

## Level of Care 2: Residential Treatment Centers (RTC) and Community-Based RTC Level of Care, Child and Adolescent

The purpose of this section is to define and clarify criteria for when an RTC or Community-Based RTC Level of Care is a medically necessary treatment for children and adolescents with a DSM-IV-TR mental health disorder, except for excluded diagnoses which are appended.

### Principles for Medical Necessity Determination

An RTC is defined in Health-General Article, Title 19, Annotated Code of Maryland as a psychiatric institution that provides campus-based intensive and extensive evaluation and treatment of children and adolescents with severe and chronic emotional disturbances who require a self-contained therapeutic, educational, and recreational program in a residential setting.

A Community-Based RTC Level of Care is defined as a non-residential program with a comparable level of intensity to an RTC. An array of diagnostic and therapeutic mental health services, including 24-hour availability of mental health and/or crisis services, is provided to the child or adolescent and family using a Wraparound approach that includes intensive care coordination. The living arrangement of the youth may be with family, in a foster care home, treatment foster care home, group home or therapeutic group home, or in another facility such as an Alternative Living Unit (ALU).

When an individual has a mental health disorder that requires professional evaluation and treatment, he or she should be treated in the least intensive, least restrictive setting available that is most appropriate and 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.

### Criteria

<p><b>Criteria for Admission</b></p>	<p>Medical necessity for admission to an RTC or Community-Based RTC Level of Care must be documented by the presence of all the criteria given below in Section A (Severity of Need) and Section B (Intensity of Service).</p> <p>The child or adolescent must have a mental health disorder amenable to active clinical treatment. The evaluation and assignment of a DSM-IV-TR diagnosis must result from a face-to-face psychiatric evaluation.</p>
<p><b>Severity of Need</b></p>	<p>A. The child or adolescent has a PMHS Specialty Mental Health DSM-IV-TR diagnosis.</p> <p>B. There must be clinical evidence the child or adolescent has:</p> <ul style="list-style-type: none"> <li>i. For children under 18, a serious emotional disturbance (SED) or,</li> <li>ii. For youth ages 18 and above, serious mental illness (SMI).</li> </ul> <p>C. Due to the SED or SMI, the child or adolescent exhibits a significant</p>

	<p>impairment in functioning, representing potential serious harm to self or others, across settings, including the home, school, and community. The serious harm does not necessarily have to be of an imminent nature. The accessibility and/or intensity of currently available community supports and services are inadequate to meet these needs due to the severity of the impairment.</p> <p>D. The child or adolescent requires services and supports to be available seven days per week/24 hours per day to develop skills necessary for daily living; to assist with planning and arranging access to a range of educational and therapeutic services; and, to develop the adaptive and functional behaviors that will allow him or her to remain successfully in his or her home and community and regularly attend and participate in work, school or training. In particular, the child or adolescent requires the availability of crisis and/or mental health services seven days per week/24 hours per day, with flexible scheduling and availability of other services and supports.</p> <p>E. Due to the SED or SMI, the child or adolescent also requires that there be a parent, guardian, individual or organization that is responsible for the 24-hour care and supervision of that child or adolescent.</p>
<p><b>Intensity of Service</b></p> <p><b>Criteria for</b></p>	<ul style="list-style-type: none"> <li>A. RTC placement or Community-Based RTC Level of Care is considered medically necessary when all less intensive levels of treatment have been determined to be unsafe, unsuccessful, or unavailable.</li> <li>B. The child or adolescent requires a 24 hours/day, 7 days/week structured and supportive living environment.</li> <li>C. The child or adolescent requires the provision of individualized, strengths-based services and supports that: <ul style="list-style-type: none"> <li>1. Are identified in partnership with the child or adolescent, if developmentally appropriate, and the family and support system, to the extent possible;</li> <li>2. Are based on both clinical and functional assessments;</li> <li>3. Are clinically monitored and coordinated, with 24-hour availability,</li> <li>4. Are implemented with oversight from a licensed mental health professional; and,</li> <li>5. Include: <ul style="list-style-type: none"> <li>a. Assisting with the development of skills for daily living;</li> <li>b. Care coordination to plan and arrange access to a range of educational and therapeutic services;</li> <li>c. Services that support the development of adaptive and functional behaviors that will enable the child or adolescent to remain successfully in his or her home and community and regularly attend and participate in work, school or training.</li> <li>d. When appropriate and relevant, psychotropic</li> </ul> </li> </ul> </li> </ul>

<p><b>Continued Stay</b></p>	<p>medications to be used with specific target symptoms identification, with medical monitoring and 24-hour medical availability;</p> <ul style="list-style-type: none"> <li>e. Screening and assessment for current medical problems and concomitant substance use issues; and,</li> <li>f. Coordination with the child or adolescent's community resources, with the goal of transitioning the youth out of the program as soon as possible and appropriate.</li> </ul> <p>In addition to meeting all of the admission criteria on a continuing basis, and continued evidence of active treatment, criteria A, B, C, and D below must be met to satisfy the criteria for continued medical necessity for RTC placement or Community-Based RTC Level of Care:</p> <ul style="list-style-type: none"> <li>A. There must be evidence of the need for continued support twenty-four hours per day, seven days per week due to the degree of functional and/or behavioral health impairment.</li> <li>B. There is clinical evidence that the child or adolescent can continue to make measurable progress in the program, as demonstrated by a further reduction in psychiatric symptoms, or acquire requisite strengths in order to be transitioned from the program or moved to a less restrictive level of care.</li> <li>C. There must be a reasonable expectation by the family and treating clinicians that, if treatment services as currently provided in the plan of care were withdrawn, the child or adolescent's condition would deteriorate, relapse further, or require a move to a more restrictive level of care.</li> <li>D. For youth served in an RTC, short-term, therapeutic visits home with the purpose of testing treatment efficacy and supporting the goal of eventual family reunification are not, in and of themselves, to be considered grounds for a denial of continued stay. However, therapeutic passes to home are to be considered an indicator of upcoming discharge to home.</li> </ul>
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