

HAWAII ADMINISTRATIVE RULES

TITLE 16

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS

CHAPTER 16

MENTAL HEALTH, ALCOHOL, AND DRUG ABUSE
TREATMENT INSURANCE BENEFITS

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SUBCHAPTER 1

GENERAL PROVISIONS

§16-16-1 Purpose. The purposes of this chapter are to establish guidelines for determining when mental health and substance abuse treatment services are eligible for reimbursement, to establish an appeals process, and to create criteria for determining when a health maintenance organization meets the conditions and requirements of the Hawaii Revised Statutes, section 431M-5. [Eff 1/7/91] (Auth: HRS §431M-6) (Imp: HRS §§431M-1, 431M-3, 431M-4, 431M-5)

§16-16-2 Definitions. As used in this chapter:

"Alcohol abuse" means the misuse of a substance or the use of a substance to an extent deemed deleterious or detrimental to the user, to others, or to society.

"Authority" means the director of health, and any board or commission within the department of health with rulemaking, decision making, or adjudicatory powers.

"Claimant" means:

- (1) A competent adult patient;

- (2) The guardian of a patient who is not legally competent; or
- (3) The parent or guardian of a patient who is under the age of eighteen years.

"DSM" means the Third Edition, Revised 1987, of the American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders.

"Diagnosis" means a medical or psychological diagnosis established by a licensed physician or psychologist according to the criteria of DSM-III-R American Psychiatric Association Diagnostic and Statistical Manual, Third Edition, Revised 1987, or the equivalent diagnosis in the International Classification of Diseases, 9th Revision, Clinical Modification, United States Department of Health and Human Services, Public Health and Human Services, Public Health Service, Health Care Finance Administration.

"Drug" means any item on schedules I through IV of chapter 329, HRS, or any substance which includes in its composition volatile organic solvents. This does not include nicotine, caffeine, or food.

"Drug abuse" means the misuse of a substance or the use of a substance to an extent deemed deleterious or detrimental to the user, to others, or to society.

"Episode of care" means that period from the beginning of the provision of services or any combination of services until the termination of such services, except that less than six out-patient visits shall not be considered an episode of care for purposes of utilization review.

"Patient" means a person who has been assigned a diagnosis of a mental illness or of alcohol or drug dependence or abuse and who is eligible for treatment.

"Payor" means those entities responsible for payment for services, under this chapter, on behalf of all individual and group accident and sickness insurance policies issued in this State, individual or group hospital or medical service contracts and nonprofit mutual benefit associations and health maintenance organizations.

"Person" means individuals, partnerships, corporations, associations, or public or private organizations of any character, other than the authority or department of health.

"Provider" means:

- (1) A licensed physician or psychologist;
- (2) A hospital;
- (3) A nonhospital facility;
- (4) A facility providing day treatment services; or
- (5) A mental health out-patient facility, which provides service to patients and is authorized to receive payment for the provision of such services.

"Substance" means alcohol, any drug on schedules I to IV of chapter 329, HRS, or any substance which includes in its composition volatile organic solvents.

"Urgent or emergency admission" means the admission of a patient to a hospital or to nonhospital residential services because of the imminent threat of harm to the life or health of a patient or the imminent threat of harm by the patient to other persons.

"Utilization review" means the review of the diagnostic and evaluative findings regarding a patient, the review of a treatment plan, and the review of the extent to which treatment objectives are being achieved. [Eff 1/7/91] (Auth: HRS §431M-4) (Imp: HRS §§431M-3, 431M-4, 431M-5)

§16-16-3 Limit on alcohol and drug dependence treatment. (a) A payor may limit the number of treatment episodes for alcohol and drug dependence treatment to two treatment episodes per lifetime.

(b) Such limitation does not apply to physician or psychologist office visits for the purposes of diagnosis or after care, but only to treatment services which are a part of a defined plan of treatment approved by the payor's licensed physician or psychologist which includes services in addition to or other than initial office visits.

(c) When treatment is for alcohol or drug dependence and a concurrent psychiatric condition, then such treatment shall not count towards the lifetime limitation. [Eff 1/7/91] (Auth: HRS §431M-6) (Imp: HRS §431M-4)

§16-16-4 Internal utilization review by provider. (a) Providers shall conduct utilization review of each episode of care for each patient and shall document their findings.

(b) The findings of utilization review shall be reviewed and signed by a licensed physician or psychologist. [Eff 1/7/91] (Auth: HRS §431M-6) (Imp: HRS §431M-3)

§16-16-5 Utilization review by payor. (a) Payors shall conduct utilization review for each episode of care to determine that services provided are limited to those covered benefits provided by the insurance policy or hospital or medical service plan or health maintenance organization health plan contract, and to ascertain whether payment shall be made for services provided.

(b) Utilization review may consist of prior approval, concurrent review of the continuation of treatment, post-treatment review, or any combination of these procedures.

(c) Utilization review shall be based upon the applicable criteria specified in sections 16-16-10 through 16-16-41 of this chapter. [Eff 1/7/91] (Auth: HRS §431M-6) (Imp: HRS §431M-3)

§16-16-6 Denial of benefits. (a) Prior to notification of denial of payment for any current episode of care, the payor shall make a reasonable effort to contact the provider by verbal means to inform the provider of the intended denial and to elicit whether there may be any additional information which will bear upon the decision to deny payment.

(b) Any denial of payment for benefits recommended by any utilization review procedure shall be reviewed and approved by a licensed physician or psychologist before notice of such denial is given to either the provider or the patient.

(c) Any notice of denial of payments shall be promptly communicated by the payor in writing to the patient and to the provider.

(d) In any instance in which notification of denial of benefits is given to a provider or patient when the patient is receiving treatment in a hospital or nonhospital residential care setting, timely provision shall be made to allow for proper planning for discharge, transfer, or placement of a patient, except when the denial is based upon denial of admission and payment for the entire stay of the patient in that program. No denial of benefit shall be effective until a proper plan of discharge, transfer, or placement of patient is in effect.

(e) Denial of payment for treatment in any single treatment setting shall not necessarily preclude payment for treatment in any other treatment setting. [Eff 1/7/91] (Auth: HRS §431M-6) (Imp: HRS §431M-3)

§16-16-7 Reconsideration by the payor of decision to deny payment. (a) If a payor denies a claim for benefits in whole or in part, it shall make a reasonable attempt to notify the patient within three working days thereafter with a written notice of denial.

