

## Level of Care III: Community-Based Mental Health Residential Care- Adult

### I. Principles for Medical Necessity Criteria:

Community-Based Residential Care for adults provides support in a residence outside of the Individual's own home and provides needed resources and support not sufficiently available within the Individual's own existing social support system. Community-Based Residential Care for adults includes community residential crisis intervention units, residential rehabilitation programs, 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 an Individual's ability to engage and participate in appropriate community activities and to enable the Individual to develop the daily living skills that are needed for independent functioning.

The decision to place an individual 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 Individual, and availability.

Residential Rehabilitation Programs (RRPs) provide services based upon the Individual's needs in varying levels of support- general and intensive, and are subject to additional admission/continued stay criteria (Please refer to Level of Care III: Residential Rehabilitation Program, Intensive).

- **General Support.** Staff is available on-call 24/7 and provides at a minimum, three face-to-face contacts per Individual, per week, or 13 face-to-face contacts per month.
- **Intensive Support.** Staff provides services daily on-site in the residence, with a minimum of 40 hours per week, up to 24 hours a day, 7 days a week.

When an Individual has a mental disorder that requires professional evaluation and treatment, he/she should be treated at the least intensive setting able to meet the individual's 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.

### II. Admission Criteria

**All of the following criteria are necessary for admission:**

- A. The consumer has a PMHS specialty mental health DSM-IV diagnosis which is the cause of significant functional and psychological impairment, and the Individual'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.
- B. The Individual 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 Individual'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

	<p>current course of illness or by the past history of the illness;</p> <ul style="list-style-type: none"> <li>➤ Harm to self or others as a result of the mental illness and as evidenced by the current behavior or past history; or</li> <li>➤ Deterioration in functioning in the absence of a supported community-based residence that would lead to the other items.</li> </ul> <p>C. The Individual'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"> <li>➤ The Individual has no residence and no social support;</li> <li>➤ The Individual has a current residential placement, but the existing placement does not provide sufficiently adequate supervision to ensure safety and ability to participate in treatment; or</li> <li>➤ The Individual has a current residential placement, but the Individual 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</li> </ul> <p>D. The Individual 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><b>III. Severity of Need and Intensity of Service</b></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 Individual's needs and medical necessity. Active involvement of the Individual, family, or significant others involved in the Individual's treatment should be sought.</p>
<p><b>IV. Continued Stay Criteria:</b></p>	<p><i>All of the following criteria are necessary for continuing treatment at this level of care:</i></p> <ul style="list-style-type: none"> <li>A. The consumer continues to meet admission criteria.</li> <li>B. There is continued risk of deterioration in functioning that may lead to inpatient admission or harm to self and/or others.</li> <li>C. There is evidence that the resources and social support system, which are available to the Individual 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.</li> <li>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.</li> </ul>

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