Mental Health Treatment

LOB(s):	State(s):
☒ *Commercial* ☒ *Medicare*	☒ *Idaho* ☒ *Montana* ☒ *Oregon* ☒ *Washington* ☐ *Other:*
☒ *Medicaid*	☒ *Oregon*

Enterprise Policy

PacificSource is committed to assessing and applying current regulatory standards, widely-used treatment guidelines, and evidenced-based clinical literature when developing clinical criteria for coverage determination. Each policy contains a list of sources (references) that serves as the summary of evidence used in the development and adoption of the criteria. The evidence was considered to ensure the criteria provide clinical benefits that promote patient safety and/or access to appropriate care. Each clinical policy is reviewed, updated as needed, and readopted, at least annually, to reflect changes in regulation, new evidence, and advancements in healthcare.

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

This policy outlines mental health inpatient, residential, partial hospitalization, and intensive outpatient treatments for adults, adolescents, and children. For mental health behavioral health outpatient services, please see related policy: Behavioral Health Outpatient Treatment.

PacificSource covers mental health treatment for mental health disorders and co-occurring disorders (more than one or a combination of mental health, substance use, and physical health disorders) for adults, children, and adolescents, subject to the contract benefit and policy limitations.

Mental Health treatment may be clinically indicated for those with a diagnosis found in the ICD-10 classification system and Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR), with specific exceptions as allowed by state and federal mandates.

For primary mental health diagnoses, unless otherwise noted, PacificSource uses the following criteria to assist with level of care determinations:

- For children ages 5 years and younger: The Early Child Service Intensity Instrument (ECSII) by the American Academy of Child and Adolescent Psychiatry
- For children and adolescents ages 6 to 18 years: The Child and Adolescent Level of Care/Service Intensity Utilization System (CALOCUS-CASII) by the American Association for Community Psychiatry and the American Academy of Child and Adolescent Psychiatry

- For adults ages 19 years and older: The Level of Care Utilization System for Psychiatric and Addiction Services (LOCUS) by the American Association for Community Psychiatry

This policy has been developed with consideration of medical necessity, generally accepted standards of medical practice, widely accepted clinical guidelines published by professional associations, and review of medical literature.

For additional information and requirements related to PacificSource Community Solutions (PCS), see specific section below.

Criteria

PacificSource requires facilities for all levels of care (for additional requirements please see specific level of care) to ensure the following conditions are met:

- Facilities must hold licensure and/or accreditation for the level and type of care provided. The facilities must also practice within the scope of its license, appropriate to their state regulations
- Treatment that is court ordered or required by a third party must also meet medical necessity criteria and will not be approved solely on the basis of court order or third-party requirement
- Substance Abuse and Mental Health Services Administration (SAMHSA) and other organizations have noted that outcomes are improved when care is provided in close proximity to the member's home. Therefore, treatment should occur as close as possible to the home area where the member will be discharged to help facilitate a successful transition to community-based services, as available. Any request to treat the member outside the area of residence must be supported by findings that demonstrate a need for the out of area admission

I. Mental Health Treatment Levels of Care

A. Inpatient Treatment (acute and subacute care)

1. **Acute Inpatient Treatment** - A twenty-four (24) hour level of care providing psychiatric stabilization for severe mental health symptoms. Treatment includes nursing twenty-four (24) hours per day, and psychiatric oversight through MD evaluation seven (7) days per week.

   PacificSource uses the following criteria for inpatient level of care admission and continued stay:

   - Treatment for children 5 years and younger must meet ECSII level five (5) criteria
   - Treatment for children ages 6 to 18 years must meet CALOCUS-CASII level six (6) criteria
   - Treatment for adults ages 19 years and older must meet LOCUS level six (6) criteria

Commercial

- PacificSource coverage for acute inpatient treatment requires notification within two (2) business days of admission
- Acute Inpatient Treatment documentation must meet PacificSource's Documentation Requirements for Health Practitioners policy and must meet age-appropriate ECSII, CALOCUS-CASII, or LOCUS criteria, as outlined under 'acute inpatient treatment, for admission and continued stay

