

## Mental Health Residential - Children, Adolescents and Adults

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Effective Date: 08/01/2018

Dates Reviewed: 04/2010, 05/26/2010, 05/2011, 05/2012, 05/2013, 05/2014, 05/2015, 07/2016, 07/2017, 07/2018

Developed By: Medical Necessity Criteria Committee

### I. Description

Residential treatment is defined as a 24-hour level of care that provides a range of diagnostic and therapeutic behavioral health services which cannot be provided in an outpatient setting. Research strongly suggests that the best therapeutic environment is one that is both safe and least restrictive to the patient. Admission to this level of care should be made only after face-to-face interview and assessment with the patient and family members and only with clinical evidence of the failure of all available and appropriate outpatient interventions. Placement in residential treatment is appropriate if the member does not need the higher level of physical security and frequency of psychiatric and nursing intervention that are available on an inpatient unit. Although it is sometimes assumed that residential care implies a longer length of stay than inpatient care, studies have shown that residential care is an efficacious short-term alternative to inpatient care for voluntary patients with urgent behavioral health conditions.

If residential treatment is indicated, placement should be in a facility closest to patient's home at discharge. If out of area placement is the only appropriate option, there must be facility and family commitment for regular and ongoing participation of family in treatment. In addition, contact should be established as early as possible between facility and community-based professional who will be treating patient and family after discharge from residential setting.

### II. Criteria: CWQI BHC-0011

#### A. **Program Requirements:**

Treatment must include **ALL** of the following:

1. Facility holds licensure and/or accreditation for the level and type of care provided and is practicing within the scope of its license.
  - a. Facilities in Oregon must be licensed under OAR 309-039-0570.
  - b. Facilities not contracted and credentialed with Moda Health must hold licensure appropriate to their state and accreditation from the Joint Commission or Commission on Accreditation of Rehabilitation Facilities (CARF).
2. 24 hour supervision by mental health treatment staff, including at least one nurse onsite at all times, to assist with medical issues, crisis intervention and medication.
3. An open setting, unless otherwise indicated for safety.
4. Staff must have ability to safely restrain and protect individuals during a crisis for the safety of the patient and others. Not applicable to adult-only programs.

5. Patient must be staying overnight at the facility.
6. Patient must be involved in a structured treatment program for at least 8 hours per day, 5 days a week under the supervision of a licensed mental health professional, consisting of **ALL** of the following:
  - a. Documentation of the individual's participation in each treatment activity, tied to goals described in the individualized treatment plan;
  - b. Daily group therapy;
  - c. Individual and/or family therapy at least twice per week;
  - d. Individualized case management activities as needed;
  - e. Structured skills training, vocational training, education, recreation and/or socialization activities.
7. Treatment plans must be individualized, not determined by programmatic duration, and include an appropriate mix of modalities (i.e. family, group and individual therapies).
8. Regular psychiatric involvement, including evaluation within 72 hours of admission. Once weekly review by a psychiatrist or psychiatric nurse practitioner occurs until discharge along with ongoing medication monitoring.
9. Regular academic instruction occurs if patient is child/adolescent.
10. Face-to-face family therapy, a minimum of once weekly. If this is not possible or indicated, clinical evidence must be given and an acceptable alternative offered.
11. Aftercare treatment planning for the reintegration of the patient into the home, school and community. If this is not an option, this must be identified as early as possible and appropriate placement plans must be made. Continued care will not be authorized solely for lack of placement options.

**B. Admission Criteria:**

Authorization for admission is indicated by **ALL** of the following:

1. Patient does not meet criteria for acute inpatient mental health treatment.
2. Patient has an active psychiatric diagnosis which requires therapeutic intervention.
3. The patient is medically stable.
4. The patient cannot be treated safely and effectively at a lower level of care due to **1 or more** of the following:
  - a. Serious and persistent psychosocial impairments that have failed to respond to treatment at all appropriate lower levels of care. (Note: Non-participation does not constitute failure at a lower level of care.);
  - b. Danger to self or others;
  - c. Profound role failure; or
  - d. The appropriate lower level of care is not reasonably available to the patient.
5. The patient is judged physically and cognitively able to actively participate in treatment.
6. For recent readmissions, the treatment plan clearly states what will be done differently to address risk factors that led to the readmission, and promotes increased use of skills to support a successful transition to a lower level of care.
7. Discharge planning begins at time of admission.

