

## Medical Necessity Criteria for Seasons

- Age 40 or above
- Voluntary patients only (can be committed, i.e. to MHC, but they send patients here “in lieu of being treated at MHC.” MHC still has the patient in their caseload and monitors the commitment).
- GAF score of 35-45 for PHP (level of functioning 40 or below per regulatory requirements- CMS- Palmetto GBA) and 45-55 for IOP
- Funding:
  - ✓ Medicare- co-pay of \$41 per day- ?supplemental insurance might pick up,
  - ✓ Medicaid (for Intensive Outpatient Only, as they don't cover PHP)
  - ✓ Commercial insurance companies (in and out of network) with authorization
- Transportation:
  - ✓ Medicaid provides transportation (if patient covered under Medicaid)
  - ✓ Independent transport
  - ✓ Seasons provides transportation within 526 catchment area
  - ✓ Teleride

Patients admitted to Seasons Intensive Outpatient Services (PHP/IOP) must require comprehensive treatment requiring medical supervision and coordination because of a mental disorder which severely interferes with multiple areas of daily life, including social, vocational, and/or educational functioning. Partial hospitalization is indicated as a step down from inpatient level of care (stepping down to a less intensive level of care) in lieu of further hospital stay, or in lieu of inpatient admission if patient can be maintained outside of the structured 24 hr/day crisis stabilization/inpatient setting and adequate support systems are available and competent to ensure the safety of the patient during the time period that the patient is not in treatment at the PHP program.

- The dysfunction must be of an acute nature and not a chronic circumstance (patients at baseline and no reasonable expectation of improvement do not meet criteria).
- There must be a reasonable expectation that they will improve with group therapy.
- This is the least restrictive and intensive level of care/ setting to meet the needs of their illness/ functioning level.
- Must have an acute onset or decompensation of a covered Axis I mental disorder (DSM-IV-TR) which severely interferes with multiple areas of daily life
- For PHP level of care, only certain diagnoses meet criteria (Psychotic disorders and mood disorders, but not anxiety disorders or substance abuse disorders, not primary personality disorders)

- For IOP level of care, anxiety diagnoses seem to be getting paid for, but one of our consultants thinks that they are risky as the primary diagnosis (in terms of being deniable).
- Acute exacerbation of symptoms of Axis I diagnosis
- Marked impairment resulting in the patient's inability to perform ADL's
- Failed treatment at lower level of care (i.e. failed outpatient weekly therapy)

#### **DSM-IV eligible diagnoses**

- Schizophrenia
- Delusional
- Schizoaffective
- Psychotic
- Mood disorders
- Bipolar
- Anxiety disorder
- Depressive disorders

#### **Exclusionary Criteria**

- Dementia/ Alzheimer's: mini- mental score of 25 or below NOT acceptable
- Actively and seriously suicidal/ homicidal/medically unstable (in immediate/imminent danger to self, others, or property), but there may be a recent history of self-mutilation, serious risk taking, or other self-endangering behavior
- Patient requires inpatient level of care due to severity of psychiatric condition
- Current symptoms and impairment can be adequately managed at lower level of care
- Symptoms are transient or self-limited, or due to a situational crisis
- Absenteeism or inability to participate on a regular basis
- Does not want to be here and not actively participating in their own treatment
- No reasonable expectation that condition can be stabilized/ functional level maintained or improved
- Primary substance abuse diagnosis and/or Active use of chemicals