Medicaid

- PacificSource Community Solutions (PCS) coverage for acute inpatient treatment requires notification within two (2) business days of admission
- Acute Inpatient Treatment documentation must meet PacificSource's Documentation Requirements for Health Practitioners policy and must meet age-appropriate ECSII, CALOCUS-CASII, or LOCUS criteria, as outlined under 'acute inpatient treatment, for admission and continued stay
- PCS will provide acute inpatient psychiatric care for members who do not meet the criteria for Long Term Psychiatric Care (LTPC) and for whom it is medically appropriate
- PCS coordinates admissions to and discharges from acute inpatient hospital psychiatric care for members seventeen (17) and under, including members in the care and custody of Department of Health Services (ODHS) Child Welfare or Oregon Youth Authority (OYA). For members seventeen (17) and under, placed by DHS Child Welfare through a voluntary placement agreement (CF 0499), PCS also coordinates care with the member's parent or legal guardian
- PCS utilization management and care management teams work with OHA and Community Mental Health Programs to ensure members discharged from acute care are assessed for housing needs:
    - The housing assessment will be a documented plan that is part of the discharge plan
    - Members are to be discharged to housing that meets their individual needs
    - The housing plan will be based on the member's treatment goals, clinical needs, and informed choice
    - PCS or the acute care facility will notify the member's community provider of the housing plan to facilitate implementation
- If a review results in a reduction or denial, in part or full, a Notice of Adverse Benefit Determination (NOABD) must be issued to requesting provider, the member, and the member's representative (if applicable). Notices are issued in accordance with PCS's Medicaid Grievance and Appeal System – Notice of Adverse Benefit Determination policy and Oregon Health Authority (OHA) notice requirements.

Medicare

- PacificSource Medicare coverage for acute inpatient treatment requires notification within two (2) business days of admission
- Acute Inpatient Treatment documentation must meet PacificSource's Documentation Requirements for Health Practitioners policy and must meet age-appropriate ECSII, CALOCUS-CASII, or LOCUS criteria, as outlined under 'acute inpatient treatment,' for admission and continued stay

2. **Subacute Treatment for children and adolescents** - A twenty-four (24) hour level of care focused on short term stabilization, psychiatric evaluation, and transitional planning. Treatment is typically less than thirty (30) days.

   PacificSource uses the following criteria for subacute level of care admission and continued stay:

   - Treatment for children 5 years and younger must meet ECSII level five (5) criteria
   - Treatment for children ages 6 to 18 years must meet CALOCUS-CASII level five (5) criteria
   - Treatment for adults ages 19 years and older must meet LOCUS level five (5) criteria

Commercial

- PacificSource coverage for subacute treatment requires notification within two (2) business days
- Subacute Treatment documentation must meet PacificSource's Documentation Requirements for Health Practitioners policy and must meet age-appropriate ECSII, CALOCUS-CASII, or LOCUS criteria, as outlined under subacute treatment, for admission and continued stay

Medicaid

- PacificSource Community Solutions (PCS) coverage for subacute treatment requires notification within two (2) business days
- PCS coverage for children and adolescents requires a Certificate of Need (CON) by day fifteen (15) of subacute treatment. For The CON will be completed in accordance with the Certificate of Need process described in OAR 410-172-0690 and conducted through an OHA-approved independent reviewer
- Subacute Treatment documentation must meet PacificSource's Documentation Requirements for Health Practitioners policy and must meet age-appropriate ECSII, CALOCUS-CASII, or LOCUS criteria, as outlined under subacute treatment, for admission and continued stay
- PCS coordinates admissions to and discharges from subacute care for members seventeen (17) and under, including members in the care and custody of ODHS Child Welfare or Oregon Youth Authority (OYA). For members seventeen (17) and under, placed by DHS Child Welfare through a voluntary placement agreement (CF 0499), PCS also coordinates care with the member's parent or legal guardian
- Children in subacute care are to receive family treatment with their caregivers provided that no social determinants of health or other conditions will preclude such caregivers from actively and meaningfully participating in treatment
- Children in subacute care, if clinically indicated, are to have a psychological evaluation current within the past twelve (12) months and receive a child psychiatric evaluation and ongoing psychiatric care in accordance with OAR 309-022-0155
- A developmental evaluation must be done in addition to a psychological evaluation for any child under age six (6) in subacute treatment, if clinically indicated

- If a review results in a reduction or denial, in part or full, a Notice of Adverse Benefit Determination (NOABD) must be issued to requesting provider, the member, and the member's representative (if applicable). Notices are issued in accordance with PCS's Medicaid Grievance and Appeal System – Notice of Adverse Benefit Determination policy and Oregon Health Authority (OHA) notice requirements.