(b) Such notice of denial shall contain the following:

- (1) A list of the services for which payment has been denied;
- (2) The reasons for such denial; and
- (3) Notification of the right to appeal the denial to the payor and any applicable deadlines.

(c) An insured may appeal to the payor any decision to deny payment for any treatment, provided that:

- (1) The appeal is submitted in written form to the payor;

- (2) The appeal states the claimant's reasons as to why the denial of payment should be reversed; and
- (3) The appeal is filed with the payor within sixty days after the date of the denial.
- (d) The payor shall promptly review the appeal submitted by the claimant and shall review the findings and facts upon which the denial is based including a review of the patient treatment records. Such review shall be conducted by a licensed physician or psychologist.
- (e) The payor shall, within sixty days of receipt of the appeal, submit a written report to the claimant. Such report shall state the grounds upon which the initial denial of benefits was made and whether the denial is upheld or is reversed.
- (f) If the payor reverses the prior denial, then payment shall be made to the appropriate provider or patient.
- (g) Subsections c, d, and e do not apply if the payor has established an appeals process for all claimants.
- (h) The director of the department of health has jurisdiction to review any denial of benefits. [Eff 1/7/91] (Auth: HRS §431M-6) (Imp: HRS §431M-3)

§16-16-8 Health maintenance organizations. (a) A health maintenance organization may establish and implement durational limits for the categories of treatment specified in chapter 431M-4, HRS, provided that they be equivalent to the benefits required by chapter 431M-4, HRS.

(b) Before issuing or renewing a policy containing durational limits, a health maintenance organization shall submit to the director of health for review and approval the policy form supported by a description of each durational limit that includes the following:

- (1) The specific category of treatment;
- (2) The durational limit for the category of treatment;
- (3) A description of the services to be provided in the treatment;
- (4) Any limitations in the length or frequency of the services to be provided; and
- (5) A demonstration that the services to be provided within the durational limit established by the health maintenance organization for a category of treatment are equivalent to the services provided with the minimum benefit levels established in chapter 431M-4, HRS, for that category of treatment.

(c) The director of health may disapprove a durational limit submitted under subsection (b) as not being equivalent to benefits required by section 431-M, HRS, if the director determines either of the following:

- (1) That the services to be provided within the durational limit for a category of treatment are not equivalent in quality or treatment setting to the services provided within the corresponding minimum benefit established in section 431M-4, HRS; or
- (2) That the durational limit is unsubstantiated.
- (d) In order to determine whether services in a category of treatment are equivalent in quality or treatment setting, the director may consult with the department of commerce and consumer affairs, and representatives of health maintenance organizations, providers, and consumers.
- (e) The director of health may conduct public hearings in regards to an application made under this section. [Eff 1/7/91] (Auth: HRS §431M-6) (Imp: HRS §§431M-4, 431M-5)

SUBCHAPTER 2

CRITERIA FOR ADULT ALCOHOL AND DRUG DEPENDENCE TREATMENT SERVICES

§16-16-10 Admission criteria for adult alcohol and drug dependence out-patient services. An individual is eligible for an out-patient admission when the conditions of paragraphs (1) or (2), and (3) are met.

- (1) Diagnosis of alcohol/drug dependence. A patient must meet at least three of the following nine characteristic symptoms of alcohol/drug dependence, with evidence that some of the symptoms have persisted for at least one month or have occurred repeatedly over a longer period of time:
 - (A) Alcohol and/or drugs often taken in larger amounts or over a long period of time than the individual intended;
 - (B) Persistent desire or one or more unsuccessful efforts to cut down or control the use of alcohol and/or drugs;
 - (C) Inordinate amount of time spent in activities necessary to procure alcohol and/or drugs, in taking alcohol and/or drugs, or in recovering from the effects of alcohol and/or drugs;
 - (D) Frequent intoxication and/or withdrawal symptoms when expected to fulfill major tasks or responsibilities with friends, family, or at work, school, or home or when alcohol and/or drug use is physically hazardous;
 - (E) Important social, occupational, or recreational activities are given up or reduced because of alcohol and/or drug use;

- (F) Continued alcohol and/or drug use, despite knowledge of having a persistent or recurrent social, psychological, or physical problem that is caused or exacerbated by the use of alcohol and/or drugs;
 - (G) Marked tolerance, i.e., need for increased amounts of alcohol and/or drugs to achieve intoxication or desired effect or markedly diminished effect with continued use of the same amount of alcohol and/or drugs;
 - (H) Characteristic withdrawal symptoms from use of alcohol and/or drugs; or
 - (I) Alcohol and/or drugs often taken to relieve or avoid withdrawal symptoms.
- (2) Diagnosis of alcohol/drug abuse. A patient must meet the following two criteria:
- (A) Patient manifests a maladaptive pattern of alcohol and/or drug abuse indicated by the following:
 - (i) Continued use despite knowledge of having a persistent or recurrent social, occupational, psychological or physical problems that is caused or exacerbated by the use of alcohol and/or drugs; or
 - (ii) Recurrent use of alcohol and/or drugs in a situation in which use is physically hazardous; and
 - (B) Some symptoms of the disturbance have persisted for at least one month, or have occurred repeatedly over a longer period of time.
- (3) Factors for admission to an out-patient treatment service. A patient must meet the conditions of all of the following three categories:
- (A) Category 1: Medical functioning. The patient is medically stable and has no medical complications that would preclude the patient's participation in the out-patient service;
 - (B) Category 2: Family or social functioning. Patient has or is capable of obtaining family or social support including self-help fellowship; and
 - (C) Category 3: Emotional/behavioral/cognitive functioning. A patient must meet all three of the following:
 - (i) Patient is coherent, oriented for treatment, and is able to understand and participate in the recovery process;
 - (ii) Patient expresses an interest to work toward rehabilitation/treatment goals; and

- (iii) The patient recognizes that the alcohol and/or drug use is excessive and maladaptive. [Eff 1/7/91] (Auth: HRS §431M-6) (Imp: HRS §431M-4)

§16-16-11 Continued stay criteria for adult alcohol and drug dependence out-patient services. A patient is considered eligible for continued out-patient services when the criteria in paragraphs (1) and (2) are met.

