



THE MIHALIK GROUP'S

MEDICAL NECESSITY MANUAL
FOR
BEHAVIORAL HEALTH

VERSION 7.0.0
SEPTEMBER 1, 2011



Copyright Notice

Copyright Notice

These documents, electronic files, and accompanying materials (the “Product”) are copyrighted and all rights are reserved by The Mihalik Group. The Product is protected by copyright laws and international copyright treaties, as well as other intellectual property laws and treaties. This Product is licensed, not sold. Except as described in the License Agreement between The Mihalik Group (Licensor) and Licensee, no part of this Product may be reproduced, transmitted, stored in a retrieval system, modified or translated into any language, in any form or by any means, electronic, mechanical, magnetic, optical, chemical, manual or otherwise without the written permission of The Mihalik Group. The Licensee may not rent, sell, distribute free of charge, or otherwise make available for use, this Product, in its present or modified form, in whole or in part, to any other person or entity except as may be described in the License Agreement.

Disclaimer

The Mihalik Group (hereinafter “TMG”) makes no warranty, express or implied, as to the quality, reliability, accuracy, freedom from error, merchantability, suitability for a particular use, or compliance with any law or regulation of these documents, electronic files and accompanying materials (the “Product”). TMG disclaims all liability for any direct, indirect, incidental, consequential, special, or exemplary damages resulting from the use of or reliance on the information contained in this Product. The Licensee waives and releases TMG and each of its partners, employees, and agents from any and all such claims as part of the consideration for TMG licensing this Product to Licensee.



Table of Contents

Acknowledgements.....	v
Plan-Specific Amendments.....	vi
Introduction.....	1
Review and Revision of Version 7.0.0	2
How To Use This Manual.....	3
Making Medical Necessity Determinations.....	6
Plan Specific Modifications.....	8
Contacting The Mihalik Group.....	9
Service Setting Criteria.....	10
About The Service Setting Criteria.....	11
Acute Inpatient: Mental Health.....	12
Acute Inpatient: Substance Related	14
23-Hour Inpatient Observation	16
Sub-Acute Inpatient: Mental Health	18
Sub-Acute Inpatient: Substance Related.....	20
Respite Inpatient: Mental Health	23
Therapeutic Foster Care.....	25
Supervised Community Residential Care	27
Partial Hospital: Mental Health	29
Partial Hospital: Substance Related.....	31
Intensive Outpatient: Mental Health.....	33
Intensive Outpatient: Substance Related	35
Outpatient Crisis Intervention.....	37
Mobile Team.....	39
Home Health Services.....	40
Traditional Outpatient: Mental Health.....	42
Traditional Outpatient: Substance Related	43
Adult Level Of Care Criteria	44
Acute Inpatient Treatment: Mental Health	45
Acute Inpatient Treatment: Substance Related.....	48
23-Hour Inpatient Observation	50
Sub-Acute Inpatient Treatment: Mental Health.....	52
Sub-Acute Inpatient Treatment: Substance Related	54
Respite Inpatient Care: Mental Health.....	57
Supervised Community Residential Care/Group Home	59
Partial Hospital Treatment: Mental Health.....	61
Partial Hospital Treatment: Substance Related.....	64
Intensive Outpatient Treatment: Mental Health	67
Intensive Outpatient Treatment: Substance Related.....	69
Outpatient Crisis Intervention.....	71
Mobile Team.....	73
Home Health Services.....	75
Traditional Outpatient Treatment: Mental Health	77