Medicare

- PacificSource Medicare coverage for subacute treatment is reviewed on a case-by-case basis depending on eligibility

B. Residential Treatment

Residential treatment and Psychiatric Residential Treatment Services (PRTS) - A twenty-four (24) hour level of care that provides a range of intensive diagnostic and therapeutic behavioral health services which cannot be provided in an outpatient setting.

PacificSource uses the following criteria for residential level of care admission and continued stay:

- Treatment for children 5 years and younger must meet ECSII level five (5) criteria
- Treatment for children ages 6 to 18 years must meet CALOCUS-CASII level five (5) criteria
- Treatment for adults ages 19 years and older must meet LOCUS level five (5) criteria

Residential care should include the following documented treatment components:

- Facility:
  - Onsite supervision twenty-four (24) hours per day, 7 days a week
  - Nursing onsite at least eight (8) hours per day, and on call at all times to assist with medical issues, crisis intervention and medication
  - Any delegated care must be within the scope of provider and overseen by the appropriate clinically certified (licensed) professional
- Admission and assessments:
  - Psychiatric/medication evaluation completed within seventy-two (72) hours of admission by a physician with board certification in psychiatry, child psychiatry if pediatric program, or a Psychiatric-Mental Health Nurse Practitioner (PMHNP)
  - Psychosocial assessment within the first two (2) program days by a treatment staff member
  - Substance disorder evaluation as appropriate within the first two (2) program days
  - Toxicology screen as appropriate in accordance with PacificSource's policy 'Drug Testing'
  - Medication reconciliation by the nursing staff within twenty-four (24) hours
  - An individualized treatment plan initiated on admission and completed within one (1) week containing measurable goals and planned intervention to achieve goals with anticipated time frame. Length of stay should not be determined by programmatic duration

Note: PacificSource Community Solutions may require other psychiatric evaluation and psychosocial assessments timeframes, see Medicaid section for requirements.

- Treatment program:
    - Structured therapeutic programming at least eight (8) hours per day, five (5) days a week under the supervision of a licensed mental health professional
    - Documentation of the individual's participation in each treatment activity, reflecting goals described in the individualized treatment plan
    - Daily group therapy
    - Individual therapy at least once per week
    - Psychiatric medication management at least once per week
    - Individualized case management as needed, including coordination of treatment and other services to ensure a smooth transition to another level of care
    - Skills training, vocational training, education, recreation and/or socialization activities
    - Clinical assessment at least once per day
    - Family involvement with family therapy sessions at least once weekly to support the post-discharge environment:
        - Children are to receive family treatment with their caregivers provided that no social determinants of health or other conditions will preclude such caregivers from actively and meaningfully participating in treatment
        - If family involvement is not possible or indicated, clinical evidence must be given, and an acceptable alternative offered
    - For child and adolescent residential care school classes are on premises with instruction provided by a certified teacher
    - Must have initial discharge discussion starting on admission with a confirmed plan prior to discharge, including plans for continued behavioral health care
- Home visits for youth while in residential care is an important part of discharge preparedness. Authorizations for treatment during a home visit are considered on a case-by-case basis. It is the expectation that facilities do not bill for nights that the youth is not residing in the treatment facility

Commercial

- PacificSource coverage for residential treatment services requires notification within two (2) business days of admission
    - Out-of-Network providers (those without a contract with PacificSource), require a prior authorization for residential treatment to receive an out-of-network exception
- Residential treatment documentation must meet PacificSource's Documentation Requirements for Health Practitioners policy, must meet age-appropriate ECSII, CALOCUS-CASII, or LOCUS criteria, as outlined under residential treatment, for admission and continued stay, and the above treatment components

