

7.4. Residential Treatment Centers – Child/Adolescent

RESIDENTIAL TREATMENT CENTERS (CHILD/ADOLESCENT)

Principles for Medical Necessity Criteria

The purpose of this section is to define and clarify criteria for when a residential treatment center (RTC) level of care is a medically necessary treatment for children and adolescents with a DSM 5 mental health disorder, except for excluded diagnoses which are appended.

An RTC is defined in Health-General Article, Title 19, Annotated Code of Maryland as a psychiatric institution that provides campus-based intensive and extensive evaluation and treatment of children and adolescents with severe and chronic emotional disturbances who require a self-contained therapeutic, educational, and recreational program in a residential setting.

When a participant has a mental health disorder that requires professional evaluation and treatment, he or she should be treated in the least intensive, least restrictive setting available that is most appropriate and able to meet the participant’s medical needs.

Satisfaction of all admission and continued care criteria must be documented in the clinical record based on the conditions and factors identified below before treatment will be authorized.

CRITERIA

Admission Criteria	<p>Medical necessity for admission to an RTC level of care must be documented by the presence of all the criteria given below in Severity of Need and Intensity of Service.</p> <p>The child or adolescent must have a mental health disorder amenable to active clinical treatment. The evaluation and assignment of a DSM 5 diagnosis must result from a face-to-face psychiatric evaluation.</p>
Severity of Need	<ul style="list-style-type: none"> A. The child or adolescent has a PBHS specialty mental health DSM 5 diagnosis. B. There must be clinical evidence the child or adolescent has: <ul style="list-style-type: none"> i. A serious emotional disturbance (for children under 18) ii. A serious mental illness (for youth over age 18 but not yet 22) C. Due to the serious emotional disturbance or serious mental illness, the child or adolescent exhibits a significant impairment in functioning, representing potential serious harm to him or herself or others, across settings, including the home, school, and community. The serious harm does not necessarily have to be of an imminent nature. The accessibility and/or intensity of currently available community supports and services are inadequate to meet these needs due to the severity of the impairment.

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	<p>D. The child or adolescent requires services and supports to be available 24 hours a day, seven days a week to develop skills necessary for daily living; to assist with planning and arranging access to a range of educational and therapeutic services; and to develop the adaptive and functional behaviors that will allow him or her to remain successfully in the home and community and regularly attend and participate in work, school, or training. In particular, the child or adolescent requires the availability of crisis and/or mental health services 24 hours a day, seven days a week, with flexible scheduling and availability of other services and supports.</p> <p>E. Due to the serious emotional disturbance or serious mental illness, the child or adolescent also requires that there be a parent, guardian, individual, or organization that is responsible for the 24-hour care and supervision of that child or adolescent.</p>
<p>Intensity of Service</p>	<p>A. RTC placement or community-based RTC level of care is considered medically necessary when all less intensive levels of treatment have been determined to be unsafe, unsuccessful, or unavailable.</p> <p>B. The child or adolescent requires a 24-hour a day, seven day a week structured and supportive living environment.</p> <p>C. The child or adolescent requires the provision of individualized, strengths-based services and supports that:</p> <ol style="list-style-type: none"> 1. Are identified in partnership with the child or adolescent, if developmentally appropriate, and the family and support system to the extent possible 2. Are based on both clinical and functional assessments 3. Are clinically monitored and coordinated with 24-hour availability 4. Are implemented with oversight from a licensed mental health professional 5. Includes: <ol style="list-style-type: none"> a. Assisting with the development of skills for daily living b. Care coordination to plan and arrange access to a range of educational and therapeutic services c. Services that support the development of adaptive and functional behaviors that will enable the child or adolescent to remain successfully in the home and community and regularly attend and participate in work, school, or training d. When appropriate and relevant, psychotropic medications to be used with specific target symptoms identification, with

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	<p>medical monitoring by a psychiatrist and 24-hour psychiatric availability as needed by the client</p> <ul style="list-style-type: none"> e. Screening and assessment for current medical problems and concomitant substance use disorder issues f. Coordination with the child or adolescent’s community resources with the goal of transitioning the youth out of the program as soon as possible and appropriate
<p>Criteria for Continued Stay</p>	<p>In addition to meeting all of the admission criteria on a continuing basis, and continued evidence of active treatment, criteria A, B, C, and D below must be met to satisfy the criteria for continued medical necessity for RTC.</p> <ul style="list-style-type: none"> A. There must be evidence of the need for continued support 24 hours per day, seven days a week due to the degree of functional and/or behavioral health impairment. B. There is clinical evidence that the child or adolescent can continue to make measurable progress in the program, as demonstrated by a further reduction in psychiatric symptoms, or acquire requisite strengths in order to be transitioned from the program or moved to a less restrictive level of care. C. There must be a reasonable expectation by the family and treating clinician that if treatment services as currently provided in the plan of care were withdrawn, the child or adolescent’s condition would deteriorate, relapse further, or require a move to a more restrictive level of care. D. For youth served in an RTC short-term, therapeutic visits home with the purpose of testing treatment efficacy and supporting the goal of eventual family reunification are not, in and of themselves, to be considered grounds for a denial of continued stay. However, therapeutic passes to home are to be considered an indicator of upcoming discharge to home.