Table of Contents

Traditional Outpatient Treatment: Substance Related	79
Child And Adolescent Level Of Care Criteria.....	81
Acute Inpatient Treatment: Mental Health	82
Acute Inpatient Treatment: Substance Related.....	85
23-Hour Inpatient Observation	87
Sub-Acute Inpatient Treatment: Mental Health.....	89
Sub-Acute Inpatient Treatment: Substance Related	91
Supervised Community Residential Care/Group Home	94
Therapeutic Foster Care.....	96
Partial Hospital Treatment: Mental Health	98
Partial Hospital Treatment: Substance Related.....	101
Intensive Outpatient Treatment: Mental Health	104
Intensive Outpatient Treatment: Substance Related	107
Outpatient Crisis Intervention.....	110
Mobile Team.....	112
Home Health Services.....	114
Traditional Outpatient Treatment: Mental Health	116
Traditional Outpatient Treatment: Substance Related.....	119
Geriatric Level Of Care Criteria	122
Acute Inpatient Treatment: Mental Health	123
Acute Inpatient Treatment: Substance Related.....	126
23-Hour Inpatient Observation	128
Sub-Acute Inpatient Treatment: Mental Health.....	130
Sub-Acute Inpatient Treatment: Substance Related	132
Respite Inpatient Care: Mental Health.....	135
Supervised Community Residential Care/Group Home	137
Partial Hospital Treatment: Mental Health	139
Partial Hospital Treatment: Substance Related.....	142
Intensive Outpatient Treatment: Mental Health	145
Intensive Outpatient Treatment: Substance Related	148
Outpatient Crisis Intervention.....	151
Mobile Team.....	153
Home Health Services.....	155
Traditional Outpatient Treatment: Mental Health	157
Traditional Outpatient Treatment: Substance Related.....	160
Additional Clinical Criteria.....	163
Psychological and Neuropsychological Testing	164
Substance Use Requiring Medical Detoxification.....	167
Eating Disorders.....	169
Electroconvulsive Therapy	177
Applied Behavior Analysis: Outpatient Treatment.....	180
Appendices.....	184
Appendix I: Assessing Dangerousness	185



Table of Contents

Appendix II: Diagnoses Generally Considered To Have A Treatable Biological
Component.....189
Appendix III: Treatments Generally Excluded From Coverage.....190
References.....191

SAMPLE



Acknowledgements

ACKNOWLEDGEMENTS

The Mihalik Group gratefully acknowledges the contributions of the members of its National Advisory Panel for their advice during the review and revision process for The Mihalik Group's Medical Necessity Manual for Behavioral Health. The Mihalik Group assumes all responsibility for the final contents of this Manual.

The members of the National Advisory Panel are:

Frank J. Pieri, MD, MBA
Chairman
Private Practice
Chicago, IL

Claudia Lamazares, M.Ed , LMHC, MBA
General Manager
Magellan Behavioral Health of Florida
Magellan Health Services
Miami, FL

Peggy Ebinger, MD, FAPA
Medical Director
Optima Health
Virginia Beach, VA

Milton Nidetz, LCSW, BCD
Private Practice, Currently Retired
Skokie, IL

Larry Gard, PhD
President
Hamilton-Chase Consulting
Chicago, IL

Sean M. Reardon, PhD, LP
Associate Professor, Clinical Psychology
Argosy University, Twin Cities
Eagan, MN

Ken C. Hopper, MD
Owner
The Hopper Group
Arlington, TX

James Schuster, MD, MBA
Chief Medical Officer
Community Care Behavioral Health Organization
Pittsburgh, PA

Madeleine Kolar, MD
Associate Behavioral Health Medical Director
Anthem Blue Cross Blue Shield
Indianapolis, IN

Jennifer Simms, MBA, MSN, RN
St. Vincent Indianapolis Stress Center
Indianapolis, IN

The development of the Applied Behavior Analysis: Outpatient Treatment Criteria would not have been possible without the efforts of Peggy Ebinger, MD, FAPA of Optima Health and RaeAnn Taylor, PhD, Tibi Bodea, MD, Virginia Johnson, PhD, Lori Nelsen-Luneburg, PhD, Todd Dryer, PhD and Duncan Bruce, MA of Community Care Behavioral Health Organization.



SAMPLE

INTRODUCTION



Introduction

REVIEW AND REVISION OF VERSION 7.0.0

As part of The Mihalik Group's ongoing work to maintain the comprehensive nature of its *Medical Necessity Manual for Behavioral Health*, a review was undertaken under the oversight of a National Advisory Panel comprised of behavioral health specialists from a variety of backgrounds and experiences. As a result of this review:

- Criteria for Applied Behavioral Analysis were added.
- References have been updated.

No other substantive revisions were made to the Manual.

The National Advisory Panel's review indicates that the criteria are consistent with current scientific literature.

SAMPLE



Introduction

HOW TO USE THIS MANUAL

This manual is laid out in four chapters plus several appendices and a selected reference list. Medical necessity decisions involve consideration of two related, but distinct, dimensions:

1. The characteristics of the service setting.
2. The medical necessity of the proposed services.

Both of these dimensions are addressed in this manual.

