteria may include achievement of stability and maintenance. In such circumstances, the individual may be transitioned to a lower level of care, or (if appropriate) discharged from services altogether.
2. Discharge criteria should be reviewed throughout the life of the case, and may be applied at any point throughout treatment, regardless of the authorization end date. This includes lowering an individual's level of care through re-administration of the LOCUS/CALOCUS/CANS/ASAM, or through discharge from the agency.
3. An individual will be discharged under the following circumstances:

    a) They have met their expected treatment goals; **or**

    b) They request termination of treatment; **or**

    c) They are not participating in treatment and have not responded to engagement efforts, and imminent risk issues are not present; **or**

    d) Their treatment needs can be met through other services available within their support system; **or**

    e) They move out of the Thurston-Mason regional service area; **or**

    f) They are deceased.

J. Criteria For Appropriate Level of Care Placement – LOCUS/CALOCUS

1. The Thurston-Mason BH-ASO Level of Care Guidelines were developed as a framework when considering medically necessary services for children, youth, adults, and older adults who are eligible to receive treatment for covered behavioral health disorders. In order to

guide and facilitate appropriate care management, the guidelines define each level of care and the service expectations for that level. This includes intensity and expected length of care guidelines. Criteria for admission are described for each LOC and are based on the initial presenting problem(s), treatment needs, and results from the LOCUS/CALOCUS. The Thurston-Mason BH-ASO Level of Care Guidelines take into account the differences in treatment needs for adults and children/adolescents and their families and are separated accordingly.

2. While it is not the intent of these guidelines to dictate treatment, all individuals are expected to receive a comprehensive evaluation – to include a risk assessment – especially taking into account the individual's level of psychosocial functioning and natural support system. As discussed above, for all levels of care, a strength-based bio-psychosocial approach to assessment and evaluation, a LOCUS/CALOCUS, and development of a multi-modal treatment plan, is required.
3. The following tables provide a brief synopsis of Levels of Care 1-4 of the LOCUS/CALOCUS. Please note that Level of Care 5 and 6 are not represented below. These levels are primarily residential and/or inpatient levels.
4. Practitioners of these instruments can read more detailed information at: https://ps.psychiatryonline.org/doi/10.1176/appi.ps.54.11.1461

Level of Care 1 – Adults and Children/Adolescents: The information presented in the tables below is meant to serve as a guideline. An individual may receive services not designated in his/her level of care – if clinically appropriate and well-documented.

Level of Care 1 – Adults Recovery, Maintenance and Health Management	
LOCUS Definition	This level of care provides treatment to individuals who are living either independently or with minimal support in the community, and who have typically achieved significant recovery from past episodes of illness. Treatment services do not require supervision or frequent contact.
Authorization Criteria	• **Risk of Harm**: LOCUS rating of 2 or less. • **Functional Status:** Ability to maintain a rating of 2 or less. • **Co-Morbidity:** LOCUS rating of 2 or less. • **Recovery Environment**: A combined rating of no more than 4 on Scale A and B. • **Treatment and Recovery History:** LOCUS rating of 2 or less. • **Engagement and Recovery Status**: LOCUS rating of 2 or less.
LOCUS Composite Rating	Authorization at this level typically implies that the individual has successfully completed treatment at a more intensive level, and primarily needs assistance maintaining his/her gains in treatment. A composite rating of more than 10 –but less than 14 – should generally be obtained.
Outpatient Services	Brief intervention treatment, community support services, CBT, individual treatment, therapeutic psychoeducation (individual or family), family treatment, group treatment.
Medication Services	Medication management
Peer Support Services	Peer support
Other Services	Special population evaluation

Authorization	Initial authorization may be granted for up to twelve (12) months. Six (6) month reauthorization periods may be granted upon request with the administration of a new LOCUS, treatment plan, and treatment plan review.
Guideline: Service Hours per Month	Average: 1.5 Hours
Individualized Treatment Plans and Treatment Plan Reviews	• Individualized treatment plans are required within thirty (30) calendar day from the beginning of routine services. • Treatment plan reviews are due every 180 calendar days once routine services have begun. Reviews must include individual input on progress made towards stated goals and an assessment of any unmet needs. • A new LOCUS is required after the first twelve (12) month period, and every 180 calendar days thereafter.
Discharge Planning	A discharge plan is required at the time of the initial treatment plan and must be updated every 180 calendar days thereafter. Discharge plans must describe when, and under what circumstances, an individual's treatment will end and/or when the individual will be dropped to a lower level of care.

