

7.6. Community-Based Residential Care – General – Adult

COMMUNITY-BASED RESIDENTIAL CARE – GENERAL (ADULT)

Principles for Medical Necessity Criteria

Community-based residential care for adults provides support in a residence outside of the participant’s own home and provides needed resources and support not sufficiently available within the participants own existing social support system. Community-based residential care for adults includes community residential crisis intervention units, residential rehabilitation programs (RRPs), licensed group homes in community-based home-like settings, and other residential settings which provide rehabilitation, assistance, support, and sometimes specialized services. These services are to promote a participant’s ability to engage and participate in appropriate community activities and to enable the participant to develop the daily living skills that are needed for independent functioning.

The decision to place a participant in a community residential crisis intervention unit, licensed group home (small 4-8 people, large 9-16 people), or other supervised residential setting is based upon a determination of which setting would best meet the needs of the participant, and availability.

RRPs provide services based upon the participant’s needs in varying levels of support—general and intensive—and are subject to additional admission/continued stay criteria. Please see Section 7.7 for level of care criteria for residential rehabilitation program – intensive.

- General support staff is available on-call 24 hours a day, seven days a week and provides at a minimum, three face-to-face contacts per participant per week, or 13 face-to-face contacts per month.

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

Admission Criteria	<p>All of the following criteria are necessary for admission:</p> <p>A. The participant has a PBHS specialty mental health DSM 5 diagnosis, included in the priority population, which is the cause of significant functional and psychological impairment, and the participant's condition can be expected to be stabilized through the provision of medically necessary supervised residential services in conjunction with medically necessary treatment, rehabilitation, and support.</p> <p>B. The participant requires active support to ensure the adequate, effective coping skills necessary to live safely in the community, participate in self-care and treatment, and manage the effects of his/her illness. As a result of the participant’s clinical condition</p>
---------------------------	---

COMMUNITY-BASED RESIDENTIAL CARE – GENERAL (ADULT)

	<p>(impaired judgment, behavior control, or role functioning) there is significant current risk of one of the following:</p> <ul style="list-style-type: none"> ▪ Hospitalization or other inpatient care as evidenced by the current course of illness or by the past history of the illness ▪ Harm to him or herself or others as a result of the mental illness and as evidenced by the current behavior or past history ▪ Deterioration in functioning in the absence of a supported community-based residence that would lead to the other items. <p>C. The participant’s own resources and social support system are not adequate to provide the level of residential support and supervision currently needed as evidenced for example, by one of the following:</p> <ul style="list-style-type: none"> ▪ The participant has no residence and no social support. ▪ The participant has a current residential placement, but the existing placement does not provide sufficiently adequate supervision to ensure safety and ability to participate in treatment. ▪ The participant has a current residential placement, but the participant is unable to use the existing residence to ensure safety and ability to participate in treatment, or the relationships are dysfunctional and undermine the stability of treatment <p>D. The participant is judged to be able to reliably cooperate with the rules and supervision provided and to contract reliably for safety in the supervised residence.</p> <p>E. All less intensive levels of treatment have been determined to be unsafe or unsuccessful.</p>
<p>Severity of Need and Intensity of Service</p>	<p>Medical necessity for admission to community-based mental health residential care must be documented by the presence of all of the criteria. Location and length of service varies based on the participant’s needs and medical necessity. Active involvement of the participant, family, or significant others involved in the participant’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. There is continued risk of deterioration in functioning that may lead to inpatient admission or harm to him or herself and/or others. C. There is evidence that the resources and social support system, which are available to the participant outside the supervised residence continue to be inadequate to provide the level of residential support and supervision currently needed for safety, self-care or effective

COMMUNITY-BASED RESIDENTIAL CARE – GENERAL (ADULT)

treatment despite current treatment, rehabilitation and discharge planning.

D. Progress in relation to specific symptoms/impairments/dysfunction is clearly evident and can be described in objective terms, but goals of treatment have not been achieved or adjustments in the treatment plan to address the lack of progress are evident and/or a second opinion on the treatment plan has been considered.

E. There is documented active planning for transition to a less intensive level of care