Medicaid

1. **Adult Residential Care**
    - Authorization for residential care treatment for adults is managed through individual counties or the Oregon Health Plan (OHP)
2. **Residential Care for Eating Disorders**
    - PacificSource Community Solutions (PCS) coverage for residential treatment requires notification within two (2) business days of admission
        - Out-of-Network providers (those without a PCS contract), require a prior authorization for residential treatment to receive an out-of-network exception
    - Residential Treatment documentation must meet PacificSource's Documentation Requirements for Health Practitioners policy, must meet age-appropriate ECSII, CALOCUS-CASII, or LOCUS criteria, as outlined under residential treatment for admission and continued stay, and the above treatment components
    - If a review results in a reduction or denial, in part or full, a Notice of Adverse Benefit Determination (NOABD) must be issued to requesting provider, the member, and the member's representative (if applicable). Notices are issued in accordance with PCS's Medicaid Grievance and Appeal System – Notice of Adverse Benefit Determination policy and Oregon Health Authority (OHA) notice requirements.
3. **Psychiatric Residential Treatment Services (PRTS) for Children and Adolescents**
    - PacificSource Community Solutions (PCS) coverage for PRTS treatment requires notification within two (2) business days of admission
        - Out-of-Network providers (those without a PCS contract), require a prior authorization for residential treatment to receive an out-of-network exception
    - PRTS documentation must meet PacificSource's Documentation Requirements for Health Practitioners policy, must meet age-appropriate ECSII, CALOCUS-CASII, or LOCUS criteria, as outlined under residential treatment for admission and continued stay, and the above treatment components
    - PCS coverage for Psychiatric Residential Treatment Services (PRTS) for children and adolescents requires a Certificate of Need (CON) process described in OAR 410-172-0690
    - Children in residential care, if clinically indicated, are to have a psychological evaluation current within the past twelve (12) months and receive a child psychiatric evaluation and ongoing psychiatric care in accordance with OAR 309-022-0155
    - A developmental evaluation must be done in addition to a psychological evaluation for any child under age six (6) in residential treatment, if clinically indicated
    - An assessment must be completed prior to development of a service plan and must be completed by a qualified mental health professional (QMHP)
    - If a review results in a reduction or denial, in part or full, a Notice of Adverse Benefit Determination (NOABD) must be issued to requesting provider, the member, and the member's representative (if applicable). Notices are issued in accordance with PCS's

Medicaid Grievance and Appeal System – Notice of Adverse Benefit Determination policy and Oregon Health Authority (OHA) notice requirements.

Medicare

PacificSource Medicare does not consider Psychiatric Residential Treatment a covered benefit.

C. Partial Hospitalization or Psychiatric Day Treatment

Partial Hospitalization (PHP) or Psychiatric Day Treatment Services (PDTS) – An intensive level of comprehensive treatment services similar in nature as those which would be provided in a residential or inpatient setting but does not involve an overnight stay by the member. Treatment is typically four to eight (4-8) hours per day, three to five (3-5 days) per week.

- PacificSource uses the following criteria for partial hospitalization and psychiatric day treatment level of care admissions and continued stay:
    - Treatment for children ages 5 years and under must meet ECSII level four (4) criteria
    - Treatment for children ages 6 to 18 years must meet CALOCUS-CASII level four (4) criteria
    - Treatment for adults ages 19 years and older must meet LOCUS level four (4) criteria

Partial Hospitalization and Psychiatric Day Treatment Services should include the following documented treatment components:

- Facility:
    - Any delegated care must be within the scope of provider and overseen by the appropriate clinically certified (licensed) professional
- Admission and assessments:
    - Psychiatric/medication evaluation completed within seventy-two (72) hours of admission by a physician with board certification in psychiatry, or child psychiatry if pediatric program
    - Psychosocial assessment within the first two (2) program days
    - Substance disorder evaluation within the first two (2) program days
    - Toxicology screen as appropriate during stay in accordance with PacificSource's policy 'Drug Testing'
    - An individualized treatment plan initiated on admission and completed within one (1) week containing measurable goals and planned intervention to achieve goals with anticipated time frame. Length of stay should not be determined by programmatic duration
- Treatment program:
    - Structured therapeutic programming at least four to eight (4-8) hours per day, three to five (3-5) days per week under the supervision of a licensed mental health professional