Level of Care 1 – Children and Adolescents Recovery, Maintenance and Health Management	
CALOCUS Definition	This level of service typically provides follow up care to mobilize family strengths and reinforce linkages to natural supports. Individuals generally are either substantially recovered from an emotional disorder or other problem or their problems are sufficiently manageable within their families, such that the problems are no longer threatening to expected growth and development.
Authorization Criteria	**Composite Rating:** Children and adolescents with composite CALOCUS scores in the range of 10-13 generally may be stepped down to or receive Level I services. This level usually indicates that the individual has successfully completed treatment at a more intensive level or care and primarily needs assistance maintaining treatment gains or does not need more intensive or restrictive services.
Outpatient Services	Brief intervention treatment, community support services, CBT, individual treatment, therapeutic psychoeducation (individual or family), family treatment, group treatment.
Medication Services	Medication management
Peer Support Services	Parent to Parent, peer support
Other Services	Special population evaluation
Authorization	Initial authorization may be granted for up to twelve (12) months. Six (6) month reauthorization periods may be granted upon request with the administration of a new CALOCUS, treatment plan, and treatment plan review.
Guideline: Service Hours per Month	Average: 1.5 Hours
Individualized Treatment Plans and Treatment Plan Reviews	• Individualized treatment plans are required within thirty (30) calendar day from the beginning of routine services. • Treatment plan reviews are due every 180 calendar days once routine services have begun. Reviews must include individual input on progress made towards stated goals and an assessment of any unmet needs. • A new CALOCUS is required after the first twelve (12) month period, and every 180 calendar days thereafter.

Discharge Planning	A discharge plan is required at the time of the initial treatment plan and must be updated every 180 calendar days thereafter. Discharge plans must describe when, and under what circumstances an individual's treatment will end and/or when the individual will be dropped to a lower level of care.

Level of Care 2 – Adults and Children/Adolescents: The information presented in the tables below is meant to serve as a guideline. An individual may receive services not designated in his/her level of care – if clinically appropriate and well-documented.

Level of Care 2 – Adults Low Intensity Community Based Services	
LOCUS Definition	This level of care provides treatment to individuals who need ongoing treatment, but who are living either independently or with minimal support in the community. Treatment and service needs do not require intense supervision or very frequent contact.
Authorization Criteria	• **Risk of Harm**: LOCUS rating of 2 is most appropriate. • **Functional Status:** LOCUS rating of 3 or less. • **Co-Morbidity:** LOCUS rating of 2 or less is required. • **Recovery Environment**: LOCUS rating of 3 or less on each of the A and B Scales, with a combined rating of no more than 5. • **Treatment and Recovery History:** LOCUS rating of 2 or less. A score of 3 is appropriate if Scale B from Dimension 4 is a two (2) or less, or if stepping down from a more intensive service level. • **Engagement and Recovery Status**: LOCUS rating of 2 or less. A score of 3 is appropriate if Scale B from Dimension 4 is a two (2) or less, or if stepping down from a more intensive service level.
LOCUS Composite Rating	Authorization at this level will generally be determined by the interaction of a variety of factors but will be excluded by a score of 4 or more on any one dimension. A composite score of at least 14 – by no more than 16 – is required.
Outpatient Services	Community support services, CBT, co-occurring treatment, DBT, individual treatment, therapeutic psychoeducation (individual or family), family treatment, group treatment.
Medication Services	Medication management
Rehabilitation Services	Supported employment
Peer Support Services	Peer support
Other Services	Clubhouse services, psychological assessment, special population evaluation
Authorization	Initial authorization may be granted for up to six (6) months. Six (6) month reauthorization periods may be granted upon request with the administration of a new LOCUS, treatment plan, and treatment plan review.
Guideline: Service Hours per Month	Average: 4 Hours
Individualized Treatment Plans and Treatment Plan Reviews	• Individualized treatment plans are required within thirty (30) calendar days from the beginning of routine services. • Treatment plan reviews are due every 180 calendar days once routine services have begun. Reviews must include individual input on progress made towards stated goals and an assessment of any unmet needs. • A new LOCUS is required prior to re-authorization, or at least every six (6) months.

Risk Assessments and Crisis Plans	If, during the initial intake or any time during the course of treatment, potential significant risk to self or others is discovered, a risk assessment must be conducted (independent from the LOCUS). If the risk assessment warrants that a crisis plan be developed, the plan must be created, and risk is re-assessed every six (6) months thereafter.
Discharge Planning	A discharge plan is required at the time of the initial treatment plan and must be updated every 180 calendar days thereafter. Discharge plans must describe when, and under what circumstances an individual's treatment will end and/or when the individual will be dropped to a lower level of care.

Level of Care 2 – Children and Adolescents Outpatient Services	
CALOCUS Definition	This level of care provides mental health services to individuals and their families living in the community. Services are generally provided in mental health clinics or clinician offices. They may also be provided within a juvenile justice facility, school, social service agency, or other community setting. Individuals at this level generally do not require extensive systems of coordination and case management, since their families are generally able to use community supports with minimal assistance. A treatment relationship is essential at this level to maintain optimal levels of functioning. Level 2 services require continuing individual and family assessment with the capability to add needed services as necessary.
Authorization Criteria	**Composite Rating:** Children and adolescents with composite CALOCUS scores in the range of 14-16 generally may begin treatment at or be stepped down to Level 2 services. Authorization at this level indicates that the individual does not need services that are more intensive or restrictive or they have successfully completed treatment at a more intensive level and primarily require assistance in maintaining therapeutic gains.
Outpatient Services	Community support services, CBT, trauma focused CBT, co-occurring treatment, DBT, individual treatment, therapeutic psychoeducation (individual or family), family treatment, group treatment.
Medication Services	Medication management
Peer Support Services	Parent to Parent, peer support
Other Services	Psychological assessment, special population evaluation
Authorization	Initial authorization may be granted for up to six (6) months. Six (6) month reauthorization periods may be granted upon request with the administration of a new CALOCUS, treatment plan, and treatment plan review.
Guideline: Service Hours per Month	Average: 4 Hours
Individualized Treatment Plans and Treatment Plan Reviews	• Individualized treatment plans are required within thirty (30) calendar days from the beginning of routine services. • Treatment plan reviews are due every 180 calendar days once routine services have begun. Reviews must include individual input on progress made towards stated goals and an assessment of any unmet needs. • A new CALOCUS is required after the first twelve (12) month period and every 180 calendar days thereafter.
Risk Assessments and Crisis Plans	If, during the initial intake or any time during the course of treatment, potential significant risk to self or others is discovered, a risk assessment must be conducted (independent from the CALOCUS). If the risk assessment warrants that a crisis plan be developed, the plan must be created, and risk is re-assessed every six (6) months thereafter.

