

OPC LEVEL OF CARE (LOC) CRITERIA

CHILD INITIAL AUTHORIZATION CRITERIA

LEVEL A	LEVEL B	LEVEL C	LEVEL D
<p>1. The client is up to age 18 and has a DSM-IV psychiatric diagnosis or substance abuse dependency diagnosis.</p> <p style="text-align: center;">OR</p> <p>Is five (5) years of age or under and shows evidence of significantly atypical development.</p>	<p>1. The client is under age of 18 and has a diagnosable DSM-IV psychiatric disorder or substance abuse or dependency disorder.</p> <p style="text-align: center;">OR</p> <p>Is five (5) years of age or younger and shows evidence of significantly atypical development.</p>	<p>1. The client is under the age of 18 and has a DSM-IV psychiatric diagnosis or substance abuse dependency diagnosis.</p> <p style="text-align: center;">OR</p> <p>Is five (5) years of age or younger and shows evidence of significantly atypical development.</p>	<p>1. The client is under age of 21 and has a diagnosable DSM-IV psychiatric disorder or substance abuse or dependency disorder.</p> <p style="text-align: center;">OR</p> <p>Is five (5) years of age or younger and shows evidence of significantly atypical development.</p>
AND			
<p>2.</p>	<p>2. The client has been in inpatient treatment, residential treatment or in-home supervision for a psychiatric disorder within the past twelve (12) months,</p> <p style="text-align: center;">OR</p> <p>Made serious suicide attempt within the past twelve months,</p> <p style="text-align: center;">OR</p> <p>Score of the Global Assessment of Functioning (GAF) of 51-70. See Instructions for Functioning Scale.</p>	<p>2. The client has been in inpatient treatment, residential treatment or in-home supervision for a psychiatric disorder within the past six-(6) months.</p> <p style="text-align: center;">OR</p> <p>Made serious suicide attempt within the past six (6) months.</p> <p style="text-align: center;">OR</p> <p>Score on the Global Assessment of Functioning (GAF) of 31-50. See Instructions for Functioning Scale.</p>	<p>2. The client has been in inpatient Treatment, residential treatment or inhome supervision for a psychiatric disorder within the past three (3) months.</p> <p style="text-align: center;">OR</p> <p>Made serious suicide attempt within the past three (3) months.</p> <p style="text-align: center;">OR</p> <p>Score on the Global Assessment of Functioning (GAF) of 1-30. See Instructions for Functioning Scale.</p>
AND			
<p>3. There is reasonable expectation the treatment will remediate symptoms and/or improve behaviors.</p>	<p>3. There is reasonable expectation that treatment will remediate symptoms and/or improve behaviors or there is reasonable evidence that the client will decompensate or experience relapse if services are not initiated.</p>	<p>3. There is reasonable expectation that treatment will remediate symptoms and/or improve behaviors or there is reasonable evidence that the client will decompensate or experience relapse if services are not initiated.</p>	<p>3. There is reasonable expectation that treatment will remediate symptoms and/or improve behaviors or there is reasonable evidence that the client will decompensate or experience relapse if services are not initiated.</p>

Level A Cont'd	Level B Cont'd	Level C Cont'd	Level D Cont'd
4. The client is experiencing mild behavioral and/or emotional symptoms due to a psychiatric or substance abuse disorder, manifested by a mild risk for self-injury, injury to others, delay in appropriate responsibilities, presence of stress-related physical symptoms, decompensation or relapse.	4. The client is experiencing mild to moderate behavioral and/or emotional symptoms, due to a psychiatric or substance abuse disorder, manifested by a mild to moderate risk for self-injury, injury to others, delay in appropriate developmental progress, deterioration in ability to fulfill age-appropriate responsibilities, presence of stress-related physical symptoms, decompensation, or relapse.	4. The client is experiencing moderate behavioral and/or emotional symptoms, due to a psychiatric or substance abuse disorder, manifested by a moderate risk for self-injury, injury to others, delay in appropriate developmental progress, deterioration in ability to fulfill age-appropriate responsibilities, presence of stress-related physical symptoms, decompensation, or relapse.	4. The client is experiencing moderate behavioral to severe emotional symptoms, due to a psychiatric or substance abuse disorder, manifested by a moderate to severe risk for self-injury, injury to others, delay in appropriate developmental progress, deterioration in ability to fulfill age-appropriate responsibilities, presence of stress-related physical symptoms, decompensation, or relapse.
AND			
5. The client's symptoms could not be addressed/treated with a less restrictive intensive services/activities.	5. An adequate trial of active treatment at a less restrictive level has been unsuccessful or the client is clearly inappropriate for a trial of less restrictive services.	5. An adequate trial of active treatment at a less restrictive level has been unsuccessful or the client is clearly inappropriate for a trial of less restrictive services.	5. An adequate trial of active treatment at a less restrictive level has been unsuccessful or the client is clearly inappropriate for a trial of less restrictive services.
AND			
6.	6. The client is at significant risk for needing more restrictive levels of care and/or return to more restrictive levels of care due to the client's moderate and/or persistent maladaptive behavior in the home or community	6. The client is at significant risk for needing more restrictive levels of care and/or return to more restrictive levels of care due to the client's moderate to severe and/or persistent maladaptive behavior in the home or community	6. The client is at significant risk for needing the most restrictive level of care and/or return to the most restrictive level of care due to the client's severe and persistent maladaptive behavior in the home and community.