- Documentation of the individual's participation in each treatment activity, tied to goals described in the individualized treatment plan
- Daily group therapy
- Individual therapy at least once per week
- Psychiatric medication management at least twice per month
- Individualized case management as needed, including coordination of treatment and other services to ensure a smooth transition to another level of care
- Structured skills training, vocational training, education, recreation and/or socialization activities
- Clinical assessment at least once per day
- Family involvement with family therapy sessions at least once weekly to support the post-discharge environment:
  - Children are to receive family treatment with their caregivers provided that no social determinants of health or other conditions will preclude such caregivers from actively and meaningfully participating in treatment
  - If family involvement is not possible or indicated, clinical evidence must be given, and an acceptable alternative offered
- For children and adolescents' treatment should meet academic needs of the patient if the school system is unable
- Must have initial discharge discussion starting upon admission with a confirmed plan prior to discharge and including plans for continued behavioral health care

Commercial

- PacificSource coverage for PHP and PDTS requires notification within two (2) business days of admission
- Partial Hospitalization documentation must meet PacificSource's Documentation Requirements for Health Practitioners policy, must meet age-appropriate ECSII, CALOCUS-CASSI, or LOCUS, criteria, as outlined under partial hospitalization, for admission and continued stay, and the above treatment components

Medicaid

- PacificSource Community Solutions (PCS) coverage for PHP and PDTS requires notification within two (2) business days of admission
- Partial Hospitalization documentation must meet PacificSource's Documentation Requirements for Health Practitioners policy, must meet age-appropriate ECSII, CALOCUS-CASII, or LOCUS criteria, as outlined under partial hospitalization, for admission and continued stay, and the above treatment components
- Children in PHP or PDTS, if clinically indicated, are to have a psychological evaluation current within the past twelve (12) months and receive a child psychiatric evaluation and ongoing psychiatric care in accordance with OAR 309-022-0155

- A developmental evaluation must be done in addition to a psychological evaluation for any child under age six (6) in PHP or PDTS, if clinically indicated
- If a review results in a reduction or denial, in part or full, a Notice of Adverse Benefit Determination (NOABD) must be issued to requesting provider, the member, and the member's representative (if applicable). Notices are issued in accordance with PCS's Medicaid Grievance and Appeal System – Notice of Adverse Benefit Determination policy and Oregon Health Authority (OHA) notice requirements.

Medicare

- PacificSource Medicare coverage for partial hospitalization treatment requires notification within two (2) business days of admission

D. Intensive Outpatient Treatments

Intensive In-Home Behavioral Health Treatment (IIBHT) - An intensive, community-based level of care for youth ages zero (0) through twenty (20) years with complex mental health needs who are at risk for an out of home placement or who are stepping down from a higher level of care (See the Intensive In-Home Behavioral Health Treatment policy for criteria and coverage information).

Intensive Outpatient (IOP) – A structured treatment program for members who require a more intensive frequency of treatment than traditional outpatient services. Treatment is typically two to four (2-4) hours per day, three to five (3-5) days per week.

Intensive Community Treatment Services (ICTS) - A specialized set of comprehensive in-home and community-based supports and mental health treatment services for children and families.

Intensive Outpatient Services and Supports for children and adolescents (IOSS) - A specialized set of comprehensive in-home and community-based supports and mental health treatment services for children that are developed by the child and family team and delivered in the most integrated setting in the community.

Commercial

Prior Authorization Required.

- PacificSource coverage for IOP treatment requires a prior authorization before initiation of intensive outpatient treatment; approvals will not exceed a 30-day period. Intensive Outpatient Treatments documentation must meet PacificSource's Documentation Requirements for Health Practitioners policy and must meet age-appropriate ECSII, CALOCUS-CASII, or LOCUS criteria, as outlined under intensive outpatient treatments for admission and continued treatment

Medicaid

Prior Authorization Required.