- (1) Diagnosis. Diagnosis of alcohol and/or drug dependence or abuse as per patient out-patient admission criteria in section 16-16-10(1) and (2); and
- (2) Factors for continued out-patient services. Patient has shown progress in treatment by achieving some but not all of the treatment plan goals and continued improvement can reasonably be expected. [Eff 1/7/91] (Auth: HRS §431M-6) (Imp: HRS §431M-4)

§16-16-12 Admission criteria for adult alcohol and drug dependence day treatment services. An individual is eligible for day treatment services admission when the individual meets the conditions of paragraphs (1) and (2).

- (1) Diagnosis. A patient must meet at least three of the nine characteristic symptoms of alcohol/drug dependence as described for adult out-patient services in section 16-16-10(1) with evidence that some of the symptoms have persisted for at least one month or have occurred repeatedly over a longer period of time; and
- (2) Factors for admission to adult day treatment services. A patient must meet the conditions of all of the following three categories:
 - (A) Category 1: Medical functioning. The patient is medically stable and has no medical complications that would preclude the patient's participation in the day treatment service;
 - (B) Category 2: Emotional/behavioral/cognitive functioning. A patient must meet all three of the following:
 - (i) Patient is coherent, oriented for treatment, and is able to understand and participate in the recovery process;
 - (ii) Patient expresses an interest to work toward rehabilitation/treatment goals; and
 - (iii) The patient recognizes that the alcohol and/or drug use is excessive and maladaptive;

- (C) Category 3: The patient agrees and there is documented rationale for more intensive supervision than that provided by periodic hourly out-patient treatment. [Eff 1/7/91] (Auth: HRS §431M-6) (Imp: HRS §431M-4)

§16-16-13 Continued stay criteria for adult alcohol and drug dependence day treatment services. A patient is eligible for continued day treatment services when the criteria in paragraphs (1) and (2) are met.

- (1) Diagnosis. Diagnosis of alcohol and/or drug dependence as per adult day treatment services admission criteria in section 16-16-12(1); and
- (2) Factors for continued day treatment services. Patient has shown progress in treatment by achieving some but not all of the treatment plan goals and continued improvement can reasonably be expected. [Eff 1/7/91] (Auth: HRS §431M-6) (Imp: HRS §431M-4)

§16-16-14 Admission criteria for adult alcohol and drug dependence nonhospital residential services. A patient is eligible for nonhospital residential admission when the conditions of paragraphs (1) and (2) are met.

- (1) Diagnosis. A patient must meet at least three of the nine characteristic symptoms of alcohol/drug dependence as described for adult out-patient services in section 16-16-10(1) with evidence that some of the symptoms have persisted for at least one month or have occurred repeatedly over a longer period of time; and
- (2) Factors for admission to nonhospital residential treatment. A patient must meet the conditions of all of the following four categories;
 - (A) Category 1: Medical functioning. The patient is medically stable and not in acute withdrawal, and has no medical complications that would preclude the patient's participation in the nonhospital residential service;
 - (B) Category 2: Family or social functioning. A patient must meet at least one of the following:
 - (i) Patient does not have family or social support and is unable to obtain such support including self-help fellowship; or
 - (ii) Logistic impairments clearly preclude participation in day treatment or out-patient treatment service;

- (C) Category 3: Emotional/behavioral/cognitive functioning. A patient must meet all four of the following:
 - (i) Patient is coherent, oriented for treatment, and is able to understand and participate in the recovery process;
 - (ii) Patient is motivated to work toward rehabilitation/treatment goals within the recommended length of stay time frames;
 - (iii) Patient recognizes that the alcohol and/or drug use is excessive and maladaptive; and
 - (iv) Patient has attempted and failed to reduce or control alcohol/drug use; and
- (D) Category 4: Level of care. The patient requires skilled supervision twenty-four hours per day. [Eff 1/7/91] (Auth: HRS §431M-6) (Imp: HRS §431M-4)

§16-16-15 Continued stay criteria for adult alcohol and drug dependence nonhospital residential services. A patient is eligible for continued stay in the nonhospital residential service when the patient meets the criteria in paragraphs (1) and (2).

- (1) Diagnosis. Diagnosis of alcohol and/or drug dependence as per adult nonhospital residential service admission criteria in section 16-16-14(1); and
- (2) Factors for continued nonhospital residential services:
 - (A) Patient has shown progress in treatment by achieving some but not all of the treatment plan goals and continued improvement can reasonably be expected; and
 - (B) Patient continues to require skilled supervision twenty-four hours per day. [Eff 1/7/91] (Auth: HRS §431M-6) (Imp: HRS §431M-4)

§16-16-16 Admission criteria for adult alcohol and drug dependence in-hospital services. An individual is considered eligible for in-hospital admission when the individual meets the conditions of paragraphs (1) and (2).

- (1) Diagnosis. A patient must meet at least three of the nine characteristic symptoms of alcohol/drug dependence as described for adult out-patient services in section 16-16-10(1) with evidence that some of the symptoms have persisted for at least one month or have occurred repeatedly over a longer period of time; and

- (2) Factors for admission to in-hospital treatment. A patient must meet the conditions of at least one of the following three categories:
- (A) Category 1: Acute alcohol and/or drug withdrawal. A patient must meet one of (i) through (vi):
- (i) Impaired neuropsychiatric or neuropsychological functioning as evidenced by one or more of the following: extreme depression; an altered mental state with or without delirium as manifested by severe disorientation, alcoholic hallucinosis, toxic psychosis, or extreme altered level of consciousness, as manifested by clinically significant obtundation, stupor, or coma; a history of recent seizures or past history of seizures on withdrawal; or, the presence of any presumed new asymmetric and/or focal neurologic findings;
 - (ii) Unstable vital signs combined with a history of past acute withdrawal syndromes, that are interpreted by a physician to be an indication of acute alcohol/drug withdrawal;
 - (iii) Evidence of coexisting serious injury or systemic illness, newly discovered, or progressive;
 - (iv) Evidence of a clinical condition which prevents satisfactory assessment of items cited in clauses (i) to (iii);
 - (v) Neuropsychiatric changes of a severity and nature that place the patient at imminent risk of harming self or others; or
 - (vi) Serious disulfiram-alcohol (antabuse) reaction with hypothermia, chest pains, arrhythmia, or hypotension;
- (B) Category 2: Medical complications. A documented condition or disorder which, in combination with alcohol and/or drug use, in the judgment of a physician requires in-hospital confinement; or
- (C) Category 3: Emotional/behavioral status. A patient must meet at least one of the following:
- (i) A documented DSM condition or disorder which, in combination with alcohol and/or drug use, compounds a preexisting or concurrent emotional or behavioral disorder and presents a major risk to the individual;

