

## 2.30 RESIDENTIAL TREATMENT CENTER SERVICES

### 2.301 Residential Treatment Center Services (RTCS) (Adult)

Residential Treatment Center Services are provided to individuals who require 24-hour treatment and supervision in a safe therapeutic environment. RTCS is a 24 hour a day/7 day a week facility-based level of care. RTCS provides individuals with severe and persistent psychiatric disorders therapeutic intervention and specialized programming in a controlled environment with a high degree of supervision and structure. RTCS addresses the identified problems through a wide range of diagnostic and treatment services as well as through training in basic skills such as social skills and activities of daily living that cannot be provided in a community setting. The services are provided in the context of a comprehensive, multidisciplinary and individualized treatment plan that is frequently reviewed and updated based on the individual's clinical status and response to treatment. This level of care requires at least weekly physician visits. This treatment primarily provides social, psychosocial and rehabilitative training, and focus on family or caregiver reintegration. Active family/significant involvement through family therapy is a key element of treatment and is strongly encouraged unless contraindicated. Discharge planning should begin at admission, including plans for reintegration into the home and community. If discharge to a home/family is not an option, alternative placement must be rapidly identified and there must be regular documentation of active efforts to secure such placement.

#### Criteria

##### Admission Criteria

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

1. The individual demonstrates symptomatology consistent with a DSM-IV-TR (AXES I-V) diagnosis which requires and, can reasonably be expected to respond to, therapeutic intervention.
2. The individual is experiencing emotional or behavioral problems in the home, community and/or treatment setting and is not sufficiently stable, either emotionally or behaviorally, to be treated outside of a highly structured 24-hour therapeutic environment.
3. The individual demonstrates a capacity to respond favorably to rehabilitative counseling and training in areas such as problem solving, life skills development, and medication compliance training.
4. The individual has a history of multiple hospitalizations or other treatment episodes and/or a recent inpatient stay with a history of poor treatment adherence or outcome.
5. The individual lacks community supports sufficient to maintain him/her in the community with treatment at a lower level.

<b>Psychosocial, Occupational, and Cultural and Linguistic Factors</b>	<p><i>These factors, as detailed in the Introduction, may change the risk assessment and should be considered when making level of care decisions.</i></p>
<b>Exclusion Criteria</b>	<p><i>Any of the following criteria is sufficient for exclusion from this level of care:</i></p> <ol style="list-style-type: none"> <li>1. The individual exhibits severe suicidal, homicidal or acute mood symptoms/thought disorder, which requires a more intensive level of care.</li> <li>2. The individual does not voluntarily consent to admission or treatment.</li> <li>3. The individual can be safely maintained and effectively treated at a less intensive level of care.</li> <li>4. The individual has medical conditions or impairments that would prevent beneficial utilization of services, or is not stabilized on medications.</li> <li>5. The primary problem is social, economic (i.e. housing, family, conflict, etc.), or one of physical health without a concurrent major psychiatric episode meeting criteria for this level of care, or admission is being used as an alternative to incarceration.</li> </ol>
<b>Continued Stay Criteria</b>	<p><i>All of the following criteria are necessary for continuing treatment at this level of care:</i></p> <ol style="list-style-type: none"> <li>1. The individual's condition continues to meet admission criteria at this level of care.</li> <li>2. The individual's treatment does not require a more intensive level of care and no less intensive level of care would be appropriate.</li> <li>3. 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 or other support systems involvement, unless contraindicated. The expected benefits from all relevant treatment modalities are documented.</li> <li>4. All services and treatment are carefully structured to achieve optimum results in the most time efficient manner possible consistent with sound clinical practice.</li> <li>5. If treatment progress is not evident, then there is documentation of treatment plan adjustments to address such lack of progress. 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.</li> <li>6. Care is rendered in a clinically appropriate manner and focused on individual's behavioral and functional outcomes.</li> <li>7. Individual is actively participating in treatment to the extent possible consistent with his/her condition, or there are active efforts being made that can reasonably be expected to lead to the individual's engagement in treatment.</li> <li>8. Unless contraindicated, family, guardian, and/or custodian is actively involved in the treatment as required by the treatment plan, or there are active efforts being</li> </ol>

	<p>made and documented to involve them.</p> <p>9. When medically necessary, appropriate psychopharmacological intervention has been prescribed and/or evaluated.</p> <p>10. There is documented active discharge planning from the beginning of treatment.</p> <p>11. There is a documented active attempt at coordination of care with relevant outpatient providers when appropriate.</p>
<p><b>Discharge Criteria</b></p>	<p><i>Criteria 1, 2, 3, 4 or 5, in addition to 6 and 7 are sufficient for discharge from this level of care:</i></p> <ol style="list-style-type: none"> <li>1. The individual's documented treatment plan goals and objectives have been substantially met and/or a safe, continuing care program can be arranged and deployed at an alternate level of care.</li> <li>2. The individual no longer meets admission criteria, or meets criteria for a less or more intensive level of care.</li> <li>3. The individual, family, guardian and/or custodian are 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.</li> <li>4. The individual is not making progress toward treatment goals despite persistent efforts to engage him/her, and there is no reasonable expectation of progress at this level of care, nor is treatment at this level of care required to maintain the current level of functioning.</li> <li>5. Consent for treatment is withdrawn, and it is determined that the individual has the capacity to make an informed decision and does not meet criteria for an inpatient level of care. Support systems, which allow the individual to be maintained in a less restrictive treatment environment, have been thoroughly explored and/or secured.</li> <li>6. The individual can be safely treated at an alternative level of care.</li> <li>7. An individualized discharge plan with appropriate, realistic and timely follow-up care is in place.</li> </ol>