The first chapter, “Service Setting Criteria,” describes the characteristics of each treatment setting for which this manual contains treatment initiation and treatment continuation criteria. Staff making utilization management decisions should be familiar with the characteristics of each treatment setting. For example, a major difference between acute inpatient and sub-acute inpatient settings is the presence of professional nursing staff on all shifts for the former, versus the presence of twenty-four hour per day supervision by non-nursing behavioral health personnel for the latter. This difference is a crucial one when deciding on the appropriate level of care for a specific individual and is matched by a Level of Care criterion that addresses this difference.

Since the Service Setting Criteria are not usually individually evaluated each time care is authorized in that setting, they have been collected into a separate section. Managed care, including managed behavioral health care, organizations can use these criteria in network development to identify which levels of care are provided by a specific organization. Health care delivery organizations can use them for their own internal review processes. For example, to determine if a particular level of care is being provided according to these national norms.

Commonly, in day-to-day care management, utilization management staff will rely on the assumption that a facility contracted to provide a specific treatment setting meets the appropriate Service Setting Criteria. The Service Setting Criteria, however, are routinely used in certain utilization management situations. Two examples follow.

If an individual needs to be admitted to treatment at a non-network facility, utilization management staff can use these criteria to verify that the facility’s treatment program meets Service Setting Criteria for the level of care being authorized.

Utilization management decisions made based on review of treatment records can permit application of Service Setting Criteria that can be difficult to consistently apply in telephonic reviews. For example, the psychiatric evaluation of a newly admitted individual may have occurred later than described in the Service Setting Criteria thereby delaying definitive treatment and extending the length of the treatment episode. Lack of compliance with this particular Service Setting Criterion could have an impact on the utilization management decision.

The second chapter contains Adult Level of Care Criteria. Chapters for Child and Adolescent Level of Care Criteria and Geriatric Level of Care Criteria follow. The next chapter, Additional Clinical Criteria, contains criteria for psychological testing, detoxification and eating disorders. The process for applying the Level of Care Criteria is described in the section on “Making Medical Necessity Determinations.”



Introduction

Each Level of Care Criteria set is intended to stand-alone. This makes it easy to find all the relevant criteria for each level of care in one place. This layout causes a certain repetition, however, since the General Criteria are repeated identically in each Level of Care Criteria set.

The numbering convention for the “Service Setting Criteria” consists of two-letters followed by a number. The number represents the sequential placement of the criteria. For settings of care that are specific to the treatment of mental or substance-related disorders, the second of the two letters is an “M” or “S” respectively.

For example:

1. AM: The “A” represents “Acute Inpatient” while the “M” represents “Mental Disorders.”
2. AS: The “A” represents “Acute Inpatient” while the “S” represents “Substance-Related Disorders.”
3. OM: The “O” represents “Traditional Outpatient” while again the “M” represents “Mental Disorders.”

Listed below are the codes for each service setting.

A = Acute Inpatient

OB = 23 Hour Inpatient

S = Sub-Acute Inpatient

R = Respite Inpatient

TF = Therapeutic Foster Care

CR = Supervised Community Residential Care

P = Partial Hospital

I = Intensive Outpatient

CI = Outpatient Crisis Intervention

MT = Mobile Team

HH = Home Health Services

O = Traditional Outpatient

All one-letter codes are followed by either an “M” or an “S” to indicate a service setting specific to:

Mental disorders (M)

Substance-related disorders (S)

The numbering convention for the “Treatment Setting Criteria” themselves, consists of the two-letters described above followed by a number.



Introduction

The numbering convention for the “Level of Care Criteria” starts with the two-letter designation for the treatment setting followed by an “A,” “C,” or “G” for Adult, Child and Adolescent, and Geriatric respectively. This is followed by either “g,” “i,” or “c” for General, Treatment Initiation or Treatment Continuation criteria. A number follows this letter. For example, AM.C.g.1 refers to Acute inpatient Mental health treatment for Children, General criterion number 1.

The Additional Clinical Criteria for Psychological Testing, Medical Detoxification, Eating Disorders, Electroconvulsive Therapy and Applied Behavior Analysis follow a related, though slightly different, format.

SAMPLE



Introduction

MAKING MEDICAL NECESSITY DETERMINATIONS

Whenever possible, medical necessity determinations should be made concurrently. The information on which these determinations are made should be that information which is, or reasonably should be, available to the clinician evaluating or treating the individual seeking or receiving behavioral health care. Even when medical necessity determinations are made retrospectively, they should be based on the information that was, or reasonably should have been, available at the time the clinician was making treatment decisions.