- (ii) Severe neurological and psychological symptoms;
- (iii) Danger to others and/or homicidal;
- (iv) Uncontrolled behavior endangering self, others, or property; or documented neuropsychiatric changes of a severity and nature that place the individual at imminent risk of harming self, others, or property; or
- (v) Extreme mental confusion and/or fluctuating orientation. [Eff 1/7/91] (Auth: HRS §431M-6) (Imp: HRS §431M-4)

§16-16-17 Continued stay criteria for adult alcohol and drug dependence in-hospital services. An individual is eligible for continued stay for in-hospital services when the individual meets the diagnostic criteria in paragraphs (1) and (2).

- (1) Diagnosis. Diagnosis of alcohol and/or drug dependence as per adult in-hospital service admission criteria in section 16-16-16(1); and
- (2) Factors for continued in-hospital services:
 - (A) The patient has shown progress by achieving some but not all of the treatment plan goals, but still requires continuous medical care and observation; and
 - (B) Continued improvement can reasonably be expected. [Eff 1/7/91] (Auth: HRS §431M-6) (Imp: HRS §431M-4)

SUBCHAPTER 3

CRITERIA FOR CHILD AND ADOLESCENT ALCOHOL AND DRUG DEPENDENCE TREATMENT SERVICES

§16-16-18 Admission criteria for child and adolescent alcohol and drug dependence out-patient services. A child or adolescent is eligible for an out-patient admission when the child or adolescent meets the conditions of paragraphs (1) or (2), and (3).

- (1) Diagnosis of alcohol/drug dependence. A patient must meet at least three of the following nine characteristic symptoms of alcohol/drug dependence, with evidence that some of the symptoms have persisted for at least one month or have occurred repeatedly over a longer period of time:
 - (A) Alcohol and/or drugs often taken in larger amounts or over a longer period of time than the adolescent intended;
 - (B) Persistent desire or one or more unsuccessful efforts to cut down or control the use of alcohol and/or drugs;
 - (C) Inordinate amount of time spent in activities necessary to procure alcohol and/or drugs;
 - (D) Frequent intoxication and/or withdrawal symptoms when expected to fulfill major tasks or responsibilities with peers, at school, or in home;
 - (E) Important social, educational, or recreational activities are given up or reduced because of alcohol and/or drug use;
 - (F) Continued alcohol and/or drug use, despite knowledge of having a persistent or recurrent social, psychological, or physical problem that is caused or exacerbated by the use of alcohol and/or drugs;
 - (G) Marked tolerance, i.e., need for increased amounts of alcohol and/or drugs to achieve intoxication or desired effect; or markedly or diminished effect with continued use of the same amount of alcohol and/or drugs;
 - (H) Characteristic withdrawal symptoms from use of alcohol and/or drugs; or
 - (I) Alcohol and/or drugs often taken to relieve or avoid withdrawal symptoms;
- (2) Diagnosis of alcohol/drug abuse. A patient must meet both of the following two criteria:
 - (A) Patient manifests a maladaptive pattern of alcohol and/or drug abuse indicated by the following:
 - (i) Continued use despite knowledge of having a persistent or recurrent social, educational, psychological, or physical problem that is caused or exacerbated by the use of alcohol and/or drugs; or
 - (ii) Recurrent use of alcohol and/or drugs in a situation in which use is physically hazardous;
 - (B) Some symptoms of the disturbance have persisted for at least one month, or have occurred repeatedly over a longer period of time; and

- (3) Factors for admission to an out-patient treatment service. A Patient must meet the conditions of all of the following three categories:
- (A) Category 1: Medical functioning. The patient is medically stable and has no medical complications that would preclude the patient's participation in the out-patient rehabilitation/habilitation service;
 - (B) Category 2: Family, social, or academic functioning. A patient must meet at least one of the following:
 - (i) Patient has or is capable of obtaining family or social support including self-help fellowship; or
 - (ii) The patient participates in school and/or in a structured vocational setting; and
 - (C) Category 3: Emotional/behavioral/cognitive functioning. A patient must meet the following two criteria:
 - (i) The patient is assessed as coherent and oriented for treatment; and
 - (ii) The patient's mental status is stable enough to indicate the patient's ability to participate in rehabilitation/habilitation process, including cooperation with peer interaction, and maintain behavioral stability. [Eff 1/7/91] (Auth: HRS §431M-6) (Imp: HRS §431M-4)

§16-16-19 Continued stay criteria for child and adolescent alcohol and drug dependence out-patient services. A child or adolescent is eligible for continued stay in the out-patient service when the child or adolescent meets the diagnostic criteria in paragraphs (1) and (2).

- (1) Diagnosis. Diagnosis of alcohol and/or drug dependence or abuse as per child and adolescent out-patient admission criteria in section 16-16-18(1) and (2); and
- (2) Factors for continued out-patient services. Patient has shown progress in treatment by achieving some but not all of the treatment plan goals and continued improvement can reasonably be expected. [Eff 1/7/91] (Auth: HRS §431M-6) (Imp: HRS §431M-4)

§16-16-20 Admission criteria for child and adolescent alcohol and drug dependence day treatment services. A child or adolescent is eligible for day

treatment admission when the child or adolescent meets the conditions of paragraphs (1) through (5).