Discharge Planning	A discharge plan is required at the time of the initial treatment plan and must be updated every 180 calendar days thereafter. Discharge plans must describe when, and under what circumstances an individual's treatment will end and/or when the individual will be dropped to a lower level of care.

Level of Care 3 – Adults and Children/Adolescents: The information presented in the tables below is meant to serve as a guideline. An individual may receive services not designated in his/her level of care – if clinically appropriate and well-documented.

Level of Care 3 – Adults High Intensity Community Based Services	
LOCUS Definition	This level of care provides treatment to individuals who require intensive support and treatment, but who are living either independently or with minimal support in the community. Service needs do not require daily supervision, but treatment needs require contact several times per week.
Authorization Criteria	• **Risk of Harm**: LOCUS rating of 3 or less. • **Functional Status:** LOCUS rating of 3 or less. • **Co-Morbidity:** LOCUS rating of 3 or less. • **Recovery Environment**: LOCUS rating of 3 or less on each of the A and B Scales, with a combined rating of no more than 5. • **Treatment and Recovery History:** A LOCUS rating of 2 is most appropriate, but in many cases a rating of 3 can be accommodated. • **Engagement and Recovery Status**: LOCUS rating of 3 or less.
LOCUS Composite Rating	Authorization at this level will generally be determined by the interaction of a variety of factors but will be excluded by a score of 4 or more on any dimension. A composite score of at least 17 – but not more than 19 – is required.
High Intensity Treatment	Integrated dual disorder treatment*****, intensive outpatient services
Outpatient Services	Community support services, CBT, co-occurring treatment, DBT, individual treatment, therapeutic psychoeducation (individual or family), family treatment, group treatment.
Medication Services	Medication management, medication monitoring
Rehabilitation Services	Supported employment, day support*****
Peer Support Services	Peer Support
Other Services	Clubhouse services, psychological assessment, special population evaluation
Authorization	Initial authorization may be granted for up to six (6) months. Six (6) month reauthorization periods may be granted upon request with the administration of a new LOCUS, treatment plan, and treatment plan review.
Guideline: Service Hours per Month	Average: 9.5 Hours
Individualized Treatment Plans and Treatment Plan Reviews	• Individualized treatment plans are required within thirty (30) calendar day from the beginning of routine services. • Treatment plan reviews are due every 180 calendar days once routine services have begun. Reviews must include individual input on progress made towards stated goals and an assessment of any unmet needs. • A new LOCUS is required after the first twelve (12) month period, and every 180 calendar days thereafter.

Risk Assessments and Crisis Plans	If, during the initial intake or any time during the course of treatment, potential significant risk to self or others is discovered, a risk assessment must be conducted (independent from the LOCUS). If the risk assessment warrants that a crisis plan be developed, the plan must be created, and risk is re-assessed every six (6) months thereafter.
Discharge Planning	A discharge plan is required at the time of the initial treatment plan and must be updated every 180 calendar days thereafter. Discharge plans must describe when, and under what circumstances, an individual's treatment will end and/or when the individual will be dropped to a lower level of care.

Level of Care 3 – Children and Adolescents Intensive Outpatient Services	
CALOCUS Definition	This level of care is generally appropriate for individuals who need more intensive outpatient treatment and who are either living with their families with support or in alternative families or group facilities. The family's strengths allow many (but not all) of the individual's needs to be met through natural support. Treatment may be needed several times per week, with daily supervision by the family or facility staff. A strong treatment relationship is essential at this level to maintain optimal levels of functioning. Level 3 services require continuing individual and family assessment with the capability to add needed services as necessary. Service coordination is essential for maintaining the individual in the community at this level.
Authorization Criteria	**Composite Rating:** Children and adolescents with composite CALOCUS scores in the range of 17-19 generally may begin treatment at, or be stepped down to, Level 3 services. Authorization is generally excluded by a score of 4 or higher on any one dimension. This level indicates that the individual either does not need more intensive or restrictive services or has successfully completed treatment at a higher level and needs assistance in maintaining therapeutic gains. Consideration for this level should include age, size, and manageability of the child or adolescent, and the family and community resources available.
High Intensity Treatment	WRAP*****, MST*****, intensive outpatient services
Outpatient Services	Community support services, CBT, trauma focused CBT, co-occurring treatment, DBT, individual treatment, therapeutic psychoeducation (individual or family), family treatment, group treatment.
Medication Services	Medication management, medication monitoring
Rehabilitation Services	Day support*****
Peer Support Services	Parent to Parent, peer support
Other Services	Psychological assessment, special population evaluation
Authorization	Initial authorization may be granted for up to six (6) months. Six (6) month reauthorization periods may be granted upon request with the administration of a new CALOCUS, treatment plan, and treatment plan review.
Guideline: Service Hours per Month	Average: 9.5 Hours
Individualized Treatment Plans and	• Individualized treatment plans are required within thirty (30) calendar day from the beginning of routine services.