Medical necessity determinations should always take into account the actual clinical treatment resources available. If the appropriate level of care for a specific individual is not available within a reasonable distance from the individual's location, treatment at the next highest level of care that is available should be authorized even though the individual's clinical circumstances will not meet all of the criteria for authorization at that level of care.

If the appropriate level of care for a specific individual is excluded from the benefit package then treatment at the next highest level of care is not routinely authorized since the individual's clinical circumstances will not meet all of the criteria for authorization at a higher level. In such circumstances, decisions about "flexing" benefits to provide an appropriate but otherwise uncovered level of care will need to be made based on the individual account requirements.

Medical necessity determinations are clinical decisions whose purpose is to identify which health care services are covered under the terms of a members' contract with his/her health insurer or health maintenance organization. Health care coverage always contains both clinical and non-clinical exclusions and requirements.

This manual defines medically necessary services as those that are:

1. Intended to identify or treat a behavioral disorder or condition that causes pain or suffering, threatens life, or results in illness as manifested by impairment in social, occupational, scholastic, or role functioning.
2. Consistent with nationally accepted standards of medical practice.
3. Individualized, specific and consistent with the individual's signs, symptoms, history and diagnosis.
4. Reasonably expected to help restore or maintain the individual's health or to improve or prevent deterioration in the individual's behavioral disorder or condition.
5. Not primarily for the convenience of the individual, provider or another party.
6. Provided in the least restrictive setting that balances safety, effectiveness and efficiency.

Coverage for medically necessary services may be eliminated or reduced because of non-clinical factors such as benefit limits, coverage exclusions and pre-certification requirements. The specifics of these non-clinical (administrative) factors are not described in this manual. Since care management staff frequently make these administrative determinations (such as whether or not a pre-certification requirement has been met, a benefit limit exceeded, or treatment at a specific level of care is excluded), each criteria set in this manual addresses these non-clinical factors with a requirement under "General Criteria" that states "No exclusionary criteria of the health plan or benefit package are met."



Introduction

Even though an individual might meet criteria for treatment at a specific level of care, portions of the treatment may be non-covered because specific criteria are not met for one or more treatment days or sessions. Whether or not these “partial authorizations” are rendered will depend on an array of factors including the specific provisions of the health care coverage contract or arrangement.

SAMPLE



Introduction

PLAN SPECIFIC MODIFICATIONS

This manual is designed to focus on nationally accepted criteria. The need to make account or plan specific modifications may arise. For example, many payers require that partial hospital care be provided for six hours per day whereas others require only five hours. Organizations needing to make such modifications can do so by developing plan-specific amendments to be used in conjunction with the criteria contained in this manual.

SAMPLE



Introduction

CONTACTING THE MIHALIK GROUP

This *Manual* is reviewed on an ongoing basis and revised as appropriate. We welcome comments and suggestions from professionals using the manual for ways to improve. You can send your recommendations to:

The Mihalik Group, LLC
1300 West Belmont Avenue
Suite 500
Chicago, IL 60657

Telephone: (773) 929-4276

email: info@themihalikgroup.com

SAMPLE



SERVICE SETTING CRITERIA

SAMPLE



Service Setting Criteria

ABOUT THE SERVICE SETTING CRITERIA

Medical necessity decisions involve determining which service setting will best meet an individual's clinical needs. Behavioral health service settings can be differentiated based on six characteristics. These characteristics are:

1. The numbers and types of behavioral health personnel available.
2. The degree to which the treatment setting provides for individual safety.
3. The intensity of treatment available.
4. The array of diagnostic and therapeutic modalities available.
5. The extent of support services (including support for ADLs) provided.
6. Access to medical care.

