

## RESIDENTIAL TREATMENT DEFINITIONS FOR CHILDREN AND ADOLESCENTS

For Health Choice, only Levels II, III, and IV apply. See “Program Type’ and ‘Utilization Review/Continuation’ for program specifics.

<b>LEVEL I FAMILY-TYPE RESIDENTIAL TREATMENT</b>	<b>LEVEL II FAMILY/PROGRAM-TYPE RESIDENTIAL TREATMENT</b>	<b>LEVEL III RESIDENTIAL TREATMENT – HIGH</b>	<b>LEVEL IV RESIDENTIAL TREATMENT – SECURE</b>
<b>Therapeutic Relationship</b>  This service is designed to address <u>medically necessary goals</u> for achieving relational support with caretakers and/or other support systems in the community, which is intended to assist the consumer in developing more appropriate relationship skills. Therapeutic techniques and strategies are introduced into the relationship.	<b>Therapeutic Relationship</b>  All Family-Type Residential Treatment elements plus provision of a more intensive corrective relationship in which therapeutic interactions are dominant. Focus is broadened to include assisting consumer in improving relationships at school/work and other community settings.	<b>Therapeutic Relationship</b>  All Family/Program Residential Treatment elements plus relationship which is structured to remain therapeutically positive in response to grossly inappropriate and provocative interpersonal consumer behaviors including verbal and some physical aggression.	<b>Therapeutic Relationship</b>  All Residential Treatment-High elements plus ability to manage intensive levels of aggressiveness.
<b>Structure of Daily Living</b>  Provision of therapeutically critical structure and supervision necessary to enable the consumer to achieve and sustain an improved level of functioning in order to successfully engage in treatment activities designed to achieve the highest level of independent functioning and/or return the consumer to his/her family setting/permanent placement.	<b>Structure of Daily Living</b>  All elements of Family-Type Residential Treatment with a higher level of structure and supervision.	<b>Structure of Daily Living</b>  All elements of Family/Program Residential Treatment plus intensified structure, supervision, and containment of frequent and highly inappropriate behavior. This setting is typically defined as being “staff secure”.	<b>Structure of Daily Living</b>  All elements of Residential Treatment-High in a physically secure, locked setting including, typically but not always, locked time out rooms (used only for the safe management of out of control behaviors).
<b>Cognitive/Behavioral Skill Acquisition</b>  Treatment interventions are provided to ensure that consumer acquires skills necessary to compensate for or remediate functional problems. Interventions are targeted to functional problems and based on service plan requirements and specific strategies developed during supervision.	<b>Cognitive/Behavioral Skill Acquisition</b>  All Family-Type Residential Treatment elements with a complete emphasis on individualized interventions for specific skill acquisition that enable the consumer to achieve or maintain the highest level of independent functioning.	<b>Cognitive/Behavioral Skill Acquisition</b>  All Family/Program Residential Treatment elements plus active “unlearning” of grossly inappropriate behaviors with intensive skill acquisition. Includes specialized, on-site interventions from Qualified Professionals.	<b>Cognitive/Behavioral Skill Acquisition</b>  All Residential Treatment-High elements plus intensive focus on assisting consumers acquiring disability management skills and significantly increased on site interventions from Qualified Professionals including psychologists and physicians.

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<p align="center"><b>General Characteristics</b></p> <p>This service provides a structured and supervised environment, and acquisition of skills necessary to enable the consumer to improve level of functioning to achieve and/or to maintain the most realistic level of independent functioning where earlier treatment gains are somewhat fragile and the consumer is subject to regression. This level of care responds to consumers' needs for more active treatment and interventions. This service is offered in a family system.</p>	<p align="center"><b>General Characteristics</b></p> <p>This level of service is responsive to the need for intensive, interactive, therapeutic interventions, which still fall below the level of staff secure/24 hour supervision or secure treatment settings. The staffing structure may include family and program type settings.</p>	<p align="center"><b>General Characteristics</b></p> <p>Residential Treatment-High service is responsive to the need for intensive, active therapeutic intervention, which requires a staff secure treatment setting in order to be successfully implemented. This setting has a higher level of consultative and direct service from psychologists, psychiatrists, medical professionals, etc.</p>	<p align="center"><b>General Characteristics</b></p> <p>Additionally, most other service needs are met in the context of Residential Treatment-Secure setting including school, psychological and psychiatric consultation, nurse practitioner services, vocational training, recreational activity, etc. Typically, the treatment needs of consumers at this level are so extreme that these activities can only be undertaken in a therapeutic context. These services are conducted in a manner that is fully integrated into ongoing treatment.</p>
	<p><b><u>Program Type</u></b></p> <p>Staff not necessarily awake during sleep time, but must be constantly available to respond to consumer needs, while consumers are involved in educational, vocational, and social activities or other activities except for periods of planned respite.</p>	<p><b><u>Program Type</u></b></p> <p>Staff awake during sleep hours and supervision is continuous.</p>	<p><b><u>Program Type</u></b></p> <p>Staff awake during sleep hours and supervision is continuous.</p>
<p><b><u>Family-Type</u></b></p> <p>Provider not necessarily awake during sleep time, may not be available while consumers are involved in educational, vocational, and social activities, but are present during times when consumer needs are most significant or not involved in another structured activity.</p>	<p><b><u>Family-Type</u></b></p> <p>Provider not necessarily awake during sleep time but must be constantly available to respond to consumer needs (while consumers are involved in educational, vocational, and social activities, or other activities) except for periods of planned respite.</p>		
<p>This service in a family setting includes the following activities:</p>	<p>This service in the family or program settings includes Family-Type Residential Treatment elements and the following activities:</p>	<p>This service includes all Family/Program Residential Treatment elements and the following activities:</p>	<p>This service includes all Residential Treatment-High elements plus the following activities:</p>