Treatment Plan Reviews	• Treatment plan reviews are due every 180 calendar days once routine services have begun. Reviews must include individual input on progress made towards stated goals and an assessment of any unmet needs. • A new CALOCUS is required after the first twelve (12) month period and every 180 calendar days thereafter.
Risk Assessments and Crisis Plans	If, during the initial intake or any time during the course of treatment potential significant risk to self or others is discovered, a risk assessment must be conducted (independent from the CALOCUS). If the risk assessment warrants that a crisis plan be developed, the plan must be created, and risk is re-assessed every six (6) months thereafter.
Discharge Planning	A discharge plan is required at the time of the initial treatment plan and must be updated every 180 calendar days thereafter. Discharge plans must describe when, and under what circumstances, an individual's treatment will end and/or when the individual will be dropped to a lower level of care.

*****Service may require additional Thurston-Mason BH-ASO authorization

---

Level of Care 4 – Adults and Children/Adolescents: The information presented in the tables below is meant to serve as a guideline. An individual may receive services not designated in his/her level of care – if clinically appropriate and well-documented.

Level of Care 4 – Adults Medically Monitored Non-Residential Services	
LOCUS Definition	This level of care provides treatment to individuals capable of living in the community either in supportive or independent settings, but whose treatment needs require intensive management by a multi-disciplinary team. Services at this level have traditionally been described as partial hospital programs and as assertive community treatment programs.
Authorization Criteria	• **Risk of Harm**: LOCUS rating of 3 or less (independent of other variables). • **Functional Status:** LOCUS rating of 3 (independent of other variables). In some cases, a rating of 4 could be managed if scores on Scales A and B on Dimension 4 is rated as a 1. (PACT would be equivalent to a rating of 1 on a scale B. An A scale rating of 2 could be managed in conjunction with PACT). • **Co-Morbidity:** LOCUS rating of 3 or less. In some cases, a rating of 4 could be managed if placed in conjunction with a rating of 1 on Scale A and B in Dimension 4. • **Recovery Environment**: A Scale rating of 3 or less is most appropriate. In some cases, a rating of 4 could be managed if placed in conjunction with a rating of 1 on Scale B. (Availability of PACT would merit a rating of 1 on Scale B). A B Scale rating of 3 or less could otherwise generally managed at this level. • **Treatment and Recovery History:** A LOCUS rating of 3 or less is most appropriate. In some cases, a rating of 4 could be managed if placed in conjunction with a rating of 1 on Scale A and B in Dimension 4. (Availability of PACT would merit a rating of 1 on Scale B. An A scale rating of 2 could generally be managed in conjunction with PACT). • **Engagement and Recovery Status**: LOCUS rating of 3 or less is most appropriate. In some cases, a rating of 4 could be managed if placed in conjunction with a rating of 1 on Scale A and B in Dimension 4. (Availability of PACT would merit a rating of 1 on Scale B. An A scale rating of 2 could generally be managed in conjunction with PACT).
LOCUS Composite Rating	Authorization at this level will generally be determined by the interaction of a variety of factors. A composite rating of 20 requires treatment at this level (with or without the availability of PACT). The presence of PACT reduces scores on Dimension 4 – enabling these criteria to be met even when scores of 4 are obtained in other Dimensions.

High Intensity Treatment	Integrated dual disorder treatment*****, PACT*****, intensive outpatient services (i.e., CAST)
Outpatient Services	Community support services, CBT, co-occurring treatment, DBT, individual treatment, therapeutic psychoeducation (individual or family), family treatment, group treatment.
Medication Services	Medication management, medication monitoring
Rehabilitation Services	Supported employment, day support*****
Peer Support Services	Peer support
Other Services	Clubhouse services, psychological assessment, special population evaluation
Authorization	Initial authorization may be granted for up to three (3) months. Three (3) month reauthorization periods may be granted with the administration of a new LOCUS, treatment plan, and treatment plan review.
Guideline: Service Hours per Month	Average: 12 hours
Individualized Treatment Plans and Treatment Plan Reviews	• Individualized treatment plans are required within thirty (30) calendar day from the beginning of routine services. • Treatment plan reviews are due every 180 calendar days once routine services have begun. Reviews must include individual input on progress made towards stated goals and an assessment of any unmet needs. • A new LOCUS is required after the first twelve (12) month period, and every 180 calendar days thereafter.
Risk Assessments and Crisis Plans	If, during the initial intake or any time during the course of treatment, potential significant risk to self or others is discovered, a risk assessment must be conducted (independent from the LOCUS). If the risk assessment warrants that a crisis plan be developed, the plan must be created, and risk is re-assessed every six (6) months thereafter.
Discharge Planning	A discharge plan is required at the time of the initial treatment plan and must be updated every 180 calendar days thereafter. Discharge plans must describe when, and under what circumstances, an individual's treatment will end and/or when the individual will be dropped to a lower level of care.

