

7.12. Psychiatric Rehabilitation Program – Child/Adolescent

PSYCHIATRIC REHABILITATION PROGRAM (PRP) (CHILD/ADOLSCENT)

Principles for Medical Necessity Criteria

Psychiatric rehabilitation program (PRP) services are for children and adolescents with serious mental illness or emotional disturbance who have been referred by a licensed professional of the healing arts based on a screening, assessment, or ongoing treatment of the participant. The services must be goal directed and outcome focused. The services are time-limited interventions provided only as long as they continue to be medically necessary to reduce symptoms of the participant’s mental illness and to restore the participant to an appropriate functional level.

When participants have a mental disorder that require 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, and the participant’s impairment(s) and functional behavior can reasonably be expected to be improved or maintained by using these services. B. The participant’s mental illness is the cause of serious dysfunction in one or more life domains (home, school, community) C. The impairment as a result of the participant’s mental illness results in: <ul style="list-style-type: none"> ▪ A clear, current threat to the participant's ability to be maintained in his/her customary setting ▪ An emerging/pending risk to the safety of the participant and others ▪ Other evidence of significant psychological or social impairments, such as inappropriate social behavior, causing serious problems with peer relationships and/or family members D. The participant, due to the dysfunction, is at-risk for requiring a higher level of care, or is returning from a higher level of care. E. The participant’s condition requires an integrated program of rehabilitation services to develop and restore independent living skills to support the participant’s recovery.
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	<p>F. The participant does not require a more intensive level of care and is judged to be in enough behavioral control to be safe in the rehabilitation program and benefit from the rehabilitation provided.</p> <p>G. A documented crisis response plan for the participant is in progress or completed.</p> <p>H. An individual rehabilitation plan (IRP) is in progress or completed</p> <p>I. PRP services will be rendered by staff that are supervised by a licensed mental health professional.</p> <p>And either:</p> <ul style="list-style-type: none"> ▪ There is clinical evidence that the current intensity of outpatient treatment will not be sufficient to reduce the participant’s symptoms and functional behavioral impairment resulting from the mental illness and restore him/her to an appropriate functional level, or prevent clinical deterioration, or avert the need to initiate a more intensive level of care due to current risk to the participant or others ▪ For participant transitioning from an inpatient, day hospital or residential treatment setting to a community setting there is clinical evidence that PRP services will be necessary to prevent clinical deterioration and support successful transition back to the community, or avert the need to initiate or continue a more intensive level of care.
<p>Severity of Need and Intensity of Service</p>	<p>Medical necessity for admission to PRP services must be documented by the presence of all of the criteria. The length and frequency of the services varies based on the participant’s needs and medical necessity. Professional and/or social supports must be identified and available to the participant outside of program hours and the participant or the participant’s parent/caretaker must be capable of seeking them as needed. Active involvement of the participant, family, caretakers, 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> <p>A. The participant continues to meet admission criteria.</p> <p>B. Clinical evidence indicates that the therapeutic re-entry into a less intensive level of care would result in exacerbation of the symptoms of the participant’s mental disorder.</p> <p>C. 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. (There should be daily</p>

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progress notes that document treatment and the participant's response to treatment.)

- D. The IRP and written crisis plan are complete and the IRP has been signed by at least two licensed mental health professionals who have collaborated regarding the IRP. The IRP is being carried out in accordance with the child and adolescent PRP regulations (COMAR 10.21.29).
 - E. There is evidence that the participant, family, caretaker or significant other is involved in treatment in the frequency and indicated by the treatment plan.
 - F. There is documented active planning for transition to a less intensive level of care
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