6/16/2006

Child Reauthorization Criteria

Level A	Level B	Level C	Level D
1. The client's symptoms or behaviors persist at a level of severity documented at the most recent authorization of this episode of care	1. The client's symptoms or behaviors persist at a level of severity documented at the most recent authorization of this episode of care	1. The client's symptoms or behaviors persist at a level of severity documented at the most recent authorization of this episode of care	1. The client's symptoms or behaviors persist at a level of severity documented at the most recent authorization of this episode of care
OR			
2. Relevant client and family progress Toward identified goals has been Observed and documented but initial Treatment goals have not been reached.	2. Relevant client and family progress Toward identified goals has been Observed and documented but initial Treatment goals have not been reached.	2. Relevant client and family progress Toward identified goals has been Observed and documented but initial treatment goals have not been reached	2. Relevant client and family progress Toward identified goals has been Observed and documented but initial Treatment goals have not been reached
OR			
3. No progress toward treatment goals at the most recent authorization of this episode of care have been documented but the treatment plan has been modified by the treatment provider and consumer and/or family members (as appropriate) to introduce new therapeutic interventions.	3. No progress toward treatment goals the most recent authorization of this episode of care have been documented but the treatment plan has been modified by the treatment provider and consumer and/or family members (as appropriate) to introduce new therapeutic interventions.	3. No progress toward treatment goals the most recent authorization of this episode of care have been documented but the treatment plan has been modified by the treatment provider and consumer and/or family members (as appropriate) to introduce new therapeutic interventions.	3. No progress toward treatment goals the most recent authorization of this episode of care have been documented but the treatment plan has been modified by the treatment provider and consumer and/or family members (as appropriate) to introduce new therapeutic interventions.
OR			
4. The client has manifested new symptoms and maladaptive behaviors that met initial authorization criteria, and the treatment plan has been revised to incorporate new goals.	4. The client has manifested new symptoms and maladaptive behaviors that met initial authorization criteria, and the treatment plan has been revised to incorporate new goals.	4. The client has manifested new symptoms and maladaptive behaviors that met initial authorization criteria, and the treatment plan has been revised to incorporate new goals.	4. The client has manifested new symptoms and maladaptive behaviors that met initial authorization criteria, and the treatment plan has been revised to incorporate new goals
AND			
5. There is reasonable expectation that continued treatment will remediate symptoms and/or improve behaviors or there is reasonable evidence that the client will decompensate or experience relapse if services are discontinued.	5. There is reasonable expectation that continued treatment will remediate symptoms and/or improve behaviors or there is reasonable evidence that the client will decompensate or experience relapse if services are discontinued.	5. There is reasonable expectation that continued treatment will remediate symptoms and/or improve behaviors or there is reasonable evidence that the client will decompensate or experience relapse if services are discontinued	5. There is reasonable expectation that continued treatment will remediate symptoms and/or improve behaviors or there is reasonable evidence that the client will decompensate or experience relapse if services are discontinued.