Level of Care 4 – Children and Adolescents Intensive Integrated Services Without 24-Hour Psychiatric Monitoring	
CALOCUS Definition	This level of care refers to services provided to children and adolescents capable of living in the community with support, either in their family, or in placements such as group homes, foster care, homeless or domestic violence shelters, or transitional housing. To be eligible for level 4 services, a child or adolescent's service needs must require the involvement of multiple components within the system of care. For example, an adolescent may require the services of a probation officer, a mental health clinician, a child and adolescent psychiatrist, and a special education teacher to be maintained in the community. These children and adolescents, therefore, need intensive, clinically informed case management to coordinate multi-system and multidisciplinary interventions. Optimally, an individualized service plan is developed by a "child and family" team. Services are delivered more frequently and for more extended periods than at lower levels of care. Services in this level of care include partial hospitalization, intensive day treatment, and home-based wraparound care. Level Four services also may be provided in schools, substance abuse programs, juvenile justice facilities, social services group care facilities, mental health facilities, or in the child or adolescent's home.

Authorization Criteria	**Composite Rating:** Children and adolescents with composite CALOCUS scores in the range of 20-22 generally may begin treatment at, or be stepped down to, level 4 services. Placement at level 4 indicates that the child or adolescent either does not need more intensive services or has successfully completed treatment at a more intensive level and primarily needs assistance in maintaining gains. Consideration for this level of care should include the age, size, and manageability of the child or adolescent, and the family and community resources available.
High Intensity Treatment	WRAP*****, MST*****, intensive outpatient services
Outpatient Services	Comprehensive community support services, CBT, trauma focused CBT, co-occurring treatment, DBT, individual treatment, therapeutic psychoeducation (individual or family), family treatment, group treatment.
Medication Services	Medication management, medication monitoring
Rehabilitation Services	Day support for youth and adolescents*****
Peer Support Services	Parent to Parent, peer support
Other Services	Psychological assessment, special population evaluation, respite Care (if available)
Authorization	Initial authorization may be granted for up to three (3) months. Three (3) month reauthorization periods may be granted upon request with the administration of a new CALOCUS, treatment plan, and treatment plan review.
Guideline: Service Hours per Year	Average: 12 hours
Individualized Treatment Plans and Treatment Plan Reviews	• Individualized treatment plans are required within thirty (30) calendar day from the beginning of routine services. • Treatment plan reviews are due every 180 calendar days once routine services have begun. Reviews must include individual input on progress made towards stated goals and an assessment of any unmet needs. • A new CALOCUS is required after the first twelve (12) month period, and every 180 calendar days thereafter.
Risk Assessments and Crisis Plans	If, during the initial intake or any time during the course of treatment, potential significant risk to self or others is discovered, a risk assessment must be conducted (independent from the CALOCUS). If the risk assessment warrants that a crisis plan be developed the plan must be created and risk is re-assessed every six (6) months thereafter.
Discharge Planning	A discharge plan is required at the time of the initial treatment plan and must be updated every 180 calendar days thereafter. Discharge plans must describe when, and under what circumstances, an individual's treatment will end and/or when the individual will be dropped to a lower level of care.

*****Service may require additional Thurston-Mason BH-ASO authorization

K. Criteria For Appropriate Level Of Care Placement – CANS
https://praedfoundation.org/tools/the-child-and-adolescent-needs-and-strengths-cans/

Level 4 – WISe: Child/Youth meet criterion 4.1 AND (criterion 4.2 OR 4.3). Minimum of one face-to-face contact per week and one wraparound meeting per month.

Domain	Score
4.1 Behavioral Health	Rating of 3 on Psychosis OR Rating of 2 on Psychosis AND 2/3 on any other behavioral health (BH) need item OR 2 or more ratings of 3 on any behavioral health/emotional needs items
4.2 Risk Factors	Rating of 3 on Danger to Others or Suicide Risk OR One rating of 3 on any Risk Factor item OR 2 or more ratings of 2/3 on any Risk Factor item
4.3 Serious Functional Impairment	2 or more ratings of 3 on Family, School, Interpersonal or Living Situation OR 3 or more ratings of 2/3 on Family, School, Interpersonal, and Living Situation

Level of Care 3 – High Intensity: Child/Youth at this level have complex behavioral health needs and influence risk behavior, functional impairment or the shortage of strengths along with a caregiver environment that needs support. Child/Youth meet criterion 3.1 AND 3.5 (meets criterion 3.2 OR 3.3 OR 3.4). Range of hours per month is 8.65-10.35 with a target of 9.5 hours.

Domain	Score
3.1 Behavioral Health	One 3 or two or more 2
3.2 Risk Factors	One 3 or two or more 2
3.3 Life Domain Functioning	One 3 or two or more 2
3.4 Youth Strengths	Two or more 3 or three or more 2
3.5 Caregiver Strengths/Needs	One 3 or two or more 2

Level of Care 2 – Moderate Intensity: Child/Youth at this level have behavioral health needs associated with some risk behavior, functional impairment or the absence of strengths with some level of need in the caregiver environment. Child/Youth meets criterion 2.1 AND 2.5 AND (criterion 2.2 OR 2.3 OR 2.4). Range of hours per month is 3.64-4.36 with a target of four (4) hours.

