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Developed By: Medical Criteria Committee	

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Approved: Csaba Mera, MD **Date:** 4/28/08

Description:

Residential treatment is defined as a 24-hour level of care that provides a range of diagnostic and therapeutic behavioral health services which cannot be provided in an outpatient setting. In considering the appropriateness of any level of care, all basic elements of the medical necessity definition should be met. Admission to this level of care should be made only after face-to-face interview and assessment with the patient and family members and only with clinical evidence of the failure of all available and appropriate outpatient interventions.

If residential treatment is indicated, placement should be in facility closest to patient's home at discharge. If out of area placement is the only appropriate option, there must be facility and family commitment for regular and ongoing participation of family in treatment. In addition, contact should be established as early as possible between facility and community-based professional who will be treating patient and family after discharge from residential setting.

Residential facility must provide:

1. 24 hour supervision by mental health treatment staff, including at least one nurse onsite at all times, to assist with medical issues, crisis intervention and medication.
2. An open setting, unless otherwise indicated for safety.
3. Staff must have ability to safely restrain and protect individuals during a crisis for the safety of the patient and others. Not applicable to adult-only programs.
4. Patient must be staying overnight at the facility.
5. Patient must be involved in a structured treatment program for at least 8 hours, 5 days a week under the supervision of a licensed mental health professional.
6. Treatment plans must be individualized and include an appropriate mix of modalities (i.e. family, group and individual therapies).
7. Regular psychiatric involvement, including evaluation within 72 hours of admission. Once weekly review to occur until discharge along with ongoing medication monitoring.
8. Regular academic instruction to occur if patient is child/adolescent.
9. Face-to-face family therapy, a minimum of once weekly. If this is not possible, clinical evidence must be given and an acceptable alternative offered.
10. Aftercare treatment planning for the reintegration of the patient into the home, school and community. If this is not an option, this must be identified as early as possible and appropriate placement plans must be made. Continued stay in RTC will not be authorized solely for lack of placement options.
11. Facility must be licensed as a residential treatment facility by state in which it operates. In Oregon, licensing for this level of care would fall under OAR 309-039-0570 or OAR 309-032-1100 through 309-032-1230.

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Criteria for admission:

Authorization for admission is indicated by **ALL** of the following:

1. Patient has active DSM-IV TR (or most recent edition) Axis I nervous and mental condition diagnosis.
2. The patient is medically stable.
3. The patient has serious and persistent psychosocial impairments that have failed to respond to treatment at all lower levels of care.
4. The severity of dysfunction requires 24 hours per day supervision and observation with patient demonstrating danger to self/others and/or profound role failure.
5. The patient is judged physically and cognitively able to actively participate in treatment.
6. Running away and disobedience are not in and of themselves sufficient reasons for admission to residential level of care.
7. Non-participation does not constitute failure at a lower level of care.
8. Discharge planning to begin at time of admission.

Continued stay criteria:

Continued authorization for admission is indicated by **ALL** of the following:

1. Patient continues to satisfy medical necessity admission criteria.
2. Clinical evidence of motivation for and compliance with treatment. Patient demonstrates ability to achieve short-term treatment goals, is making progress, or treatment plan has been changed necessitating continued treatment.
3. Patient and family (if indicated) are actively involved in treatment, including face-to-face (or approved alternative) to family therapy. Multi-family treatment may be utilized in addition to, but not as a substitute for face-to-face family treatment. Family therapy to be provided, as appropriate, if patient is adult.
4. Patient has not improved enough to be safely moved to a lower level of care.

Information to be Submitted with Pre-Authorization Request:

1. Multi-axial diagnosis, symptoms, and functional impairment;
2. Relevant psychosocial and treatment history;
3. Alcohol and other drug use history;
4. Current medical status and relevant medical history;
5. Current medications;
6. Risk assessment;
7. Treatment plan;
8. Specific goals for stabilization; and
9. Plan for outpatient follow-up following discharge.

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Discharge Criteria:

Termination of continued authorization is indicated by **1 or more** of the following:

1. Treatment goals and objectives have been substantially met.
2. The patient no longer meets admission criteria or meets criteria for a less restrictive level of care.
3. The patient's physical condition necessitates transfer to a medical facility.

References:

American Psychiatric Associates Guidelines for Adults, www.apa.org.
American Academy of Child and Adolescent Psychiatry Practice Parameters,
www.aacap.org/index.wv.
Criteria for Short-term Treatment of Acute Psychiatric Illness. American Academy of Child and Adolescent Psychiatry. 1995.
Child and Adolescent Psychiatric Care. City of Philadelphia. 2000.
Mental Health Criteria for Hospitalization. Department of Services for Children, Youth and Their Families, Division of Child Mental Health Services. 2004. State of Delaware.
Oregon Administrative Rules. Residential Treatment Facilities for Mentally or Emotionally Disturbed Persons OAR 309-035-0100 to 309-035-0190.