- (1) Diagnosis. A patient must meet at least three of the nine characteristic symptoms of alcohol/drug dependence as described for child and adolescent out-patient services in section 16-16-18(1) with evidence that some of the symptoms have persisted for at least one month or have occurred repeatedly over a longer period of time;
- (2) Medical functioning. The patient is medically stable and has no medical complications that would preclude the patient's participation in the day treatment services;
- (3) Emotional/behavioral status. A patient must meet the following two criteria:
 - (A) Patient is assessed as coherent and oriented for treatment; and
 - (B) Patient's mental status is stable enough to indicate the patient's ability to:
 - (i) Participate in the rehabilitation/habilitation process, including cooperation with peer interaction; and
 - (ii) Maintain behavioral stability over a forty-eight hour period;
- (4) Family and academic functioning. A patient must meet at least one of the following:
 - (A) Patient has or is capable of obtaining family or social support including self-help fellowship; or
 - (B) Patient participates in school and/or in a structured vocational setting; and
- (5) Developmental status. Patient displays at least one of the following:
 - (A) Documented history of limited ability to function within expected age norms;
 - (B) Recent history of mild to moderate conduct disorder, as defined in DSM, or impulsive disregard for social norms and rights of others; or
 - (C) The patient agrees and there is documented rationale for more intensive treatment supervision than is provided by periodic hourly out-patient treatment. [Eff 1/7/91] (Auth: HRS §431M-6) (Imp: HRS §431M-4)

§16-16-21 Continued stay criteria for child and adolescent alcohol and drug dependence day treatment services. A child or adolescent is eligible for continued day treatment services when the child or adolescent meets the criteria in paragraphs (1) and (2) below:

- (1) Diagnosis of alcohol and/or drug dependence as per child and adolescent day treatment admission criteria in section 16-16-20(1); and
- (2) Factors for continued day treatment services. Patient has shown progress in treatment by achieving some but not all of the treatment plan goals and continued improvement can reasonably be expected. [Eff 1/7/91] (Auth: HRS §431M-6) (Imp: HRS §431M-4)

§16-16-22 Admission criteria for child and adolescent alcohol and drug dependence nonhospital residential services. A child or adolescent is eligible for nonhospital residential admission when the child or adolescent meets the conditions of paragraphs (1) through (3).

- (1) Diagnosis. A patient must meet at least three of the nine characteristic symptoms of alcohol/drug dependence as described for child and adolescent out-patient services in section 16-16-18(1) with evidence that some of the symptoms have persisted for at least one month or have occurred repeatedly over a longer period of time;
- (2) Medical functioning. The patient is medically stable and not in alcohol/drug withdrawal, and has no medical complications that would preclude the patient's participation in the nonhospital residential/rehabilitation service; and
- (3) Factors for admission to nonhospital residential treatment. A patient must meet the criteria in at least one of the following three categories:
 - (A) Category 1: Emotional/behavioral status. A patient must meet at least one of the following:
 - (i) Current inability to maintain behavioral stability over a forty-eight hour period; or
 - (ii) Mild-to-moderate risk of behaviors endangering self or others; or
 - (B) Category 2: Family, social, academic dysfunction. A patient must meet at least one of the following:

- (i) Social isolation or withdrawal from social contacts and/or minimal peer support other than from alcohol/drug related activities;
 - (ii) Environment not conducive to successful treatment;
 - (iii) Parents or legal guardians unable to provide consistency of participation necessary for partial hospital or out-patient treatment; or
 - (iv) Patient currently not attending school, or sporadic attendance is such that the patient is subject to disciplinary action; or
- (C) Category 3: Developmental status. A patient displays at least one of the following:
- (i) Documented history of inability to function within expected age norms;
 - (ii) Recent history of moderate to severe conduct disorder, as defined in DSM, or impulsive disregard for social norms and rights of others; or
 - (iii) Documented difficulty in meeting developmental expectations in a major area of functioning (i.e., social, academic, or psychosexual) to an extent which interferes with capacity to remain behaviorally stable. [Eff 1/7/91] (Auth: HRS §431M-6) (Imp: HRS §431M-4)

§16-16-23 Continued stay criteria for child and adolescent alcohol and drug dependence nonhospital residential services. A child or adolescent is considered eligible for continued stay in the nonhospital residential service when the child or adolescent meets the criteria in paragraphs (1) and (2).

- (1) Diagnosis. Diagnosis of alcohol and/or drug dependence as per child and adolescent nonhospital residential service admission criteria in section 16-16-22(1); and
- (2) Factors for continued nonhospital residential services.
 - (A) Patient has shown progress in treatment by achieving some but not all of the treatment plan goals and continued improvement can reasonably be expected; and
 - (B) Patient continues to require skilled supervision twenty-four hours per day. [Eff 1/7/91] (Auth: HRS §431M-6) (Imp: HRS §431M-4)

§16-16-24 Admission criteria for child and adolescent alcohol and drug dependence in-hospital services. A child or adolescent is eligible for in-hospital admission when the child or adolescent meets the conditions of paragraphs (1) and (2).

- (1) **Diagnosis.** A patient must meet at least three of the nine characteristic symptoms of alcohol/drug dependence as described for child and adolescent out-patient services in section 16-16-18(1) with evidence that some of the symptoms have persisted for at least one month or have occurred repeatedly over a longer period of time; and
- (2) **Factors for admission to in-hospital treatment.** A patient must meet the conditions of at least one of the following four categories:
 - (A) **Category 1: Alcohol and/or drug withdrawal.** A patient must meet one of clauses (i) through (iii):
 - (i) Impaired neuropsychiatric or neuropsychological functioning as evidenced by one or more of the following: extreme depression; altered mental state with or without delirium as manifested by: severe disorientation, or alcoholic hallucinosis, or toxic psychosis, or extreme altered level of consciousness, as manifested by clinically significant obtundation, stupor, or coma; history of recent seizures or past history of seizures on withdrawal; or presence of any presumed new asymmetric and/or focal neurologic findings;
 - (ii) Unstable vital signs, interpreted by a physician to be indication of acute alcohol/drug withdrawal; or
 - (iii) Documentation of a clinical condition which prevents satisfactory assessment of items cited in clauses (i) and (ii); or
 - (B) **Category 2: Emotional/behavioral status.** A patient must meet at least one of the following:
 - (i) A documented DSM condition or disorder which, in combination with alcohol and/or drug use, compounds a pre-existing or concurrent emotional or behavioral disorder and presents a major risk to the adolescent;
 - (ii) Current inability to maintain behavioral stability over a twenty-four hour period;
 - (iii) Uncontrolled behavior endangering self, others, or property; or documented neuropsychiatric changes of