Domain	Score
2.1 Behavioral Health	One or more 2/3
2.2 Risk Factors	One or more 2/3
2.3 Life Domain Functioning	One or more 2/3
2.4 Youth Strengths	No 0 or 1 Strengths
2.5 Caregiver Strengths/Needs	One or more 2/3

Level of Care 1 – Low Intensity or Maintenance/Recovery: Child/Youth has some functional challenges but does not meet criteria for high level of needs. Child/Youth meets at least one of Criteria 1.1 through 1.5. Range of hours per month is 1.36-1.64 with a target of 1.5. Range of hours per month is 1.36-1.64 with a target of 1.5 hours.

Frequency of CANS is every six months unless there is a need to update based on new information.

L. **Criteria for Appropriate Level of Care Placement - ASAM**

The following tables provide a brief synopsis of the ASAM criteria levels of care developed in Thurston-Mason BH-ASO's Network. https://www.asam.org/resources/the-asam-criteria

Level of Care 1 – Adults and Adolescents: The information presented in the tables below is meant to serve as a guideline. An individual may receive services not designated in their level of care – if clinically appropriate and

well-documented. However, if the LOC requested is reduction in intensity or duration, a notice of Action must be issued by Thurston-Mason BH-ASO per the NOA protocol.

1	Outpatient services	• Assessment • Case management • Group treatment • Individual treatment • Individual family (with patient present) • Individual family (without patient present)	Adults and Adolescents 1.5 hours per week (up to 9 hours per week - adults and 6 hours per week – adolescents) At least 1 individual therapy session, with an individual service plan review, per month for both adult and youth	Up to 180 days	• Individuals in early recovery who need education about addiction and person-centered treatment. • Individuals in on-going recovery who need monitoring and continuing disease management. Admission Criteria: Adults and adolescents must meet **all** six dimensions meet LOC 1 criteria.

Level of Care OTP 1 – Adults Only: The information presented in the tables below is meant to serve as a guideline. An individual may receive services not designated in their level of care – if clinically appropriate and well-documented. However, if the LOC requested is reduction in intensity or duration, a notice of Action must be issued by Thurston-Mason BH-ASO per the NOA protocol.

OTP 1	Opioid treatment program	Opioid treatment services (currently a bundled service)	Adults only	Up to 365 days	Admission Criteria: Adults must meet the required specifications in all six dimensions.

Level of Care 2.1 – Adults and Adolescents: The information presented in the tables below is meant to serve as a guideline. An individual may receive services not designated in their level of care – if clinically appropriate and well-documented. However, if the LOC requested is reduction in intensity or duration, a notice of Action must be issued by Thurston-Mason BH-ASO per the NOA protocol.

2.1	Intensive Outpatient Services (IOP)	• Assessment • Case management • Group treatment • Individual treatment • Individual family (with patient present) • Individual family (without patient present)	Adults 9-12 hours per week Adolescents 6-10 hours per week At least 1 individual therapy session, with an individual service plan review, per month for both adult and youth	Up to 90 days	• Services primarily consist of counseling and education related to substance use disorder and mental health problems. • Psychiatric and medical services are managed through referral (individual is stable and needs monitoring) OR services provided outside the primary program must be well coordinated. • If an individual needs less than 9 hours (adult) or 6 (youth) hours per week, individual can remain in IOP for up to 2 weeks as a transitional step down to less intensive services. This type of service frequency can be used for continuity of care and to solidify relapse prevention skills. Adult Admission Criteria: For a direct admit, this LOC is appropriate if:

					• The individual has any conditions that exist in dimension 2 and dimension 3. • Additionally, the individual must meet one specification of dimensions 4, 5, or 6. For a transfer: • Meet treatment objectives at a more intensive level and • Requires intensity of services for LOC 2.1 in at least one dimension of 4, 5, or 6. Adolescent Admission Criteria: For a direct admit, this LOC is appropriate if: • The individual meets stability specifications in dimension 1 and dimension 2. • Additionally, the individual must meet the severity specifications in at least one of dimensions 3, 4, 5, and 6 For a transfer: • Meet treatment objectives at a more intensive level and • Meets LOC 2.1 in at least one dimension.

Pre-Residential Services (PRS) – Adults and Adolescents: This is not a level of care but a service bundle for placing individuals into residential care.

PRS	Pre-Residential Services (PRS)	• Assessment • Case management • Group treatment • Individual treatment • Individual family (with patient present) • Individual family (without patient present) • Interim services	Up to 12 hours per week	Up to 60 days	• Individuals authorized for PRS have been determined by Thurston-Mason BH-ASO to meet medical necessity for placement into residential services. • Services to facilitate individual ongoing engagement and coordination of residential care following completion of an assessment in cases where a residential bed is not immediately scheduled/available. • Services should be made immediately available and actively work towards placement into recommended ASAM level of care. Adult and Adolescent Admission Criteria: meets dimensional admission criteria for residential or withdrawal management services.

