

### NMNC 2.203.02 Group Home

Group Homes provide 24-hour services in licensed, non-secure facilities. A community-based therapeutic group home is designed for members with significant deficits in independent living skills. Group Homes offer a less intensive treatment environment than a residential treatment center but are more intensive than day treatment or outpatient services. Comprehensive services focus on rehabilitation and include multidisciplinary, multimodal therapies to fit the need of the resident. Medical and nursing services are generally available on a consultative basis. Typically, coordinated treatment services include individual, group, family counseling, rehabilitation, vocational training, medication management, and skill-building. Active family/significant other involvement is important unless contraindicated and should occur based on individual needs. Individuals may go into the community for work, school, and/or outside activities. Community resources are used in a planned, purposeful, and therapeutic manner that is recovery-focused and encourages autonomy for a successful transition back into the community.

Admission Criteria	Continued Stay Criteria	Discharge Criteria
<p><b>All of the following criteria must be met:</b></p> <ol style="list-style-type: none"> <li>1) Symptoms consistent with a <i>DSM</i> or corresponding ICD diagnosis</li> <li>2) As a result of behavioral health disorder-related symptoms, the member is not sufficiently stable to be treated outside of a supervised 24-hour therapeutic environment</li> <li>3) Member demonstrates a capacity to respond favorably to rehabilitative counseling and training in areas such as problem-solving, independent or semi-independent life-skills development, and medication compliance training such that independent living is a realistic goal</li> <li>4) Member is able to function with some independence and participate for limited periods of time in community-based activities structured to develop skills for functioning outside of a controlled psychiatric environment</li> <li>5) Member lacks community supports sufficient to maintain him/her in the community with treatment at a lower level of care. For children/adolescents, the family situation and functioning levels are such that the member cannot safely remain with his/her biological, adoptive or guardian family.</li> </ol>	<p><b>All of the following criteria must be met:</b></p> <ol style="list-style-type: none"> <li>1) Member continues to meet admission criteria</li> <li>2) Another less intensive level of care would not be adequate to administer care</li> <li>3) Member is experiencing symptoms of such intensity that if discharged, s/he would likely require a more intensive level of care</li> <li>4) Treatment is still necessary to reduce symptoms and improve functioning so member may be treated in a less intensive level of care</li> <li>5) Member's progress is monitored regularly. The treatment plan is updated if the member is not making substantial progress towards clearly defined and measurable goals.</li> <li>6) Family/guardian/caregiver is participating in treatment unless contraindicated</li> <li>7) There is documentation around coordination of treatment with all involved parties, including state/community agencies when appropriate</li> <li>8) The provider has documentation supporting discharge-planning attempts to transition the member to a less intensive level of care</li> </ol>	<p><b>Any one of the following criteria must be met: 1, 2, 3 or 4; criteria 5 and 6 are recommended, but optional.</b></p> <ol style="list-style-type: none"> <li>1) Member no longer meets admission criteria and/or meets criteria for another level of care, either more or less intensive; or</li> <li>2) Member or guardian withdraws consent for treatment; or</li> <li>3) Member does not appear to be participating in the treatment plan to the extent possible consistent with his/her condition despite documented attempts to engage the member; or</li> <li>4) Member is not making progress toward goals, nor is there expectation of any progress</li> <li>5) Member's individual treatment plan and goals have been met</li> <li>6) Member's support system is in agreement with the aftercare treatment plan</li> </ol>

### Exclusions

Any **one** of the following criteria is sufficient for exclusion from this level of care:

- 1) Member is a danger to self and others or sufficient impairment exists that a more intensive level of service is required; or
- 2) Member has medical conditions or impairments that would prevent beneficial utilization of services, or is not stabilized on medications; or
- 3) Member requires a level of structure and supervision beyond the scope of the program; or
- 4) Member can be safely maintained and effectively treated at a less intensive level of care; or
- 5) Primary problem is social, economic (i.e., housing, family, conflict, etc.), or one of physical health without a concurrent major psychiatric episode meeting criteria for this level of care, or admission is being used as an alternative to incarceration

## Reference Sources

Beacon's Medical Necessity Criteria incorporate generally accepted standards of behavioral health practice documented in evidence- and consensus-based guidelines derived from:

- 1) Professional societies: American Psychiatric Association (APA); American Academy of Psychiatrists in Alcoholism and Addictions (AAPAA); American Academy of Child and Adolescent Psychiatry (AACAP)
- 2) National care guideline and criteria entities: American Society of Addiction Medicine (ASAM); MCG Care Guidelines
- 3) National health institutes: National Institutes of Health (NIH); National Institute on Alcohol Abuse and Alcoholism (NIAAA); National Institutes of Drug Abuse (NIDA); Substance Abuse and Mental Health Services Administration (SAMHSA)
- 4) Professional publications and psychiatric texts: [see Beacon's [Publication Reference Table](#)]
- 5) Federal/state regulatory and industry accreditation requirements including CMS's National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs)
- 6) National industry peer organizations, including managed care organizations (MCOs) and behavioral health organizations (BHOs)