

7.5. Residential Crisis Services – Adult/Child and Adolescent

RESIDENTIAL CRISIS SERVICES (ADULT/CHILD AND ADOLSCENT)

Principles for Medical Necessity Criteria

Residential crisis services are provided on a short-term basis in a community-based residential setting to prevent a psychiatric inpatient admission or the need for a prolonged acute hospitalization.

When participants have a mental disorder that requires professional evaluation and treatment, they should be treated at the least intensive setting able to meet their medical needs.

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

CRITERIA

<p>Admission Criteria</p>	<p>All of the following criteria are necessary for admission:</p> <ul style="list-style-type: none"> A. The participant has a PBHS specialty mental health DSM 5 diagnosis which requires, and is likely to respond to, therapeutic intervention. B. The participant is at-risk for hospitalization or continued hospitalization. C. There is a need for immediate intervention because the participant: <ul style="list-style-type: none"> ▪ Is at-risk for harm of him or herself or others ▪ Is experiencing rapid deterioration of functioning as a result of psychiatric symptoms D. All less intensive levels of treatment have been determined to be unsafe or unsuccessful.
<p>Severity of Need and Intensity of Service</p>	<p>Medical necessity for admission to residential crisis services must be documented by the presence of all of the criteria. Length of service varies based on medical necessity but is designed to be short-term. Active involvement of the participant, family, caregiver, or others involved in the individual’s treatment should be sought.</p>
<p>Criteria for Continued Stay</p>	<p>All of the following criteria are necessary for continuing treatment at this level of care:</p> <ul style="list-style-type: none"> A. The participant continues to meet admission criteria. B. Diversion from inpatient hospitalization continues to appear possible. C. The participant’s current available living environment is not suitable for stabilizing the participant during the crisis. D. Progress in relation to specific symptoms/impairments/dysfunction is clearly evident and can be described in objective terms, but goals of

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	treatment have not been achieved or adjustments in the treatment plan to address the lack of progress are evident.
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