Level of Care 3.1 – Adults and Adolescents: The information presented in the tables below is meant to serve as a guideline. An individual may receive services not designated in their level of care – if clinically appropriate and well-documented. However, if the LOC requested is reduction in intensity or duration, a notice of Action must be issued by Thurston-Mason BH-ASO per the NOA protocol.

3.1	Clinically Managed Low-Intensity Residential Services (Recovery House)	Included in service frequency description	Adhere to WAC 246-341-1112: minimum of 5 hours of treatment each week consisting of individual or group counseling and education regarding drug-free and sober living, and general re-entry living skills. Conduct an individual service plan review at least monthly.	Up to 30 days	• Clinical and recovery services provided together to allow the individual enough time and practice opportunities to gain skills needed while living in a supportive environment. • Goal for this LOC is to provide recovery skills, connection back to the community system, and emotional coping Adult Admission Criteria: **all** six dimensions meet LOC 3.1 criteria. Adolescent Admission Criteria: meets specifications in **at least two** of the six dimensions.

Level of Care 3.3 – Adults Only: The information presented in the tables below is meant to serve as a guideline. An individual may receive services not designated in their level of care – if clinically appropriate and well-documented. However, if the LOC requested is reduction in intensity or duration, a notice of Action must be issued by Thurston-Mason BH-ASO per the NOA protocol.

3.3	Clinically Managed Population-Specific High-Intensity Residential Services (Long Term)	Included in service frequency description	Adhere to WAC 246-341-1114: minimum of 2 hours each week of individual or group counseling & a minimum of 2 hours each week of education regarding alcohol, other drugs, & other addictions. Provide: education on social & coping skills; social & recreational activities; assistance in seeking employment, when appropriate; & assistance with re-entry living skills to include seeking & obtaining safe housing. Conduct an individual service	Up to 30 days (including PPW and ITA)	• LOC 3.3 only provided to adults. • Individuals have significant cognitive impairment (temporary or permanent). • Need for slow, deliberate, and structured services. • Adult Admission Criteria: **all** six dimensions meet LOC 3.3 criteria.

			plan review at least monthly.		

Level of Care 3.5 – Adults and Adolescents: The information presented in the tables below is meant to serve as a guideline. An individual may receive services not designated in their level of care – if medical necessity is met and well-documented. However, if the LOC requested is reduction in intensity or duration, a notice of Action must be issued by Thurston-Mason BH-ASO per the NOA protocol.

3.5	Clinically Managed High-Intensity Residential Services (Intensive Inpatient)	Included in service frequency description	Adhere to WAC 246-341-1110: minimum of 20 hours of treatment services each week to each individual. At least 10 hours must be chemical dependency counseling and may provide up to 10 hours of education each week to meet the minimum requirements. Conduct at least weekly one face-to-face individual session. Document at least weekly, an individual service plan review which determines continued stay needs and progress towards goals.	Up to 14 days	• Individual's multidimensional needs are so great they need a safe and stable environment to practice recovery skills, so they do not relapse upon moving to a lower level of care • Significant risk factors in psychosocial and social domains are often present with an individual in need of LOC 3.5 • Adolescents presenting with co-occurring disorders are suitable in this LOC Adult Admission Criteria: **all** six dimensions meet LOC 3.5 criteria Adolescent Admission Criteria: meets specifications in **at least two** of the six dimensions

Level of Care 3.2 WM – Adults and Adolescents: The information presented in the tables below is meant to serve as a guideline. An individual may receive services not designated in his/her level of care – if clinically appropriate and well-documented. However, if the LOC requested is reduction in intensity or duration, a notice of Action must be issued by Thurston-Mason BH-ASO per the NOA protocol.

3.2 WM	Clinically Managed Residential Withdrawal Management (Sub-Acute)	Included in service frequency description	An assessment or substance use disorder screen must be completed before admission. Must provide counseling that addresses substance use and motivation, continuing care needs and need for referral to other services.	Up to 5 days	• Emphasis on peer and social support rather than nursing and medical Admission Criteria Individual must meet criteria: - Need for SUD service is established - The specific ASAM criteria for placement is determined - Needs cannot be more appropriately met by any other informal or formal system or support

Level of Care 3.7 WM – Adults and Adolescents: The information presented in the tables below is meant to serve as a guideline. An individual may receive services not designated in their level of care – if clinically appropriate and well-documented. However, if the LOC requested is reduction in intensity or duration, a notice of Action must be issued by Thurston-Mason BH-ASO per the NOA protocol.

3.7 WM	Medically monitored inpatient Withdrawal management (acute)	Included in service frequency description	An assessment or substance use disorder screen must be completed before admission. Must provide counseling that addresses substance use and motivation, continuing care needs and need for referral to other services.	Up to 5 days	• Individuals must meet criteria: - Need for SUD service is established - The specific ASAM criteria for placement is determined - Needs cannot be more appropriately met by any other informal or formal system or support • Services delivered by medical and nursing professionals • See the ASAM Criteria for more information

M. **Inpatient, Evaluation and Treatment (E&T), Transitional Diversion and Residential Program**

1. **Definition:**

   Inpatient psychiatric hospitalization means a freestanding evaluation and treatment (E&T) services, and transitional diversion services are time-limited, structured, active treatment programs offering therapeutically intensive and coordinated clinical services within a stable, safe therapeutic environment. These services are necessary for stabilization of a person with an acute psychiatric impairment requiring round-the-clock care or observation to maintain the person safely. The inpatient and E&T services are the most restrictive and intensive level of service on the continuum of psychiatric care. Transitional diversion services are available as an alternative to, or diversion from the inpatient level of care, or as a step-down from initial inpatient treatment.