ADULT INITIAL AUTHORIZATION CRITERIA

Level A	Level B	Level C	Level D	Level E
1. Dangerousness	1. Dangerousness	1. Dangerousness	1. Dangerousness	1. Dangerousness
<p>A. Rule out suicidal/ Homicidal/aggressive Ideation or behavior</p>	<p>A. Due to psychiatric Symptoms and/or Substance abuse Symptoms resulting From intoxication or withdrawal from an addictive substance, there is current suicidal/homicidal/ ideation or aggression without intent or a conscious plan to carry out and with the ability to contract for safety. OR</p> <p>B. Score on the Global Assesment Functioning (GAF) of 51-70 .</p>	<p>A. Due to psychiatric symptoms and/or substance abuse symptoms resulting from intoxication or withdrawal from an addictive substance, there is current suicidal/homicidal ideation or aggression but without intent or a conscious plan to carry out and with the ability to contract for safety OR</p> <p>B. Due to psychiatric or substance abuse symptoms, there is a fluctuating inability to care for self to the extent that it moderately compromises the enrollee’s physical well being. OR</p> <p>C. Score on the Global Assessment of Functioning (GAF) of 41-50.</p>	<p>A. Due to psychiatric symptoms and/or substance abuse symptoms resulting from intoxication or withdrawal from an addictive substance, there is current suicidal/homicidal ideation or aggression with expressed to be at low risk for carrying out the aggression and with the ability to contract for safety there is a history of serious attempt of suicide, homicide or serious aggression. OR</p> <p>B. Due to psychiatric or substance abuse symptoms, there is an inability to care for self to the extent that it seriously compromises the enrollee “physical well being.” OR</p> <p>C. Score on the Global Assessment of Functioning (GAF) of 31-40.</p>	<p>A. Due to psychiatric symptoms and/or substance abuse symptoms resulting from intoxication or withdrawal from an addictive substance, there is current suicidal/homicidal behavior or intention with a plan to carry out the behavior without significant barriers to do so and an unwillingness or inability to contract for safety. OR</p> <p>B. Due to psychiatric or substance abuse symptoms, there is a reasonable probability of the enrollees suffering serious physical debilitation within the near future. OR</p> <p>C. Score on the Global Assessment of Functioning (GAF) of 1-30</p>
OR				

Level A Con't	Level B Con't	Level C Con't	Level D Con't	Level E Con't
<p>2. Psychiatric/Substance Abuse Symptoms A. There is evidence of mild psychiatric or substance abuse symptoms and/or behavioral dysfunction.</p>	<p>2. Psychiatric/Substance Abuse Symptoms A. There is evidence of mild psychiatric or substance abuse symptoms and/or behavioral dysfunction.</p>	<p>2. Psychiatric/Substance Abuse Symptoms A. There is evidence of Psychosis, cognitive or affective disorder and/or a substance abuse disorder but the enrollee is able to cooperate with treatment.</p>	<p>2. Psychiatric/Substance Abuse Symptoms A. There is evidence of psychosis, cognitive or affective disorder and/or a substance abuse disorder rendering the enrollee unable to cooperate with treatment.</p>	<p>2. Psychiatric/Substance Abuse Symptoms A. There is evidence of psychosis, cognitive or affective disorder and/or a substance abuse disorder rendering the enrollee unmanageable or unable to cooperate with treatment</p>
<p>3. Substance Use Pattern, Intoxication, or Withdrawal A. The enrollee's pattern of substance use meets the DSM-IV criteria for the diagnosis of Substance Abuse or Substance Dependence in remission. AND B. There is evidence of mild problems associated with intoxication or use of an addictive substance.</p>		<p>3. Substance Use Pattern, Intoxication, or Withdrawal A. The enrollee's pattern of Substance use meets the DSM-IV criteria for the Diagnosis of Substance Abuse or Substance Dependence in remission AND B. The enrollee is Experiencing signs and symptoms of mild physiological withdrawal and is assessed as being at low risk of severe physiological withdrawal.</p>	<p>3. Substance Use Pattern, Intoxication, or Withdrawal A. The enrollee's pattern of Compulsive substance Use meets the DSM-IV criteria for a diagnosis of Substance Dependent with physiological dependency. AND B. The enrollee is Experiencing serious symptoms of physiological withdrawal is assessed to be a high risk for physiological withdrawal but is not experiencing life threatening bio-medical conditions.</p>	<p>3. Substance Use Pattern, Intoxication, or Withdrawal A. The enrollee's pattern of Compulsive substance Use meets the DSM-IV criteria for a diagnosis of Substance Dependent with physiological dependency. AND B. The enrollee is Experiencing life-threatening symptoms of Physiological Withdrawal or is Assessed to be a high Risk for life-threatening Physiological Withdrawal and there is a Life threatening bio-Medical conditions with complications as described in the following modified</p>

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Level A Con't	Level B Con't	Level C Con't	Level D Con't	Level E Con't
OR		AND		
4. Treatment History A. Not Applicable	4. Treatment History A. An adequate trial of Active treatment at a Less restrictive level has been successful. OR B. The enrollee is clearly Inappropriate for a trial of less restrictive services.	4. Treatment History A. An adequate trial of Active treatment at a Less restrictive level has been successful. OR B. The enrollee is clearly inappropriate for a trial of less restrictive services.	4. Treatment History A. An adequate trial of Active treatment at a less restrictive level has been unsuccessful. OR B. The enrollee is Clearly Inappropriate to a trial of less restrictive services.	4. Treatment History A. An adequate trial of Active treatment at a less restrictive level has been unsuccessful. OR B. The enrollee is Clearly inappropriate for a trial of less restrictive services.