**C. Continued Care Criteria:**

Continued authorization is indicated by **ALL** of the following:

1. Patient continues to satisfy medical necessity admission criteria.
2. Clinical evidence of motivation for and engagement in treatment and the ability to achieve short-term treatment goals.
3. Patient is making progress toward resolving the problems that necessitated this level of care, or a recent treatment plan change is reasonably expected to resolve a lack of progress.
4. Patient has not improved enough to be safely moved to a lower level of care.

**D. Discharge Criteria:**

Termination of continued authorization is indicated by **1 or more** of the following:

1. Treatment goals and objectives appropriate to the residential level of care have been substantially met.
2. The patient's condition has improved to the point where the patient no longer requires 24 hours per day supervision and observation.
3. The patient meets criteria for a less restrictive level of care (e.g. mental health partial hospitalization, outpatient or intensive outpatient treatment).
4. The patient's physical condition necessitates transfer to a medical facility.
5. The patient is not making progress at the current setting or level of care.
6. Care is custodial in nature, including care that is primarily for the purpose of keeping a member safe or holding a member awaiting admission to the appropriate level of care.

**Contra-indications:**

1. Running away and disobedience are not in and of themselves sufficient reasons for admission to residential level of care.
2. Readmission or continued stay is expected to be countertherapeutic due to **1 or more** of the following:
  - a. Previous admissions to the same or a similar program have not been therapeutically beneficial;
  - b. The patient has reached maximum expected therapeutic benefit from previous admissions or during the current admission;
  - c. The treatment reinforces an unhealthy self-image or identification with the illness.
  - d. For a patient with attachment disorder, residential treatment would interfere with interventions that are more appropriate to take place in the home environment.

**III. Information Submitted with the Prior Authorization Request:**

1. Diagnosis, symptoms, and functional impairment;
2. Relevant biopsychosocial and treatment history;
3. Alcohol and other drug use history, or assessment;
4. Current medical status and relevant medical history;
5. Current medications;
6. Risk assessment;
7. Specific goals for stabilization;

8. Treatment plan;
9. Plan for outpatient follow-up following discharge; and
10. Faxed copy of initial psychiatric evaluation and/or History & Physical may be required.

## VI. Annual Review History

Review Date	Revisions	Effective Date
05/2013	Annual Review. Added table with review date, revisions, and effective date. Minor word changing.	05/2013
05/2014	Annual Review.	05/2014
05/2015	Annual Review. Added description of custodial care and other clarifying language.	05/2015
07/2016	Annual Review. Added least restrictive language, added #2 and #3 contra-indications, updated citation and licensure/accreditation requirements.	07/2016
06/2017	Annual Review. Addressed readmissions. Updated facility licensing requirements.	09/2017
06/18	Annual Review. Updated accreditation requirements; provided detail regarding structured treatment; clarified factors indicating a lower level of care is not appropriate; clarified contraindications.	08/2018

## VII. References

1. American Academy of Child and Adolescent Psychiatry Practice Parameters, [www.aacap.org/index.wv](http://www.aacap.org/index.wv).
2. American Psychiatric Associates Guidelines for Adults, [www.apa.org](http://www.apa.org).
3. *Child and Adolescent Psychiatric Care*. City of Philadelphia. 2000.
4. *Criteria for Short-term Treatment of Acute Psychiatric Illness*. American Academy of Child and Adolescent Psychiatry. 1995.
5. *Mental Health Criteria for Hospitalization*. Department of Services for Children, Youth and Their Families, Division of Child Mental Health Services. 2004. State of Delaware.
6. National Guideline Clearinghouse. Guideline Summary NGC – 5511. Guideline Title: Practice Parameter for the assessment and treatment of children and adolescents with bipolar disorder.
7. National Guideline Clearinghouse. Guideline Summary NGC – 5514. Guideline Title: Practice parameter on child and adolescent mental health care in community systems of care.
8. *Oregon Administrative Rules*. Residential Treatment Facilities for Mentally or Emotionally Disturbed Persons OAR 309-035-0100 to 309-035-0190.
9. *Oregon Administrative Rules*. Standards for Mental Health Residential Programs OAR 309-039-0500 to 309-039-0580.
10. *Oregon Administrative Rules*. Definitions of Coordinated Care and Case Management for Behavioral Health Care Services. OAR 836-053-1403.
11. *Principles of Care for Treatment of Children and Adolescents with Mental Illnesses in Residential Treatment Centers*. American Academy of Child & Adolescent Psychiatry. 2010.