2. Thurston-Mason BH-ASO has a 10-bed transitional diversion program within the freestanding evaluation and treatment facility called the Transitional Diversion and Residential Program (TDRP). This unit serves adults 18 years of age and older. The TDRP is available for diversion or longer-term step-down services as a transition from inpatient services to community residential and outpatient support.

3. Thurston-Mason BH-ASO has a 15-bed inpatient unit within the freestanding evaluation and treatment facility identified as the Evaluation Treatment Unit (ETU). The ETU is licensed to provide both voluntary and involuntary inpatient psychiatric care for adults 18 years of age and older.

4. Thurston-Mason BH-ASO has a 10-bed inpatient and triage unit at the freestanding evaluation and treatment facility identified as the Thurston-Mason Crisis Triage. The Triage is licensed to provide both voluntary and involuntary inpatient psychiatric care for adults 18 years of age and older.

5. Within the Thurston-Mason BH-ASO service area, voluntary inpatient care is also provided by Providence St Peter Hospital for adults 18 years of age and older. Thurston-Mason BH-ASO utilizes a variety of other inpatient evaluation and treatment and community

psychiatric hospital settings throughout Washington as needed to provide both voluntary and involuntary inpatient care for older-adults, adults, youth and children when medically necessary; and when the local facilities are unable to accommodate an admission in our service area.

6. Admission Criteria for Inpatient, E&T, TDRP

    a) The individual presents with acute psychiatric symptoms consistent with a DSM-5 (or current successor) diagnosis which both requires and is reasonably expected to respond to therapeutic interventions;

    b) Behavior and/or symptoms are judged unmanageable at a lower level of care due to any one of the following:

        1) Danger to self, such as from suicidal behavior or self-mutilation;

        2) Danger to others or the property of others due to the behavioral manifestations of a psychiatric disorder

        3) Grave disability, due to inability to provide for basic needs due to psychiatric disorder;

        4) Severe symptoms unresponsive to or unmanageable with treatment at a lower level of care;

        5) Co-morbid psychiatric and medical condition requiring 24-hour observation and/or inpatient care.

    c) There is a verified failure of treatment at a lower level of care, or a psychiatrist (or designee) determines that the individual cannot be managed at a lower level of care because of the severity of symptoms and intensity of treatment required; **and**

    d) The individual's condition creates the need for psychiatric treatment to be provided at this intensive level of care.

7. Period of Initial Authorization

    a) The period of initial authorization is dependent on the individual's legal status. Authorization for voluntary inpatient, E&T services, and transitional diversion services is determined by Thurston-Mason BH-ASO based on available resources, eligibility, medical necessity criteria, provisional diagnosis and clinical information provided by the crisis services staff, emergency room staff or staff of the inpatient psychiatric facility prior to admission. Involuntary care is authorized after admission regardless of an individual's ability to pay, for an initial period of 120 hours, then fourteen (14) days in accordance with state statute Chapter 71.05 RCW.

8. Continuing Stay Criteria

    a) For authorization of continued stay (often referred to as an "extension"), the length of stay for voluntary care is determined by the diagnosis, medical necessity criteria and clinical needs, and is based on standardized criteria. The individual must meet the following:

        1) Individual continues to pose a danger to self, others or property due to the behavioral manifestations of a psychiatric disorder; **or**

        2) Individual has co-morbid medical issues precluding the provision of services at a lower level despite a reduction in the severity of the symptoms;

        3) Individual continues to require this level of intensive treatment to reasonably stabilize symptoms and behaviors; **and**

4) There is a clear treatment plan with measurable and objective goals;

5) Individual is making progress toward treatment plan goals, or in the absence of progress the treatment plan is revised to address those issues preventing an expected response to therapeutic interventions or preventing discharge to a lower level of care; **or**

6) New acute psychiatric symptoms become evident and meet admission criteria.

9. Discharge Criteria

a) Criteria for discharge from inpatient or stabilization levels of care include:

1) Individual's symptomology and functioning have stabilized and/or improved to the point that they do not require 24-hour observation and/or medical/nursing treatment at an inpatient or stabilization level of care; **or**

2) If some symptoms present on admission remain, but they no longer meet admission or continued stay criteria;

3) Individual has demonstrated an unwillingness to participate in active voluntary treatment and fails to meet the criteria for detention or mental health services under the Involuntary Treatment Act (ITA) in Chapter 71.05 RCW;

4) The individual withdraws consent for continued voluntary treatment and fails to meet the criteria for detention or mental health services under the Involuntary Treatment Act (ITA) in Chapter 71.05 RCW.

ATTACHMENTS

1006.01 Level of Care for Authorizations