6/16/2006

Adult Reauthorization Criteria

Level A	Level B	Level C	Level D	Level E
1. The enrollee’s symptoms or behaviors persist at a level of severity documented at the most recent authorization of this episode of care.	1. The enrollee’s symptoms of behaviors persist at a level of severity documented at the most recent authorization of this episode of care.	1. The enrollee’s symptoms of behaviors persist at a level of severity documented at the most recent authorization of this episode of care.	1. The enrollee’s symptoms of behaviors persist at a level of severity documented at the most recent authorization of this episode of care.	1. Refer to Rule 10NCAC26-B.0113-NC Medicaid Criteria for Continued Acute Stay in Inpatient Psychiatric Facility. (effective January 1, 1998).
OR				
2. Relevant enrollee progress toward identified treatment goals has been observed and documented, but initial treatment goals have not been reached.	2. Relevant enrollee progress toward identified treatment goals has been observed and documented, but initial treatment goals have not been reached.	2. Relevant enrollee progress toward identified treatment goals has been observed and documented, but initial treatment goals have not been reached.	2. Relevant enrollee progress toward identified treatment goals has been observed and documented, but initial treatment goals have not been reached.	
OR				
3. No progress toward treatment goals at the most recent authorization of this episode of care have been documented but the treatment plan has been modified by the treatment provider and enrollee and/or family members (whenever permitted) as appropriate to introduce new therapeutic interventions.	3. No progress toward treatment goals at the most recent authorization of this episode of care have been documented but the treatment plan has been modified by the treatment provider and enrollee and/or family members (whenever permitted) as appropriate to introduce new therapeutic interventions.	3. No progress toward treatment goals at the most recent authorization of this episode of care have been documented but the treatment plan has been modified by the treatment provider and enrollee and/or family members (whenever permitted) as appropriate to introduce new therapeutic interventions.	3. No progress toward treatment goals at the most recent authorization of this episode of care have been documented but the treatment plan has been modified by the treatment provider and enrollee and/or family members (whenever permitted) as appropriate to introduce new	
OR				
4. The enrollee has manifested new symptoms or maladaptive behaviors which	4. The enrollee has manifested new symptoms or maladaptive behaviors which	4. The enrollee has manifested new symptoms or maladaptive behaviors which	4. The enrollee has manifested new symptoms or maladaptive behaviors which	

meet initial authorization criteria and the treatment plan has been revised to incorporate new goals.	meet initial authorization criteria and the treatment plan has been revised to incorporate new goals.	meet initial authorization criteria and the treatment plan has been revised to incorporate new goals	meet initial authorization criteria and the treatment plan has been revised to incorporate new goals.	
OR				
5. Client has stabilized and is being maintained in the least restrictive, most cost-effective setting.	5. Client has stabilized and is being maintained in the least restrictive, most cost-effective setting.	5. Client has stabilized and is being maintained in the least restrictive, most cost-effective setting.	5. Client has stabilized and is being maintained in the least restrictive, most cost-effective setting.	

Level A Con't	Level B Con't	Level C Con't	Level D Con't	Level E Con't
3. There is reasonable expectation that continued treatment will remediate symptoms, improve behaviors and/or maintain the therapeutic gains that have been achieved or there is reasonable evidence that the enrollee will decompensate or experience relapse if services are discontinued.	6. There is reasonable expectation that continued treatment will remediate symptoms, improve behaviors and/or maintain the therapeutic gains that have been achieved or there is reasonable evidence that the enrollee will decompensate or experience relapse if services are discontinued.	6. There is reasonable expectation that continued treatment will remediate symptoms, improve behaviors and/or maintain the therapeutic gains that have been achieved or there is reasonable evidence that the enrollee will decompensate or experience relapse if services are discontinued.	6. There is reasonable expectation that continued treatment will remediate symptoms, improve behaviors and/or maintain the therapeutic gains that have been achieved or there is reasonable evidence that the enrollee will decompensate or experience relapse if services are discontinued.	

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