

7.7. Residential Rehabilitation Program – Intensive – Adult

RESIDENTIAL REHABILITATION PROGRAM – INTENSIVE (ADULT)

Principles for Medical Necessity Criteria

Residential rehabilitation programs (RRPs) 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.

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.

- Intensive support staff provides services daily onsite in the residence, with a minimum of 40 hours per week, up to 24 hours a day, seven days a week.

Participants must meet all community-based mental health residential care criteria and additional medically necessity criteria to qualify for RRP.

When a participants have a mental disorder that requires professional evaluation and treatment, they should be treated at the least intensive setting able to meet the participants’ 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 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 meets diagnostic criteria as defined in BHA’s priority population.</p> <p>C. The participant has a history of at least one of the following:</p> <ul style="list-style-type: none"> ▪ Criminal behavior ▪ Treatment and/or medication non-compliance ▪ Substance use ▪ Aggressive behavior ▪ Psychiatric hospitalizations ▪ Psychosis ▪ Poor reality testing
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AND Current presentation of at least one of the following behaviors or risk factors that require daily structure and support in order to manage:

- Safety risk
- Active delusions
- Active psychosis
- Poor decision making skills
- Impulsivity
- Inability to perform ADL skills to maintain tasks necessary to live in the community environment
- Impaired judgment, including social boundaries
- Inability to self-protect in community situations
- Inability to safely self-medicate or otherwise self-manage the illness
- Aggression
- Inability to access community resources necessary for safety
- Impaired community living skills

D. 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 (impaired judgment, behavior control, or role functioning) there is significant current risk of one of the following:

- 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, or deterioration in functioning in the absence of a supported community-based residence that would lead to the other items.

E. 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:

- 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.

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	<ul style="list-style-type: none"> ▪ 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. F. 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. G. The participant must also be receiving psychiatric rehabilitation program (PRP) services. H. Priority for this level of care is given to participants currently hospitalized in state psychiatric hospitals that are ready for discharge and for participants at risk of hospitalization or due to the need for mental health support and treatment are at risk for incarceration or homelessness. I. 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 a RRP 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 self 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 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.

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