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Supervision and structure of daily living designed to maximize appropriate behaviors and/or to maintain highest level of functioning.	Individualized and intensive supervision and structure of daily living designed to minimize the occurrence of behaviors related to functional deficits to ensure safety during the presentation of out of control consumer behaviors or to maintain optimum level of functioning.	Individualized, intensive, and constant supervision and structure of daily living designed to minimize the occurrence of behaviors related to functional deficits, to ensure safety and contain out of control behaviors including intensive and frequent crisis management with or without physical restraint or to maintain optimum level of functioning.	Medically supervised secure treatment including physical restraints and containment in time out room. Locked and secure to ensure safety for consumers who are involved in a wide range of dangerous behaviors which are manageable outside of the hospital setting.
Specific and individualized psychoeducational and therapeutic interventions including development or maintenance of daily living skills, anger management skills, communication skills, social skills, stress management, and relationship support, <u>addressing feelings of personal culpability or self-blame, affirming the child's value and self-worth, development of skills in communication</u> which will encourage ongoing relationships with the natural family or other identified placement providers, development of personal resources, development of goals to address self-concept, anger management, self-esteem and personal insight or comparable activities which are targeted towards functional deficits.	Specific and individualized psychoeducational and therapeutic interventions including development or maintenance of daily living skills, anger management, social skills, family living skills, communication skills, stress management, relational support, or comparable activity and intensive crisis or near crisis management including de-escalation interventions and occasional physical restraints.	Includes active efforts to contain and actively confront inappropriate behaviors and assist consumers in unlearning maladaptive behaviors. Relationship support to assist the consumer in managing the stress and discomfort associated with the process of change and maintenance of gains achieved earlier and specifically planned and implemented therapeutically focused interactions designed to assist the consumer in correcting various patterns of grossly inappropriate interpersonal behavior, as needed. Additionally, providers require significant skill in maintaining positive relationship in interpersonal dynamics, which typically provoke rejection, hostility, anger, and avoidance.	Continual and intensive interventions designed to assist the consumer in acquiring control over acute behaviors.
Involving consumers in naturally occurring community support systems and supporting the development of personal resources (assets, protective factors, etc.).	Direct and active intervention in assisting consumers in the process of being involved in and maintaining in naturally occurring community support systems and supporting the development of personal resources (assets, protective factors, etc.).		

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* Periodic services may not be used to augment residential services.	*Periodic services may not be used to augment residential services.	* Periodic services may not be used to augment residential services.	* Periodic services may not be used to augment residential services.
<p><b><u>Family-Type</u></b></p> <p>This treatment may be provided in a natural family setting with one or two surrogate family members providing services to one or two consumers per home.</p>	<p><b><u>Family-Type</u></b></p> <p>This treatment may be provided in a natural family setting with one or two surrogate family members providing services to one or two consumers per home.</p>		
	<p><b><u>Program Type</u></b></p> <p><b>Health Choice</b> – Treatment is provided in a structured program setting by providers directly enrolled in Medicaid <i>and</i> licensed by the Division of Facility Services under N.C.G.S 122C.</p> <p><b>Medicaid</b> - Treatment is provided in a structured program setting by directly enrolled providers or with staff employed by or contracted by an area program.</p> <p>Staff is present and available at all times of the day. A minimum of one staff is required per four consumers at all times.</p>	<p><b><u>Program Type</u></b></p> <p><b>Health Choice</b> – Treatment is provided in a structured program setting by providers directly enrolled in Medicaid <i>and</i> licensed by the Division of Facility Services under N.C.G.S 122C.</p> <p><b>Medicaid</b> - Treatment is provided in a structured program setting by directly enrolled providers or with staff employed by or contracted by an area program. Staff is present and available at all times of the day, including overnight awake. A minimum of one staff is required per four consumers at all times. Additionally, consultative and treatment services at a Qualified Professional level shall be available no less than 4 hours per week. This staff time may be contributed by a variety of individuals, for example, a social worker may conduct group treatment/activity, a psychologist may consult on behavioral management, a psychiatrist may provide evaluation and treatment services. These services must be provided at the facility site. Group therapy/activity time may be included as total time per consumer, i.e. if there are 6 members in a group for 90 minutes, this may count as 90 minutes per consumer.</p>	<p><b><u>Program Type</u></b></p> <p><b>Health Choice</b> – Treatment is provided in a structured program setting by providers directly enrolled in Medicaid <i>and</i> licensed by the Division of Facility Services under N.C.G.S 122C.</p> <p><b>Medicaid</b> - Treatment is provided in a structured program setting by directly enrolled providers or with staff employed by or contracted by an area program. Staff is present and available at all times of the day, including overnight awake. A minimum of two direct care staff are required per six consumers at all times. Additionally, consultative and treatment services at a Qualified Professional level shall be available no less than 8 hours per week. Staffing provisions apply as with Residential Treatment-High.</p>