- PacificSource Community Solutions (PCS) coverage for IOP treatment requires prior authorization before initiation of intensive outpatient treatment; approvals will not exceed a 30-day period.
- PCS ensures level of care criteria for behavioral health outpatient services, intensive outpatient services and supports, and IIBHT includes children birth through five (5) years in accordance with OAR Chapter 309, Division 22. PCS requires providers to provide a

minimum of intensive outpatient level of care for children birth through five (5) years with indications of adverse childhood events (ACE) and high complexity due to one or more of the following:

- Multi-system involvement, two or more caregiver placements within the past six (6) months, moderate to severe behavior challenges, at risk of losing current caregiver placement, or school or daycare placement

Medicare

Prior Authorization Required.

- PacificSource Medicare coverage for IOP treatment requires prior authorization before initiation of intensive outpatient treatment; approvals will not exceed a 30-day period

PacificSource Community Solutions (PCS)

- PCS ensures access to behavioral health services regardless of location, frequency, intensity, or duration of services, and as medically appropriate:
  - Include assessment, evaluation, treatment planning, supports, and delivery
  - Be trauma informed
  - Include strategies to address environmental and physical factors, social determinants of health and equality, and neurodevelopmental needs that affect behavior
- PCS provides services to children, young adults and families that are sufficient in frequency, duration, location, and type that are convenient to the youth and family. Services should alleviate crisis while allowing for the development of natural supports, skill development, normative activities and therapeutic resolution to behavioral health disorders and environmental conditions that may impact the remediation of a behavioral health disorder
- PCS does not deny a member under age twenty-one (21) access to mental health assessment, treatment, or services on the basis the member also has an intellectual or developmental disability, consistent with Section 5 of the Enrolled Oregon Senate Bill 1557 (2024)
- PCS does not require referrals from a Primary Care Provider (PCP) or otherwise to access behavioral health services. Members are able to self-refer to behavioral health services available from the provider network
- PCS ensures members have access to behavioral health screenings and referrals for services at multiple health system or health care entry points
- PCS protects members' right to obtain behavioral health services or behavioral health peer delivered services from within PCS' Provider Network without a prior authorization as specified in 410-141-3835, with the exceptions of the following treatments and services which require a prior authorization per CCO Contract Exhibit B Part 2(3)(b)(6):
  - Applied Behavior Analysis (ABA), see related PS related policy with the same title
  - Electroconvulsive therapy (ECT) or electroshock therapy
    - ECT therapy is a procedure, which involves the intentional induction of generalized seizures by administering electrical impulses to the anesthetized

member. Treatments are typically administered by a psychiatrist and an anesthesiologist or anesthetist.

- ECT therapy is generally administered in an inpatient setting, but can be administrated on an outpatient basis in a facility with treatment and recovery rooms
- PCS follows Guideline Note 69 of the Oregon Health Plan (OHP) Prioritized List of Health Services to determine coverage based on medical necessity.

- Neuropsychological evaluations, see related PS policy Neuropsychological and Psychological Testing
- Transcranial Magnetic Stimulation (TMS), see related PS policy Transcranial Magnetic Stimulation

- Members can receive behavioral health services from non-participating providers if those services are not available from participating providers or if a member is not able to access services within the timely access to care standards in OAR 410-141-3515:
  - PCS will coordinate behavioral health services with non-participating providers through utilization management and care management teams
  - PCS will reimburse for services that are determined to be medically necessary, including those provided outside of the state, when such services cannot be provided within the timely access to care standards in OAR 410-141-3515
- PCS utilization management and care management teams monitor needs related to social determinants of health, environmental and physical factors, equality, and neuro-developmental needs. Care management teams also screen members for adequacy of supports for the family in the home (e.g., housing adequacy, nutrition/food, diaper needs, transportation needs, safety needs, and home visiting). Members are referred internally to care management programs or to community-based programs to address their needs. PCS also coordinates care with providers to ensure all necessary elements of a member's care are being addressed

PCS members are informed of their benefit to access and are encouraged to utilize Peer Delivered Services (PDS), including Peer Support Specialist, Peer Wellness Specialist, Family Support Specialist, Youth Support Specialist, or other peer specialist, in accordance with OAR 309-019-0105 (See the PCS Peer Delivered Services policy for PDS information)

