

Residential Treatment for Children and Adolescents

I. Definition of Services

A continuum of residential treatment services is provided for Medicaid-eligible children aged 5 to 18 years, based on the severity of an individual's illness. By definition, residential treatment provides a 24-hour therapeutic environment and comprehensive psychological and psychiatric treatment services, which fit the needs of the child/adolescent. These services may include medical, nursing, psychiatric, individual and group therapies and family therapy, as determined necessary per the child/adolescent's individual therapeutic needs. The following types of Residential treatment programs were defined by the State of Colorado in 2006 and are covered by the BHO Medicaid Program:

- 1) Psychiatric Residential Treatment Facility (PRTF). This is considered the highest intensity program within the Residential level of care. This care should be reserved for children who have one or more mental disorders, some impairment in reality testing or communication, or major impairment in several areas such as work, school, or family relations. This level of care requires a specific process to determine medical necessity and has the additional requirement that PRTF treatment can be expected to improve the client's current condition or prevent further regression in functioning. This level of care is most appropriate for individuals who have complex medical needs in addition to their psychiatric treatment needs.
- 2) Treatment Residential Child Care Facility (TRCCF) is the most frequently utilized type of program within the Residential level of care. This type of program is appropriate for individuals who have significant impairment in thought, emotional regulation, or behavior as a product of one or more mental disorders. This level of care has specific administrative requirements for staffing. In general, a facility at this level of care does not have the capacity for treating individuals who require frequent medical intervention by a psychiatrist. Most facilities at this level of care have the capacity for restraint or seclusion.

II. Admission Criteria

All of the following are necessary for admission to PRTF or TRCCF:

- A. The child/adolescent must be Medicaid-eligible.

- B. The child/adolescent exhibits symptoms consistent with a covered DSM-IV-TR diagnosis (Axis I-V), which requires and can be expected to respond to therapeutic intervention.
- C. The child/adolescent is not sufficiently stable to be treated outside of a supervised 24-hour therapeutic environment.
- D. The child/adolescent demonstrates a capacity to respond favorably to rehabilitative counseling and training in areas such as problem solving, life skills development, and medication adherence training such that reintegration into the family unit or a foster home is a realistic goal.
- E. The family situation and functioning levels are such that the child/adolescent cannot currently remain in the home environment and receive community-based treatment.
- F. All other community-based therapeutic interventions and supports have been tried and exhausted, or deemed inappropriate, based on the child/adolescent's level of functioning.
- G. The parent or legal guardian agrees to participate fully in all recommended aspects of the treatment program and to maintain custody during and after treatment.
- H. The child/adolescent has a history of multiple hospitalizations or other treatment episodes at other levels of care and/or recent inpatient stay with a history of poor treatment adherence or outcome.

III. Exclusion Criteria

Any of the following criteria are sufficient for exclusion from this level of care:

- A. The child/adolescent exhibits severe suicidal, homicidal or acute mood symptoms/thought disorder, which require a more intensive level of care.
- B. Parent/guardian does not voluntarily consent to admission or treatment.
- C. The child/adolescent can be safely maintained and effectively treated at a less intensive level of care.
- D. The child/adolescent has medical conditions or impairments that would prevent beneficial utilization of services, or is not stabilized on medications.
- E. The primary problem is social, economic (i.e. housing, family, conflict, etc.), or one of physical health without concurrent major psychiatric episode meeting criteria for this level of care, or admission is being used as an alternative to incarceration.
- F. If the child is in DHS custody, authorization and payment for TRCCF treatment is the responsibility of the Department of Human Services.
- G. The child is under 5 years of age.

IV. Continued Stay Criteria

All of the following criteria are necessary to continue treatment at this level of care:

- A. The child/adolescent's treatment does not require a more intensive level of care, and no less intensive level of care would be appropriate.
- B. Treatment planning is individualized and appropriate to the individual's changing condition with realistic and specific goals and objectives. Treatment planning should include active family and/or other support systems.
- C. All services and treatment are carefully structured to achieve optimum results in the most time-efficient manner possible consistent with sound clinical practice.
- D. Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms, but goals of treatment have not yet been achieved OR adjustments to the treatment plan to address lack of progress are evident.
- E. Care is rendered in a clinically appropriate manner and focused on the child/adolescent's behavioral and functional outcomes, as described in the discharge plan.
- F. Unless contraindicated, family, guardian, and/or custodian is actively involved in the treatment, as required by the treatment plan.
- G. When medically necessary, appropriate psychopharmacological intervention has been prescribed and/or evaluated.
- H. There is documentation of active discharge planning.
- I. There is a documented active attempt at coordination of care with the Behavioral Health Provider and the PCP (primary care physician), when appropriate.

V. Discharge Criteria

Any of the following criteria are necessary for discharge:

- A. The child/adolescent's documented treatment plan goals and objectives have been substantially met.
- B. The child/adolescent meets criteria for an alternative level of care.
- C. The child/adolescent, family, guardian or custodian is competent, but not participating in treatment or in following the program's rules and regulations.
There is non-participation of such a degree that treatment at this level of care is rendered ineffective or unsafe, despite multiple, documented attempts to address non-participation issues.
- D. Consent for treatment is withdrawn, and it is determined that the child/adolescent or parent/guardian has the capacity to make an informed decision regarding discontinuation of services and does not meet criteria for the inpatient level of care.
- E. Support systems, which allow the child/adolescent to be maintained in a less restrictive treatment environment, have been thoroughly explored and/or secured.
- F. The child/adolescent is not making progress toward treatment goals despite persistent efforts to engage him/her, and there is no reasonable expectation

of progress at this level of care nor is it required to maintain the current level of functioning.