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<p align="center"><b>Medical Necessity Criteria</b></p> <p>The Following Must Be Satisfied:</p>	<p align="center"><b>Medical Necessity Criteria</b></p> <p>In Addition to Meeting Family Type Residential Treatment Medical Necessity Criteria, The Following Must Be Satisfied:</p>	<p align="center"><b>Medical Necessity Criteria</b></p> <p>In Addition to Meeting Family/Program Residential Treatment Medical Necessity Criteria, The Following Must Be Satisfied:</p>	<p align="center"><b>Medical Necessity Criteria</b></p> <p>In Addition to Meeting Residential Treatment - High Medical Necessity Criteria, The Following Must Be Satisfied:</p>
<p>The consumer is medically stable, but may need assistance to comply with medical treatment.</p>	<p>The consumer is medically stable, but may need some intervention to comply with medical treatment.</p>	<p>Consumer is medically stable, but may need significant intervention to comply with medical treatment.</p>	<p>Consumer is medically stable, but may need significant intervention to comply with medical treatment.</p>
	<p><i>A Sex Offender Specific Evaluation (SOSE) shall be provided by a trained professional in conducting the SOSE and a level of risk shall be established (low, moderate, high) using the Risk Checklist for Sexual Offenders, the Juvenile Sexual Offender Decision Criteria, and A Checklist for Risk Assessment of Adolescent Sex Offenders.</i></p>	<p><i>A Sex Offender Specific Evaluation (SOSE) shall be provided by a trained professional in conducting the SOSE and a level of risk shall be established (low, moderate, high) using the Risk Checklist for Sexual Offenders, the Juvenile Sexual Offender Decision Criteria, and A Checklist for Risk Assessment of Adolescent Sex Offenders.</i></p>	<p><i>A Sex Offender Specific Evaluation (SOSE) shall be provided by a trained professional in conducting the SOSE and a level of risk shall be established (low, moderate, high) using the Risk Checklist for Sexual Offenders, the Juvenile Sexual Offender Decision Criteria, and A Checklist for Risk Assessment of Adolescent Sex Offenders.</i></p>
<p>Meets Level B Criteria/NC-SNAP</p>	<p>Meets Level C Criteria/NC-SNAP</p>	<p>Meets Level D Criteria/NC-SNAP</p>	<p>Meets Level D Criteria/NC-SNAP</p>
<p>And,</p>	<p>And, The consumer’s needs can not be met with Family Type Residential Treatment services.</p>	<p>And, The consumer’s identified needs can not be met with Family/Program Residential Treatment service.</p>	<p>And, The consumer’s needs can not be met with Residential Treatment – High services.</p>
<p>The consumer experiences any one of the following:</p>	<p>The consumer experiences any one of the following:</p>	<p>The consumer experiences any one of the following:</p>	<p>The consumer experiences any one of the following:</p>
<p>A). Increasing difficulty maintaining in the naturally available family or lower level treatment setting as evidenced by, but not limited to, frequent conflict in the setting, or frequently limited acceptance</p>	<p>A) .Moderate to severe difficulty family or lower level treatment setting as evidenced by, but not limited to, severe conflict in the setting, or severely limited acceptance of behavioral expectations and other structure, or severely limited</p>	<p>A). Severe difficulty maintaining in the lower level treatment setting as evidenced by, but not limited to, frequent and severe conflict in the setting, or frequently and severely limited acceptance of behavioral expectations</p>	<p>A). Frequent and severe aggression including verbal aggression and property damage and/or harm to self/others and</p>

