I. **Definition of Service:**
An Acute Treatment Unit (ATU) is a 24-hour residential treatment facility licensed by the Colorado Department of Public Health and Environment (CDPHE) and monitored by the Office of Behavioral Health (OBH). ATUs may serve as an alternative to inpatient hospitalization, when it is determined the client can receive equal benefit at the ATU level of care. They provide a level of care and supervision for individuals who are in need of intensive psychiatric interventions for stabilization. An ATU must be capable of ensuring individual safety by qualifying as a secure facility under the provisions of Colorado Department of Public Health and Environment (CDPHE), Chapter VI 6 CCR 1011-1 Acute Treatment Units, or by having restraint and seclusion capacity under 27-65 licensure. To receive Mental Health Services program approval as an ATU, each facility must have written protocols that include administrative functions, program description, services provided, and staffing.

ATUs provide 24-hour services in a facility setting for individuals with acute psychiatric needs, who require stabilization in a secure setting. These psychiatric needs may include, but are not limited to, suicidal or homicidal thoughts and behaviors. The ATU may also be used to provide ongoing 24-hour observation and therapies for individuals who require this setting for longer periods of time because it is determined that discharge would result in de-stabilization and/or exacerbation of symptoms. In the ATU setting, individuals receive therapeutic intervention and specialized programming in a controlled environment with a high degree of supervision and structure. The ATU program addresses identified problems through a wide range of diagnostic and treatment services. Life skills training in areas such as social skills and activities of daily living are provided in the context of a comprehensive, multidisciplinary treatment plan. At a minimum, ATU treatment includes weekly medication management sessions with a psychiatrist.

**Secured Facility Designation:** For an ATU to be approved as a secured facility, it must comply with the CDPHE’s Chapter VI 6 1011-1 Acute Treatment Units.

Additional notation on services for members who are eligible for EPSDT services:
Medical necessity has an expanded definition under the Early and Periodic Screening, Diagnostic and Treatment Program, a special health care program for children and youth aged 20 and younger. This definition supersedes the usual definition of medical necessity, which applies to non-EPSDT eligible members. The term “medical necessity” means that a covered service shall be deemed a medical necessity or medically necessary if, in a manner consistent with accepted standards of medical practice, it:

1. Is found to be an equally effective treatment among other less conservative or more costly treatment options, and
2. Meets at least one of the following criteria:

- The service will, or is reasonably expected to prevent or diagnose the onset of an illness, condition, primary disability, or secondary disability.
- The service will, or is reasonably expected to cure, correct, reduce, or ameliorate the physical, mental, cognitive, or developmental effects of an illness, injury, or disability.
- The service will, or is reasonably expected to reduce or ameliorate the pain or suffering caused by an illness, injury, or disability.
- The service will, or is reasonably expected to assist the individual to achieve or maintain maximum functional capacity in performing activities of daily living.
- Medical necessity may also be a course of treatment that includes observation or no treatment at all.

3. For additional information on EPSDT definitions and requirements, please refer to COS_EC Policy 248L.

II. Admission Criteria:

*Any of the following criteria are necessary for admission:*

A. The individual demonstrates symptoms consistent with a covered behavioral health diagnosis which requires and can reasonably be expected to respond to therapeutic intervention.

B. The individual exhibits suicidal or homicidal ideation or acute mood symptoms/thought disorder that requires an intensive level of care.

C. The individual is not sufficiently stable to be treated outside of a highly structured 24-hour therapeutic environment.

III. Exclusion Criteria:

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

A. The individual is imminently dangerous to self and/or others and cannot be safely maintained in an ATU level of care. In this case, a psychiatric inpatient hospital stay will be secured.

B. The individual can be safely maintained and effectively treated at a less intensive level of care.

C. The individual has medical conditions or impairments that would prevent beneficial utilization of services.

D. The primary presenting 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.

E. The primary presenting problem is related to a substance use disorder without a concurrent covered mental health disorder diagnosis.

F. The admission is intended for use as an alternative to incarceration.
IV. Continued Stay Criteria:

All of the following criteria are necessary for continuing treatment at this level of care:

A. The individual’s condition continues to meet admission criteria, does not require a more intensive level of care, and no less intensive level of care would be clinically appropriate.

B. Treatment planning is individualized and appropriate to the individual’s changing condition. Realistic and specific treatment goals and objectives have been identified. Treatment planning should involve family or other support systems, when appropriate, to address ongoing social, occupational and interpersonal needs.

C. All services and treatment are carefully structured to achieve optimum results in the most time-efficient manner possible and consistent with sound clinical practices.

D. Care is rendered in a clinically appropriate manner and focused on the individual’s behavioral and functional outcomes, as described in the discharge plan.

E. When medically appropriate, psychopharmacological intervention has been prescribed and/or evaluated.

F. There is documented active discharge planning.

G. There are documented attempts to coordinate care with other behavioral health providers and the primary care physician (PCP), when appropriate.

H. Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms, but goals of treatment have not yet been achieved, or adjustments in the treatment plan to address lack of progress and/or psychiatric or medical complications are evident.

I. The patient is currently involved and cooperating in the treatment process, or if they are not involved, there are measurable indicators that the patient is progressing towards active involvement in treatment.

V. Discharge Criteria:

Any of the following criteria are sufficient for discharge from this level of care:

A. The individual’s documented treatment plan goals and objectives have been substantially met.

B. The individual meets criteria for an alternative level of care.

C. The individual, family, guardian and/or custodian are competent but non-participatory in treatment or in following the program rules and regulations. The non-participation is of such a degree that ATU treatment is rendered ineffective or unsafe, despite multiple, documented attempts to address non-participation.

D. Support systems, which allow the individual to be maintained in a less restrictive treatment environment, have been thoroughly explored and/or secured.

E. The patient is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care. If the client remains
a danger to self or others, a transfer to a psychiatric inpatient facility will occur.

Bibliography

Department of Public Health and Environment, Health Facilities and Emergency Medical Services Division, 6 CCR 1011-1; Standards for Hospitals and Health Facilities, Chapter VI—Acute Treatment Units; Adopted 01/17/2007, Effective 04/01/2007

Department of Public Health and Environment, Health Facilities and Emergency Medical Services Division, 6 CCR 1011-1; Standards for Hospitals and Health Facilities, Chapter XVIII—Psychiatric Hospitals; Amended 11/28/2007, Effective 01/30/2008