The following section categorizes behavioral health service settings into groups based on these six characteristics. These service settings can be further refined based on characteristics of the patient population served such as child, adolescent, adult, and geriatric or mental health vs. substance use services. This *Medical Necessity Manual for Behavioral Health* is based on recognizing the following service settings:

- Acute Inpatient: Mental Health (page 12)
- Acute Inpatient: Substance Related (page 14)
- 23-hour Inpatient Observation (page 16)
- Sub-Acute Inpatient: Mental Health (page 18)
- Sub-Acute Inpatient: Substance Related (page 20)
- Respite Inpatient: Mental Health (page 23)
- Therapeutic Foster Care (page 25)
- Supervised Community Residential Care (page 27)
- Partial Hospital: Mental Health (page 29)
- Partial Hospital: Substance Related (page 31)
- Intensive Outpatient: Mental Health (page 33)
- Intensive Outpatient: Substance Related (page 35)
- Outpatient Crisis Intervention (page 37)
- Mobile Team (page 39)
- Home Health Services (page 40)
- Traditional Outpatient: Mental Health (page 42)
- Traditional Outpatient: Substance Related (page 43)



Service Setting Criteria

ACUTE INPATIENT: MENTAL HEALTH

An acute mental health inpatient treatment setting is the most restrictive and intensive setting rendering care for individuals with mental health disorders. These settings provide continuous (24 hours per day) skilled nursing care, daily medical care, the availability of psychiatrists and physicians in other appropriate specialties 24 hours per day either on-call or in-house, and intensive multi-modal, multidisciplinary assessment and treatment. Acute inpatient settings provide the highest degree of individual safety using interventions up to and including physical restraints, locked seclusion, and one-to-one (arm's length) observation. Structured therapeutic activities are available throughout the day and evening. In addition, acute inpatient settings can provide individualized, unstructured therapeutic activities by professionals in a wide range of disciplines to meet the individual's clinical needs.

Behavioral Health Personnel

- AM.1. Psychiatrists are available to provide treatment and consultation seven days per week, twenty-four hours per day to meet the individual's clinical needs.
- AM.2. Skilled psychiatric nursing staff provide nursing care seven days per week, twenty-four hours per day.
- AM.3. Treatment is provided by an appropriate multidisciplinary team of psychiatrists; other behavioral health professionals licensed, certified, or registered to practice independently; and by appropriately trained and currently competent behavioral health staff under the direct supervision of behavioral health professionals licensed, certified, or registered to practice independently.
- AM.4. A psychiatrist oversees, and is actively involved in, treatment planning and the provision of treatment.

Individual Safety

- AM.5. Appropriately trained and currently competent staff provide supervision of patients at any intensity, up to and including one-to-one observation.
- AM.6. Facilities are available for the appropriate and safe use of restraints and seclusion, as necessary, while maintaining individual dignity.

Behavioral Health Treatment Intensity

- AM.7. The program operates twenty-four hours per day, seven days per week.
- AM.8. Structured therapeutic activities are provided throughout the day and evening.
- AM.9. Discharge planning begins on initiation of treatment.

Behavioral Health Diagnostic and Therapeutic Modalities

- AM.10. A comprehensive array of diagnostic modalities is available.
- AM.11. Policy and procedure require that, at a minimum, a focused behavioral health history and mental status evaluation be completed on each individual prior to initiation of treatment.
- AM.12. Policy and procedure require that a psychiatrist complete a thorough behavioral health history and mental status evaluation on each individual within twenty-four hours of initiation of treatment.



Service Setting Criteria

- AM.13. Policy and procedure require that a qualified professional complete a screening social assessment on each individual within twenty-four hours of initiation of treatment that is used as the basis for determining whether or not a more thorough social assessment is warranted.
- AM.14. Multiple therapeutic modalities are provided including individual psychotherapy, medication management, couples therapy, group psychotherapy, psycho-educational groups and family therapy.
- AM.15. Active treatment is provided according to an individualized plan directed toward alleviating the signs, symptoms and/or impairment in functioning that necessitated initiation of treatment.
- AM.16. Individualized unstructured therapeutic activities can be provided in addition to structured therapeutic activities to meet the individual's specific clinical needs.

Supportive Services

- AM.17. Full support for activities of daily living can be provided if clinically necessary.
- AM.18. Staff are available to prompt, assist, or direct individuals, as appropriate, to participate in therapeutic activities.

Medical Services

- AM.19. Board certified or board eligible physicians, in a range of appropriate specialties, are available to provide treatment and consultation seven days per week, twenty-four hours per day to meet the individual's clinical needs.
- AM.20. Policy and procedure require that a medical history and physical examination be completed on each individual prior to, or at the time of, initiation of treatment.
- AM.21. A comprehensive array of on-site medical services is available seven days per week, twenty-four hours per day equivalent in scope to general hospital services.