Definitions

CALOCUS-CASII - The Child and Adolescent Level of Care/Service Intensity Utilization System by the American Association for Community Psychiatry and the American Academy of Child and Adolescent Psychiatry

ECSII - The Early Child Service Intensity Instrument by the American Academy of Child and Adolescent Psychiatry

LOCUS - The Level of Care Utilization System for Psychiatric and Addiction Services by the American Association for Community Psychiatry

Related Policies

Applied Behavioral Analysis (ABA)

Behavioral Health Outpatient Treatment

Covered Services

Crisis Management and Services

Documentation Requirements for Health Practitioners

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

Hospital Services – Observation Level of Care

Inpatient Hospital Short-Stays

Intensive In-Home Behavioral Health Treatment

Involuntary Psychiatric Care – Emergency Psychiatric Hold

Medicaid Grievance and Appeal System – Notice of Adverse Benefit Determination

Mental Health and Substance Use Disorder Parity

Neuropsychological and Psychological Testing

Peer Delivered Services

Peer-to-Peer Review for Medical Necessity Review Denials

Readmissions to the Emergency Department and Acute Inpatient Hospital Psychiatric Care

Substance Use Disorder Treatment

Transcranial Magnetic Stimulation

Urgent, Emergency, and Post-Stabilization Services

References

American Academy of Child and Adolescent Psychiatry (AACAP). (n.d.). Child and Adolescent Level of Care/Service Intensity Utilization System (CALOCUS-CASII). https://pacificsource.com/providers/clinical-policies-and-practice-guidelines

American Academy of Child and Adolescent Psychiatry (AACAP) (2019). Early Childhood Service Intensity Instrument (ECSII). https://pacificsource.com/providers/clinical-policies-and-practice-guidelines

American Association of Community Psychiatrists (AACP). (n.d.). Level of Care Utilization System (LOCUS). https://pacificsource.com/providers/clinical-policies-and-practice-guidelines

American Psychiatric Association Practice Guidelines. Practice guidelines for the treatment of psychiatric disorders. https://psychiatryonline.org/guidelines

American Psychiatric Association. (2022) Diagnostic and Statistical Manual of Mental Disorders (5th ed., text rev., DSM-5-TR).

Centers for Medicare and Medicaid (CMS). (2023). Medicare Benefit Policy Manual, Chapter 6 – Hospital Services Covered Under Part B. https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/bp102c06.pdf

Optum360 solutions. ICD-10-CM Expert for Physicians: The Complete Official Code Set, Optum360, LLC

National Coverage Determination (NCD) and Local Coverage Determinations (LCD) https://www.cms.gov/medicare-coverage-database/new-search/search.aspx

Oregon Health Authority. Oregon Administrative Rules (OARs). Health Systems: Behavioral Health Services – Chapter 309 https://secure.sos.state.or.us/oard/displayChapterRules.action?selectedChapter=88

Oregon Health Authority. Oregon Administrative Rules (OARs). Health Systems: Medical Assistance Programs – Chapter 410. https://secure.sos.state.or.us/oard/displayChapterRules.action?selectedChapter=87

Oregon Health Plan, Health Plan Services Contract. Coordinated Care Organization Contract with PacificSource Community Solutions, Inc.

U.S. Departments of Labor, HHS, & Treasury. (2024). Mental Health Parity and Addiction Equity Act (MHPAEA) Final Rule.

Appendix

Policy Number:

Effective: 10/1/2020 **Next review:** 9/1/2027

Policy type: Enterprise

Author(s):

Depts.: Health Services

Applicable regulation(s): 29 U.S.C. §1185a; 45 CFR §146.136; 42 CFR 438.10; Medicare Benefit Policy Manual, Chapter 6; Oregon House Bill 3046 (ORS 414.766, 743A.168, & 743B.505); Oregon Senate Bill 1557 (ORS 419C.380, 419C.392 & 419C.396), ORS Chapters 161 & 426, OARs: Chapter 309 Division 22, 309-019-0105, 309-022-0105, 309-022-0155, 309-035-0100 through 309-035-0225, 309-039-0500 through 309-039-0580, 410-141-3515, 410-141-3835, 410-141-3885, 410-172-0690.

OPs Approval: 7/2026