- a severity and nature that place the adolescent at imminent risk of harming self, others, or property;
or
- (iv) Extreme mental confusion and/or fluctuating orientation; or
- (C) Category 3: Family, social, academic dysfunction. A patient must meet at least one of the following:
- (i) Severe social isolation or withdrawal from social contacts and/or no peer support system other than alcohol/drug-related activities;
 - (ii) Severe family conflict reflecting a reasonable potential for physical, social, sexual, or emotional abuse or for victimization of the adolescent in current environment; or
 - (iii) Academic dysfunction, such as persistent truancy, recent suspension, and/or expulsion; and
- (D) Category 4: Specific developmental disorders. A patient displays at least one of the following:
- (i) Documented history and current symptoms of emotional lability indicative of immaturity which interferes with ability to relate to and remain in peer milieu; or
 - (ii) Documentation of inability to resist impulses. [Eff 1/7/91] (Auth: HRS §431M-6) (Imp: HRS §431M-4)

§16-16-25 Continued stay criteria for child and adolescent alcohol and drug dependence in-hospital services. A child or adolescent is eligible for continued stay in the in-hospital program when the child or adolescent meets the criteria in paragraphs (1) and (2).

- (1) Diagnosis. Diagnosis of alcohol and/or drug dependence as per child and adolescent in-hospital service admission criteria in section 16-16-24(1); and
- (2) Factors for continued in-hospital services.
 - (A) The patient has shown progress by achieving same but not all of the treatment plan goals, but still requires continuous medical care and observation; and
 - (B) Continued improvement can reasonably be expected. [Eff 1/7/91] (Auth: HRS §431M-6) (Imp: HRS §431M-4)

SUBCHAPTER 4

CRITERIA FOR ADULT MENTAL ILLNESS TREATMENT SERVICES

§16-16-26 Admission criteria for adult mental illness out-patient services. An adult is eligible for admission to out-patient service when the adult meets the criteria in both paragraphs (1) and (2).

- (1) Diagnosis: A diagnosis of a mental disorder as established in accordance with the criteria of DSM; and
- (2) One of the following:
 - (A) Mild symptoms; or
 - (B) Difficulty in social, occupational, or school function. [Eff 1/7/91] (Auth: HRS §431M-6) (Imp: HRS §431M-4)

§16-16-27 Continued stay criteria for adult mental illness out-patient services. An adult is eligible for continued out-patient services when the adult meets the criteria in paragraphs (1) and (2).

- (1) Diagnosis: There is a mental disorder as established in accordance with DSM; and
- (2) One of the following:
 - (A) Patient has achieved some but not all of the treatment goals and objectives and is progressing in treatment; or
 - (B) Patient has achieved some treatment goals and objectives, continued improvement can be reasonably expected, and the patient shows some impairment in social, occupational, or school performance. [Eff 1/7/91] (Auth: HRS §431M-6) (Imp: HRS §431M-4)

§16-16-28 Admission criteria for adult mental illness day treatment services. An adult is eligible for admission to day treatment services when the adult meets the criteria in paragraphs (1) through (3).

- (1) A diagnosis of a mental disorder as established in accordance with DSM;
- (2) One of the following:
 - (A) Moderate symptoms; or
 - (B) Moderate difficulty in social, occupational, or school functioning; and

- (3) The patient agrees and there is documented rationale for more intensive treatment supervision than is provided by periodic out-patient treatment. [Eff 1/7/91] (Auth: HRS §431M-6) (Imp: HRS §431M-4)

§16-16-29 Criteria for adult mental illness continued day treatment services. An adult is eligible for continued day treatment services when the adult meets the criteria in paragraphs (1) through (3).

- (1) Diagnosis There is a mental disorder established in accordance with DSM;
- (2) One of the following:
 - (A) Patient demonstrates an insight and understanding of the characteristics of the mental disorder but has not achieved treatment goals and objectives;
 - (B) Patient has achieved some but not all of the treatment goals and objectives and is progressing in treatment; or
 - (C) Patient has achieved some treatment goals and objectives, continued improvement can be reasonably expected, and the patient continues to show mild to moderate impairment in social, occupational, or school performance; and
- (3) The patient agrees and there is documented rationale for more intensive treatment supervision than is provided by periodic out-patient treatment. [Eff 1/7/91] (Auth: HRS §431M-6) (Imp: HRS §431M-4)

§16-16-30 Admission criteria for adult mental illness nonhospital residential treatment services. An adult is eligible for admission to nonhospital residential treatment when the adult meets the criteria in paragraphs (1) through (4):

- (1) A diagnosis of a mental disorder as established in accordance with DSM criteria;
- (2) At least one of the following:
 - (A) Serious symptoms, including but not limited to any of the following:
 - (i) Suicidal ideation or threat;
 - (ii) Severe obsessional ritual;
 - (iii) Alterations of appetite, insomnia, etc.; or
 - (iv) Recurrent running away or antisocial behavior attributable to a DSM diagnosis;

- (B) Serious impairment in social, occupational, or school functions including inability to assume responsibility for daily living;
- (3) Absence of one of the following:
 - (A) Complicating medical condition which requires twenty-four hour medical and/or nursing care or precludes participation by the patient in a less intensive treatment setting; or
 - (B) Need for special monitoring of neuroleptic medication or other medical procedure which can only be carried out in a hospital; and
- (4) If there is a history of previous treatment, then one of the following must be met:
 - (A) Patient has received treatment in an in-hospital setting and needs continuing treatment but does not require the protection or intensive medical care of a hospital setting; or
 - (B) Prior treatment in a day treatment, partial hospitalization, or out-patient setting has been unsuccessful due to any one of the following:
 - (i) Patient was unable to adhere to the treatment regime outside the treatment setting;
 - (ii) Patient's symptoms became significantly worse when outside the treatment setting; or
 - (iii) Outpatient treatment was unsuccessful and day treatment or partial hospitalization was not reasonably available. [Eff 1/7/91] (Auth: HRS §431M-6) (Imp: HRS §431M-4)

§16-16-31 Continued stay criteria for adult mental illness nonhospital residential treatment services. An adult is eligible for continued nonhospital residential treatment when the adult meets the criteria in paragraph (1) and at least one of the criteria in paragraph (2).