ADULT LEVEL OF CARE CRITERIA

SAMPLE



Adult Level of Care Criteria

ACUTE INPATIENT TREATMENT: MENTAL HEALTH

General Criteria

All of the following General Criteria are required throughout the episode of care.

- AM.A.g.1. The services must be consistent with nationally accepted standards of medical practice.
- AM.A.g.2. The services must be individualized, specific, and consistent with the individual's signs, symptoms, history, and diagnosis.
- AM.A.g.3. The services must be reasonably expected to help restore or maintain the individual's health, improve or prevent deterioration of the individual's behavioral disorder or condition, or delay progression in a clinically meaningful way of a behavioral health disorder or condition characterized by a progressively deteriorating course when that disorder or condition is the focus of treatment for this episode of care.
- AM.A.g.4. The individual complies with the essential elements of treatment.
- AM.A.g.5. The services are not primarily for the convenience of the individual, provider, or another party.
- AM.A.g.6. Services are not being sought as a way to potentially avoid legal proceedings, incarceration, or other legal consequences.
- AM.A.g.7. The services are not predominantly domiciliary or custodial.
- AM.A.g.8. No exclusionary criteria of the health plan or benefit package are met.

Treatment Initiation Criteria

All of the following Treatment Initiation Criteria are required.

- AM.A.i.1. Based on a behavioral health history and mental status evaluation completed by a psychiatrist or by a behavioral health professional licensed, certified, or registered to practice independently and reviewed by a psychiatrist prior to initiation of treatment, the individual is diagnosed as having, or there is strong presumptive evidence that the individual has a diagnosis of, a mental disorder or condition according to the most recent version of the *Diagnostic and Statistical Manual of Mental Disorders* that requires, and is likely to respond to, professional therapeutic intervention.
- AM.A.i.2. A concurrent medical assessment does not indicate that a non-behavioral medical condition is primarily responsible for the symptoms or behaviors necessitating treatment in this setting.
- AM.A.i.3. As a result of the mental disorder or condition:
 - AM.A.i.3.1 The individual's level of functioning has deteriorated such that the individual is now a clear and present danger to self, a clear and



Adult Level of Care Criteria

present danger to others, or unable to provide for basic self-care needs resulting in impending, serious self-harm.

OR

AM.A.i.3.2 The individual requires an unusual or medically dangerous form of somatic therapy that is not safe to be instituted without the availability of immediate medical care.

AM.A.i.4. Continuous skilled behavioral health nursing care, not just twenty-four hour per day supervision by trained personnel, and the availability of immediate medical care are needed to observe, treat, or potentially contain the individual because:

AM.A.i.4.1 The individual is likely to require restraints or seclusion.

OR

AM.A.i.4.2 There is a significant probability that the individual will experience medically dangerous side effects from prescribed psychotropic medications.

OR

AM.A.i.4.3 The individual is, or there is a significant probability that the individual will become, acutely seriously medically compromised as a consequence of the mental disorder.

AM.A.i.5. If the services being proposed have been attempted previously without significant therapeutic benefit, there is a clinically credible rationale for why those same services could be effective now.

AM.A.i.6. The place of service meets the Service Setting Criteria for Acute Inpatient: Mental Health as described on page 12.

Treatment Continuation Criteria

All of the following Treatment Continuation Criteria are required throughout the episode of care.

AM.A.c.1. The individual continues to meet the treatment initiation criteria each day that services are provided at this level.

AM.A.c.2. There is an individualized plan of active, professionally directed treatment that specifies the goals, interventions, time frames, and anticipated outcomes appropriate to:

AM.A.c.2.1 Improve or prevent deterioration or delay progression in a clinically meaningful way of the symptoms of, or impairment in functioning resulting from, the mental disorder or condition that necessitated initiation of treatment.

AND



Adult Level of Care Criteria

- AM.A.c.2.2 Address a co-morbid substance use disorder or condition, if one exists.
- AM.A.c.3. The treatment goals, interventions, time frames, anticipated outcomes, discharge plan, and criteria for discharge are clinically efficient, reasonable, and achievable in the length of stay typically associated with treatment at this level.
- AM.A.c.4. Treatment is being rendered in a timely and appropriately progressive manner.
- AM.A.c.5. There are daily progress notes by the treating psychiatrist and other appropriate staff describing the therapeutic interventions rendered and the individual's response.
- AM.A.c.6. As appropriate, members of the individual's social support system are involved in the individual's treatment.

SAMPLE