

## 9.105 Adult Mental Health Rehabilitation (AMHR) Level B

Description of Services: Supervised Residential Group Home - Adult Mental Health - any leased or owned single family residence or any single structure containing three or more dwelling units, all of which are utilized for provision of residential mental health services wherein staff reside or are stationed either onsite or in close proximity and for which a contract exists with the DMHAS.

Residential Levels of Care:

Supervised Residence B: refers to licensed group homes or apartments. Community mental health rehabilitation services are available to consumer residents for 4 or more hours per day, (but less than 12 hours per day), seven days per week.

Provider Specifications:

- Adult Mental Health Rehabilitation (Residential MH Services includes B housing) licensed by DHS

Service Limitation

- AMHR services do not include family care homes, supportive housing residences or apartment facilities where individuals may receive regular or periodic staff supervision and/or visits, except where such apartment facilities include those contained in a structure of three or more units and all units are operated under contract with DMHAS.

*MLTSS HIPAA Compliant Code:*

- ADULT MH REHAB LEV B SUP APT/15 MIN  
H0019 52 U3
- ADULT MH REHAB LEV B GRP HOME/DIEM  
H0019 U3

**Important: While level of care determinations are considered in the context of an individual's treatment history; Beacon Health Options never requires the attempt of a less intensive treatment as a criterion to authorize any service.**

Criteria

<p><b>Admission Criteria</b></p>	<p><i>All of the following criteria are necessary for admission:</i></p> <ol style="list-style-type: none"> <li>1. The individual demonstrates symptomatology consistent with a DSM (the most current version of the DSM) Axis I/mental illness (MI) diagnosis which requires and can reasonably be expected to respond to therapeutic intervention and</li> <li>2. There are significant symptoms that interfere with the individual's ability to function in at least one life area and</li> <li>3. The individual is able to function with some independence and participate in community-based activities for limited periods of time that are structured designed to develop skills for functioning outside of a controlled inpatient psychiatric environment and</li> <li>4. The individual demonstrates a capacity to respond favorably to rehabilitative counseling and training in areas such as problem solving, life skills development, medication compliance training and independent or semi-independent living as appropriate and</li> <li>5. The individual's mental illness impairs his/her ability to function and lacks community supports sufficient to maintain him/her in the community with treatment at a lower level and</li> <li>6. The individual provides voluntary informed consent for admission and treatment.</li> </ol>
<p><b>Exclusion Criteria</b></p>	<p><i>Any of the following criteria are sufficient for exclusion from this level of care:</i></p> <ol style="list-style-type: none"> <li>1. Suicidal/assaultive/destructive ideas, threats, plans or attempts as evidenced by degree of intent, lethality of plan, means, hopelessness or impulsiveness; or acute behavioral, cognitive, or affective loss of control that could result in danger to self or others and cannot be controlled in this setting.</li> <li>2. The individual requires a level of structure and supervision beyond the scope of the program.</li> <li>3. The individual refuses services listed in his/her previously agreed upon treatment plan and requests discharge; does not voluntarily consent to admission or treatment.</li> <li>4. The individual can be safely maintained and effectively treated at a less intensive level of care.</li> </ol>
<p><b>Continued Stay Criteria</b></p>	<p><i>All of the following criteria are necessary for continuing treatment at this level of care:</i></p> <ol style="list-style-type: none"> <li>1. The individual's condition continues to meet admission criteria at this level of care.</li> <li>2. The individual's treatment does not require a more intensive level of care, and no less intensive level of care would be appropriate.</li> <li>3. There is a documented active attempt at coordination of care with relevant outpatient providers and community support systems.</li> </ol>

	<ol style="list-style-type: none"> <li>4. The individual provides voluntary informed consent for admission and treatment.</li> </ol>
<p><b>Discharge Criteria</b></p>	<p><i>Any of the following criteria are sufficient for discharge from this level of care:</i></p> <ol style="list-style-type: none"> <li>1. Failure to meet continuing stay criteria</li> <li>2. The presence of any exclusion criteria</li> <li>3. Member requires a higher or lower level of care.</li> <li>4. Member requests discharge and is able to be referred to sufficient residential and treatment services.</li> </ol>

This criterion is consistent with NCD and/or LCD.