- (1) Diagnosis. There is a mental disorder established in accordance with DSM; and
- (2) One of the following:
 - (A) Patient has achieved some but not all of the treatment goals and objectives and is progressing in treatment;
 - (B) Patient has achieved some treatment goals and objectives and continued improvement can be expected; or
 - (C) There is a need for a degree of supervision available in a nonhospital residential treatment facility to avoid

compromising social, occupational, or school roles. [Eff 1/7/91] (Auth: HRS §431M-6) (Imp: HRS §431M-4)

§16-16-32 Admission criteria for adult mental illness in-hospital treatment services. An adult is eligible for admission for in-hospital services when the adult meets the criteria in paragraphs (1) and (2).

- (1) A diagnosis of a mental disorder as established in accordance with the criteria for DSM; and
- (2) One of the following:
 - (A) Recent suicide attempt;
 - (B) Suicidal ideation requiring suicide precautions;
 - (C) Recent self-mutilative behavior as a result of a psychiatric disorder;
 - (D) Acute onset or acute exacerbation of hallucinations, delusions, or illusions or severe cognitive dysfunction if they are likely to lead to dangerousness;
 - (E) Acute onset of inability to cope with a stressful situation characterized by inability to perform social, occupational, or school functions or to attend to activities of daily living;
 - (F) Manic state requiring initiation of or rapid modification of neuroleptics, lithium treatment, or other psychoactive drugs;
 - (G) Severe anorexia, bulimia, or pica with significant weight loss and/or uncontrolled self-induced regurgitation which has resulted in a dangerous physical condition;
 - (H) Severe dysthymic reaction with concurrent disturbances of appetite and/or weight and major family dysfunction which has been unresponsive to nonhospital treatment;
 - (I) Complicating medical condition which requires medical and/or nursing care and precludes participation by the patient in a less intensive treatment setting;
 - (J) Medications prescribed for the mental illness cause significant side effects or complications which require twenty-four hour medical and/or nursing care; or
 - (K) Major depression. [Eff 1/7/91] (Auth: HRS §431M-6) (Imp: HRS §431M-4)

§16-16-33 Continued stay criteria for adult mental illness in-hospital treatment services. An adult is eligible for continued in-hospital treatment when the adult meets the criteria in paragraphs (1) and (2).

- (1) A diagnosis of a mental disorder as established in accordance with the criteria for DSM; and
- (2) A patient must meet one of the following:
 - (A) The prescription of medications for the treatment of the mental or nervous condition is complicated by the presence of a coexisting medical condition requiring twenty-four hour supervision by a registered nurse;
 - (B) Continued titration of psychotropic medication under twenty-four hour observation for the mental or nervous condition is necessary or treatment of complications arising from side effects of medications is needed;
 - (C) A continued inability of the patient to perform the activities of daily living or to function in the daily routine presents an unacceptable degree of hazard to life, health, or safety in a less structured setting;
 - (D) Continued medical, psychiatric, or psychological diagnostic studies are necessary which cannot be accomplished in a less intensive setting;
 - (E) Prescribed in-hospital assessment and evaluation has not been completed; or
 - (F) Continued evidence is present of symptoms which would reflect potential danger to self, others, or property. [Eff 1/7/91] (Auth: HRS §431M-6) (Imp: HRS §431M-4)

SUBCHAPTER 5

CRITERIA FOR CHILD AND ADOLESCENT MENTAL ILLNESS TREATMENT SERVICES

§16-16-34 Admission criteria for child and adolescent mental illness out-patient services. A patient must meet the criteria in paragraphs (1) and (2).

- (1) Children and adolescents through the age of seventeen are eligible for admission to out-patient services when there is a diagnosis of mental disorder as established in accordance with the criteria of DSM; and
- (2) One of the following:
 - (A) Mild symptoms; or

- (B) Difficulty in social, occupational, or school function. [Eff 1/7/91] (Auth: HRS §431M-6) (Imp: HRS §431M-4)

§16-16-35 Continued stay criteria for child and adolescent mental illness out-patient services. A child or adolescent is eligible for continued out-patient treatment when the child or adolescent meets the criteria in paragraphs (1) and (2).

- (1) Diagnosis. There is a mental disorder established in accordance with DSM; and
- (2) Patient has not achieved treatment goals, but there is documentation of progress or reasonable expectation of progress. [Eff 1/7/91] (Auth: HRS §431M-6) (Imp: HRS §431M-4)

§16-16-36 Criteria for child and adolescent mental illness day treatment services. Children and adolescents through the age of seventeen are eligible for admission to day treatment when the criteria in paragraphs (1) through (3) are met.

- (1) Diagnosis. A mental disorder as established in accordance with the criteria of DSM;
- (2) One of the following is met:
 - (A) Moderate symptoms; or
 - (B) Difficulty in social, occupational or school function; and
- (3) The patient agrees and there is documented rationale for more intensive treatment supervision than is provided by periodic hourly out-patient treatment. [Eff 1/7/91] (Auth: HRS §431M-6) (Imp: HRS §431M-4)

§16-16-37 Continued stay criteria for child and adolescent mental illness day treatment services. A child or adolescent is eligible for continued day treatment when the child or adolescent meets the criteria of paragraphs (1) through (3).

- (1) Diagnosis. There is a mental disorder established in accordance with DSM;
- (2) Patient actively participates in the day treatment, but has not achieved treatment goals; and
- (3) The patient agrees and there is documented rationale for more treatment supervision than is provided by periodic out-patient treatment. [Eff 1/7/91] (Auth: HRS §431M-6) (Imp: HRS §431M-4)

§16-16-38 Admission criteria for child and adolescent mental illness nonhospital residential treatment services. A child or adolescent through the age of seventeen is eligible for admission to nonhospital residential treatment when the child or adolescent meets all of the criteria in paragraphs (1) through (3).

