

## **Residential Treatment for Children and Adolescents**

### **I. Definition of Services**

A continuum of residential services is provided for Medicaid eligible children aged 3 to 18 years, based on the severity of an individual's illness. This continuum ranges from Group Homes to Residential Treatment Facilities. Each level of care provides a 24-hour therapeutic environment. Each level of care provides comprehensive 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 State of Colorado has modified the licensing levels for Residential treatment with children and adolescents. The following levels were adopted July 1, 2006.

- 1) Psychiatric Residential Treatment Facility (PRTF). This is considered the highest residential level of care with the exception of inpatient hospitalization. This care should be reserved for children who have one or more of thirteen designated mental disorders, have 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 current condition or prevent further regression in functioning. It is estimated that only a small percentage of youth will qualify for PRTF placement. Medicaid pays for PRTF on a per diem basis.
- 2) Treatment Residential Child Care Facility (TRCCF) is the second level licensed by the State. This level of care is similar to the traditional RTC model of treatment. Adjunctive treatment can be billed fee-for-service on behalf of a licensed therapist who provides the service and at defined reimbursement rates, set by the State Medical Services Board but within federal guidelines. Medicaid only pays for the treatment portion of this level of care, and it is reimbursed by the Medical Medicaid (Fee for Service) model, not by the BHO.
- 3) The third licensing level adopted by the State of Colorado is the Residential Child Care Facility (RCCF). This is the least restrictive residential level and is considered a placement option for the child rather than a treatment option. Medicaid does not cover this level of care as it is primarily a room and board placement. Children who require mental health services and are placed in an RCCF facility are to obtain these services through the outpatient continuum and network.

## II. The Continuum of Services

A. A **Community-based Therapeutic Group Home** is designed for children/adolescents with significant functional impairments, but some capability to engage in community-based activities. Group homes offer a less restrictive and less structured treatment environment than a residential treatment facility but are more restrictive than day treatment or outpatient services. Comprehensive services may include multimodal therapies to fit the needs of the child/adolescent. Medical and nursing services are generally available on a consultative basis. Typically, coordinated treatment services include individual, group, and family counseling, rehabilitation services, vocational training, and skill building. Residents may go into the community for school, work, and/or outside activities. Community resources are used in a planned, purposeful, and therapeutic manner that encourages residents' autonomy. Medicaid and the BHO does not pay for room and board, and mental health services offered are part of the outpatient continuum.

1. A **Specialized Group Facility (RCCF)** is established and supervised by a county department of social services or a licensed child placement agency, for the purpose of providing 24-hour care for 5 – 12 children from 3 to 18 years of age and for those persons up to 21 years old who are placed by court order prior to their eighteenth birthday whose special needs can best be met through the medium of a small group milieu.
2. A **Specialized Group Home** is located in the house owned or otherwise controlled by the group home parents, who are primarily responsible for the care of the children and reside at the home.
3. A **Specialized Group Center** is located in a facility owned or controlled by a governing body that hires the group center parents or personnel who are primarily responsible for the care of the children.

B. A **Crisis Center** (RCCF) is a facility that provides short-term, 24-hour care for five or more children from infancy through 12 years, who are being abused, suspected of being abused, in danger of being abused, or who are in immediate danger. The crisis center promotes and encourages the provision of safe and adequate child care designed to meet the physical and emotional needs of children when they must be cared for away from their own homes because of abuse or when parents need respite to prevent possible abuse. The child remains for only short periods of time at the crisis center in order to expedite return of the child to his/her own family, if possible, or to foster care. This service is not covered by the BHO.

C. A **Shelter Care Facility** (RCCF) is any residential child care facility that provides shelter or 24-hour emergency care for children in need of short-term placement resulting from such circumstances as child abuse or running away from home. The acceptance of children for emergency care must be stated in the written purpose of the facility and the admission policy. Residential child care facilities shall make every effort to assure that shelter care placements do not exceed sixty days. Exceptional circumstances shall be documented in the

case file and no child shall remain in a shelter care facility for longer than ninety days. Review of placement will be required, as appropriate.

- D. Acute Residential Treatment (Children's ATU)** provides evaluation and stabilization for voluntary admissions in a 24-hour residential setting for children/adolescents who have demonstrated severe and persistent deficits in social, emotional, behavioral and/or psychiatric functioning, but do not meet inpatient criteria. The purpose is to prevent an inpatient hospitalization by stabilizing behaviors within a structured residential setting, conducting a psychiatric and clinical evaluation within seven days of admission, and provision of intensive individual, group and family therapy, recreational therapy and educational services on the facility grounds. The goal is to facilitate reintegration with the family or caregiver with continuation of services at a lower level within four to eight weeks.

This level of care is typically provided in freestanding, non-hospital settings. The facility must be capable of providing secure care, containing youth in a staff secure or physically secure/locked environment. See Residential Services guideline-Acute Treatment Units.

**E. A Secure Residential Treatment Facility, (PRTF)** defined by 26-6-102(9), C.R.S., provides care and treatment in a secure setting for persons up to 21 years of age. A secure residential treatment center shall have a written statement specifying its philosophy, purposes, and orientation. The statement shall identify the types of services provided, the characteristics of the youth to be served by the program and the geographic area from which youth are accepted. The statement of purpose shall be available to the public on request.

Rehabilitative Services in Residential Treatment Facilities are defined as those services which are recommended by a licensed practitioner, as defined in 26-4-527, C.R.S., will assist mentally ill individuals eligible under the state plan, and will reduce mental disabilities and restore a recipient to his or her best possible functional level. These services are separate from those services defined under the clinic options services.

In addition to Medicaid eligibility, individuals must be determined by a licensed professional person to be mentally ill and in need of rehabilitative services as determined by the Peer Review Organization (PRO).

Only facilities designated and certified by the Department of Health Care Policy and Financing based on a recommendation by the Division of Mental Health should be reimbursed for rehabilitative services under these provisions. Facilities designated by the Division of Mental Health, Colorado Department of Human Services to meet all of 27-10-101 through 11-, C.R.S., criteria shall be deemed eligible for Residential Treatment Facility certification. Facilities must participate in the Child Welfare and/or Division of Youth Services systems of the Colorado Department of Human Services.

### ***III 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 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 in 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 agree to participate fully in all recommended aspects of the treatment program and to maintain custody during and after treatment.
- H. For Group Home Placement, the child/adolescent must be able to function with some independence and participate in community-based activities for limited periods of time (e.g., attend public school).
- I. For Acute Residential Treatment (Child ATU):
  - 1. the psychological or physical safety of the client or others is at risk, and/or
  - 2. client has been, or is at risk of being, excluded from normative community, home, or school activities due to significantly disruptive symptoms or behaviors.
  - 3. exhibits severe maladaptive behaviors (i.e.: aggression, depression, harmful to self or others, alcohol or other substance abuse, runaway behavior, etc.) and exhibits moderate to severe symptoms of a covered diagnosis independent of aggression or antisocial behaviors.

#### **IV. 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 requires a more intensive level of care.
- B. Parent/guardian does not voluntarily consent to admission or treatment. For Acute Residential Treatment, the adolescent 15 years of age or older must also consent.
- 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. The child is under 5 years of age for Residential Treatment and Group Home placement.

## **V. 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 stated.

Treatment planning should include active family and/or other support systems, social, occupational and interpersonal assessment with involvement when indicated.

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 in 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 documented 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.

## **VI. Discharge Criteria**

*Any of the following criteria are necessary for discharge:*

A. The child/adolescents 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 and/or custodian is competent but non-participatory in treatment or in following the program 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 an 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 and there is no reasonable expectation of progress at this level of care.