



## CHILD Residential Treatment Facility (RTF)

### PROGRAM DESCRIPTION

Residential Treatment Facilities (RTF) provides intensive behavioral health treatment services to children and adolescents under the age of 18 (or in some circumstances, up to the age of 21) in a residential, group setting. RTF is appropriate for children and adolescents with a primary diagnosis whose symptoms cannot be successfully managed at a lower level of care. The majority of RTF providers offer level 1 services, the most intensive treatment services for children and adolescents who present with significant risks in various life domains, as well as severe impairments in social, communicative, and daily living skills. Children and adolescents appropriate for this level of care exhibit behaviors that present a significant risk to the safety of themselves and others.

### MEDICAL NECESSITY CRITERIA (Appendix T)

#### Admission Criteria (Must meet I *and* II or III)

#### I. DIAGNOSTIC EVALUATION AND DOCUMENTATION

- A. Diagnosis on DSM IV Axis I or Axis II, as part of a complete multi-axial, face-to-face diagnostic examination (MR or D&A cannot stand alone) and in accordance to ICD-9 codes, by a psychiatrist (as defined in Chapter 5200.3 of the Pennsylvania Code) for JCAHO accredited facilities, or by a psychiatrist or a licensed psychologist for Non JCAHO accredited facilities;  
AND
- B. Residential Treatment service is prescribed by the diagnosing psychiatrist or psychologist, as appropriate to the accreditation of the facility, indicating that this is the most appropriate, least restrictive service to meet the mental health needs of the child;  
AND
- C. Documentation in the current psychiatric/psychological evaluation<sup>2</sup> that the treatment, 24-hour supervision, and observation, provided in the Residential Treatment setting, are necessary as a result of:
  - severe mental illness or emotional disorder, *and/or*
  - behavioral disorder indicating a risk for safety to self/others;AND
- D. Reasonable, documented treatment within a less restrictive setting has been provided by a mental health professional, *and/or* careful consideration of treatment within a less restrictive environment than that of a Residential Treatment Facility, *and* the direct reasons for its rejection, have been documented;  
AND
- E. Placement in a Residential Treatment Facility must be recommended as the least restrictive and most clinically appropriate service for the child, by an interagency

service planning team as currently required by the OMHSAS and OMAP. Following PA School Code, Sections 1306-1309 and 2561, when a child is removed from the school setting for the purpose of receiving mental health treatment, it is expected that the appropriate school system will be involved in the child's educational planning and the interagency team. In the event that conditions prevent the possibility of parental or child involvement, attempts to involve the child and parents and/or reasons explaining their non-involvement must be fully documented and presented to an interagency team;

AND

- F. A complete strengths-based evaluation, including identifying the strengths of child's family, community, and cultural resources, must be completed prior to admission.

## II. SEVERITY OF SYMPTOMS

The child's problematic behavior and/or severe functional impairment discussed in the presenting history and psychiatric/psychological examination must include at least one (1) of the following:

- A. Suicidal/homicidal ideation
- B. Impulsivity and/or aggression
- C. Psycho-physiological condition (i.e.-bulimia, anorexia nervosa)
- D. Psychomotor retardation or excitation.
- E. Affect/Function impairment (i.e.-withdrawn, reclusive, labile, reactivity)
- F. Psychosocial functional impairment
- G. Thought Impairment
- H. Cognitive Impairment

## III. OBSERVATION

The child's problematic behavior and/or severe functional impairment discussed in the presenting history and psychiatric/psychological examination requires further observation for clarification under section II. Allowable for up to fifteen (15) calendar days within which time the examining psychiatrist/psychologist must clarify the criteria for admission under II AND/OR recommend development of a discharge plan. Should it be found that the child does not fit the criteria for admission, an appropriate discharge plan is to be developed with the interagency team, and the child discharged under the provisions of that plan.

- A. Troubling symptoms of the child which have been described by members of the family (and/or representatives of the community or school), persist but,
  - they are not observed on a psychiatric inpatient unit, *or*
  - they are denied by the child in outpatient or partial hospitalization treatment,*such that* the residential treatment milieu provides an ideal opportunity to observe and treat the child;

OR

- B. Child's symptoms have not sufficiently improved despite responsible comprehensive treatment at a lower level of care, which has involved the participation of an interagency team.

**Continued Stay Criteria (Must meet I and II)**

I. DIAGNOSTIC EVALUATION AND DOCUMENTATION (see also, Appendix A)

- A. The initial evaluation and diagnosis is updated and revised as a result of a faceto-face diagnostic examination by the appropriate treating psychiatrist or psychologist;  
AND
- B. Less restrictive treatment environments have been considered in consultation with the Interagency Service Planning Team;  
AND
- C. There is the clinically determined likelihood of substantial benefit as a result of continued active intervention in the Residential Treatment setting, without which there is great risk of a recurrence of symptoms;  
AND
- D. Any other clinical reasons supporting the rejection of other alternative services in favor of continuing Residential Treatment;  
AND
- E. Residential Treatment service is prescribed by the diagnosing psychiatrist/psychologist following a current face-to-face psychiatric evaluation, indicating and documenting that this is the least restrictive, appropriate service to meet the mental health needs of the child, and the discharge implementation plan.

II. SEVERITY OF SYMPTOMS

- A. Severity of illness indicators and updated treatment plan support the likelihood that: *substantial benefit* is expected as a result of continued active intervention in a psychiatric residential treatment setting, without which there is *great risk of a recurrence of symptoms*; OR *severity is such that treatment cannot be safely delivered at a lesser level of care*;  
AND
- B. The treatment team review recommends continued stay, documenting the need for the child's further improvement, with the corresponding modifications in both treatment plan and the discharge goals;  
AND
- C. Although child is making *progress toward goals* in the expected treatment process, further progress must occur before transition to a lesser level of care is advisable. The necessary changes must be identified in an updated treatment plan, and the treatment team review, in conjunction with an interagency team, must recommend continued stay;

OR

- D. The symptoms or behaviors that required admission, continue with sufficient acuity that a less intensive level of care would be insufficient to stabilize the child's condition;
- OR
- E. Appearance of new symptoms meeting admission criteria

**DISCHARGE CRITERIA**

- A. A child admitted under Sections I and III only, of the ADMISSION CRITERIA must be discharged within fifteen (15) calendar days of admission, unless a subsequent face-to-face psychiatric evaluation clarifies child's eligibility under Section II.
- B. A child not meeting criteria as established in Section II, SEVERITY OF SYMPTOMS, of the CONTINUED STAY CRITERIA, must be discharged.