

Level of Care III: Residential Rehabilitation Program (RRP), Intensive

I. Principles for Medical Necessity Criteria:

Residential Rehabilitation Programs (RRPs) 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 Individuals own existing social support system.

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.

- **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.

Individuals must meet all Community-Based Mental Health Residential Care criteria and additional medically necessity criteria to qualify for RRP.

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 meets diagnostic criteria as defined in MHA's priority population.
- C. The Individual has a *history* of at least one of the following:
 - Criminal behavior
 - Treatment and/or medication non-compliance
 - Substance abuse
 - Aggressive behavior
 - Psychiatric hospitalizations
 - Psychosis
 - Poor reality testing

AND *Current presentation* of at least one of the following behaviors or risk factors that require daily structure and support in order to

	<p>manage:</p> <ul style="list-style-type: none"> ➤ 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 <p>D. 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:</p> <ul style="list-style-type: none"> ➤ Hospitalization or other inpatient care as evidenced by the current course of illness or by the past history of the illness; ➤ Harm to self 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. <p>E. 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"> ➤ The Individual has no residence and no social support; ➤ 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 ➤ 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 <p>F. 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>G. The Individual must also be receiving Psychiatric Rehabilitation Program (PRP) services.</p> <p>H. Priority for this level of care is given to Individuals currently</p>
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	<p>hospitalized in state psychiatric hospitals that are ready for discharge and for Individuals at risk of hospitalization or due to the need for mental health support and treatment are at risk for incarceration or homelessness.</p> <p>I. All less intensive levels of treatment have been determined to be unsafe or unsuccessful.</p>
<p>III. 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 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>IV. Continued Stay Criteria:</p>	<p><i>All of the following criteria are necessary for continuing treatment at this level of care:</i></p> <p>A. The consumer continues to meet admission criteria.</p> <p>B. There is continued risk of deterioration in functioning that may lead to inpatient admission or harm to self and/or others.</p> <p>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.</p> <p>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.</p> <p>E. There is documented active planning for transition to a less intensive level of care</p>