- (1) Diagnosis. A mental disorder is established in accordance with DSM criteria;
- (2) One of the following is met:
 - (A) Serious symptoms including but not limited to any of the following:
 - (i) Suicidal ideation or threat;
 - (ii) Severe obsessional ritual;
 - (iii) Alterations of appetite, insomnia, etc.; or
 - (iv) Recurrent running away or antisocial behavior attributable to a DSM diagnosis; or
 - (B) Serious impairment in social, occupational, or school functioning or the inability to assume the responsibility of activities of daily living; and
- (3) If there is a history of previous treatment, then one of the following must be met:
 - (A) Patient needs continuing treatment but does not require the protection or intensive medical care of a hospital setting; or
 - (B) A trial of prior treatment in a day treatment, partial hospitalization, or out-patient treatment has been unsuccessful due to any one of the following:
 - (i) Patient unable to adhere to the treatment outside the treatment setting;
 - (ii) Patient's symptoms became significantly worse when outside the treatment setting;
 - (iii) Patient failed to actively attend or participate in the treatment program; or
 - (iv) Out-patient treatment was unsuccessful and day treatment or partial hospitalization was not reasonably available. [Eff 1/7/91] (Auth: HRS §431M-6) (Imp: HRS §431M-4)

§16-16-39 Continued stay criteria for child and adolescent mental illness nonhospital residential treatment services. Children and adolescents through the age of seventeen are eligible for continued nonhospital residential treatment when the criteria in paragraphs (1) and (2) are met.

- (1) Diagnosis. There is a mental disorder established in accordance with DSM; and
- (2) One of the following is met:
 - (A) Patient actively participates in the nonhospital residential treatment, has not achieved treatment goals, but is making progress toward some treatment objectives; or
 - (B) Patient has achieved some treatment goals and objectives, continued improvement can be expected and the patient continues to show moderate to serious impairment in social, occupational, or school performance; or,
 - (C) There is a need for a degree of supervision available in a nonhospital residential treatment facility to avoid compromising social, occupational, or school roles. [Eff 1/7/91] (Auth: HRS §431M-6) (Imp: HRS §431M-4)

§16-16-40 Admission criteria for child and adolescent mental illness in-hospital treatment services. A child or adolescent through the age of seventeen is eligible for in-hospital treatment when the child or adolescent meets the criteria in paragraphs (1) and (2).

- (1) Diagnosis. A mental disorder is established in accordance with the criteria of DSM; and
- (2) One of the following is met:
 - (A) Recent suicide attempt;
 - (B) Suicidal ideation or threat of such intensity as to require suicidal precautions;
 - (C) Recent destructive or assaultive behavior as a result of psychiatric disorder;
 - (D) Recent self-mutilative behavior as a result of a psychiatric disorder;
 - (E) Acute onset or acute exacerbation of hallucinations, delusions, or illusions if these would tend to lead to dangerous behavior;
 - (F) Severe cognitive dysfunction;
 - (G) Inability of the patient to follow prescribed mental health regimens, with documentation of expectation of improved compliance within a short period of hospitalization;
 - (H) Acute onset of inability to cope with stressful situations characterized by inability to perform social, occupational, or school functions or attend to the activities of daily living;

- (I) Manic state requiring initiation of or rapid modification of neuroleptics, lithium treatment or other prescribed drugs;
- (J) Severe anorexia, bulimia, or pica with significant weight loss and/or uncontrolled self-induced regurgitation which has resulted in a dangerous physical condition;
- (K) Medications prescribed for the treatment of the mental illness cause significant side effects or complications which require frequent medical and/or nursing care;
- (L) Major depression;
- (M) Current, frequent, and active hallucinations or delusions which may threaten the patient or others or lead to unpredictable behavior; or
- (N) Complicating medical condition which requires twenty-four hour medical and/or nursing care or precludes participation by the patient in the treatment. [Eff 1/7/91] (Auth: HRS §431M-6) (Imp: HRS §431M-4)

§16-16-41 Continued stay criteria for child and adolescent mental illness in-hospital services. A child or adolescent through the age of seventeen is eligible for continued in-hospital treatment when the child or adolescent meets the criteria in paragraphs (1) and (2).

- (1) Diagnosis. A mental disorder is established in accordance with the criteria of DSM; and
- (2) One of the following is met:
 - (A) Continued evidence is present of symptoms which would reflect potential danger to self, others, or property;
 - (B) The prescription of medications for the treatment of the mental or nervous condition is complicated by the presence of a coexisting medical condition requiring twenty-four hour supervision by a registered nurse;
 - (C) Continued titration of psychotropic medication where twenty-four hour observation for the mental or nervous condition is necessary or treatment of complications arising from side effects of medications is needed;
 - (D) A continued inability of the patient to perform the activities of daily living or to function in the daily routine presents an unacceptable degree of hazard to life, health, or safety in a less structured setting;

- (E) Continued medical, psychiatric, or psychological diagnostic studies are necessary which cannot be accomplished in a less intensive setting;
- (F) Prescribed in-hospital assessment and evaluation has not been completed; or
- (G) The needed structured treatment setting specified in the treatment plan as being necessary is documented to be unavailable, but documentation indicates that a less structured setting is being sought. [Eff 1/7/91] (Auth: HRS §431M-6) (Imp: HRS §431M-4)

Chapter 16-16, Hawaii Administrative Rules, on the Summary Page dated December 10, 1990, was adopted on December 10, 1990, following a public hearing held on August 7, 1990, after public notices were given in the Honolulu Star-Bulletin, Honolulu Advertiser, West Hawaii Today, the Hawaii Tribune-Herald, the Maui News, and the Garden Island on July 6, 1990.

The adoption of Chapter 16-16 shall take effect ten days after filing with the Office of the Lieutenant Governor.

/s/ Robin K. Campaniano
ROBIN K. CAMPANIANO
Commissioner of Insurance

APPROVED AS TO FORM: Date 12/18/90

Dewey H. Kim, Jr.
Deputy Attorney General

APPROVED: Date 12/19/90

/s/ Robert A. Alm
ROBERT A. ALM
Director of Commerce and Consumer Affairs

APPROVED: Date 12/28/90

/s/ John Waihee
JOHN WAIHEE
Governor of Hawaii

December 28, 1990
Filed

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS

Adoption of Chapter 16-16
Hawaii Administrative Rules
December 10, 1990

SUMMARY

Chapter 16-16, Hawaii Administrative Rules, entitled "Mental Health, Alcohol and Drug Abuse Treatment Insurance Benefits" is adopted.