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of behavioral expectations and other structure, or frequently limited involvement in support.	maintaining in the naturally available involvement in support or impaired ability to form trusting relationships with caretakers, or limited ability to consider the effect of inappropriate personal conduct on others.  <i>There has been at least one incident of inappropriate sexual behavior; risk for offending/re-offending is low to moderate.</i>	and other structure, or frequently and severely limited involvement in support or impaired ability to form trusting relationships with caretakers naturally available family setting or, or a pervasive and severe inability to form trusting relationships with care takers/family members or an inability to consider the effect of inappropriate personal conduct on others.  <i>The parent/caregiver is unable to provide the supervision of the sex offender required for community safety. *Moderate to high risk for re-offending</i>	unmet needs for safety, containment of aggressive and/or dangerous behaviors.  <i>Risk of offending and/or predatory sexual behavior is high with inadequate supervision that puts the community at high risk for victimization.</i>
B). Frequent verbal aggression and/or infrequent, moderate intensity physical aggression which may be directed toward property or, occasionally, self/others.	B). Frequent and severely disruptive verbal aggression and/or frequent and moderate property damage and/or occasional, moderate aggression toward self/others.	B). Frequent physical aggression including severe property damage and/or moderate to severe aggression toward self/others.	B). Severe functional problems as defined in Residential Treatment – High coupled with demonstrated inability to maintain treatment in an unlocked setting. As evidenced by, but not limited to, history of eloping from unlocked facilities, or inability to become stabilized in anything but a locked facility.
C). Increasing functional problems in school/vocational setting or other community setting. As evidenced by imminent risk of failure in school/vocational setting, or frequent behavioral problems in school/vocational setting, or frequent difficulty in maintaining appropriate conduct in community settings, or consistent	C). Moderate to severe functional problems in school/vocational setting or other community setting. As evidenced by failure in school/vocational setting, or frequent and disruptive behavioral problems in school/vocational setting,	C). Severe functional problems in school/vocational setting or other community setting. As evidenced by failure in school/vocational setting because of frequent and severely disruptive behavioral problems in	C). Medication administration and monitoring has alleviated limited or no symptoms and other treatment

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difficulties accepting age appropriate direction and supervision, in significant areas, from care takers/family members.	or frequent and disruptive difficulty in maintaining appropriate conduct in community settings or pervasive inability to accept age appropriate direction and supervision, in significant areas, from care takers/family members.	school/vocational setting, or frequent and severely disruptive difficulty in maintaining appropriate conduct in community settings or severe and pervasive inability to accept age appropriate direction and supervision from care takers/family members coupled with involvement in potentially life threatening high risk behaviors.	interventions are needed to control severe symptoms and/or to ensure safety.
May be related to the presence of moderate affective, cognitive, or behavioral problems or developmental delays/disabilities.	May be related to the presence of moderate to severe affective, cognitive, or behavioral problems or developmental delays/disabilities.	May be related to the presence of severe affective, cognitive, or behavioral problems or developmental delays/disabilities.	May be related to the presence of severe affective, cognitive, or behavioral problems or developmental delays/disabilities.
	<i>*Low to moderate risk for sexual victimizing.</i>	<i>*Moderate to high risk for sexually victimizing others.</i>	<i>*High risk for sexual re-offense.</i>
	D). Medication administration and monitoring has alleviated some symptoms, but other treatment interventions are needed to control moderate symptoms	D). Medication administration and monitoring has alleviated some symptoms, but other treatment interventions are needed to control severe symptoms.	D). Experiences severe limitations in ability to independently access or participate in other human services and requires intensive, active support, supervision and on site access to all routinely needed services.
	E). Experiences limitations in ability to independently access or participate in other human services and requires active support and supervision to stay involved in other services.	E). Experiences significant limitations in ability to independently access or participate in other human services and requires intensive, active support and supervision to stay involved in other services.	E). Has severe deficits in ability to manage personal health, welfare, and safety without intense support and supervision.
	F). Has deficits in ability to manage personal health, welfare, and safety without intense support and supervision.	F). Has significant deficits in ability to manage personal health, welfare, and safety without intense support and supervision.	F). Severe aggressive and dangerous episodes may be without provocation or predictable, identifiable triggers.

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	<i>Has deficits that put the community at risk unless specifically treated for sexual aggression problems.</i>	<i>Has deficits that put the community at risk for victimization unless specifically treated for sexual aggression problems.</i>	<i>Has deficits that put the community at risk for victimization unless specifically treated for sexual aggression problems.</i>
<p align="center"><b>Service Order Requirement</b></p> <p>Service orders for Family-Type Residential Treatment must be completed by an M.D. or a licensed practicing psychologist prior to or on the day services are to be provided on the Division’s standardized service order form.</p>	<p align="center"><b>Service Order Requirement</b></p> <p>Service orders for Family/Program Type Residential Treatment must be completed by an M.D. or a licensed practicing psychologist prior to or on the day services are to be provided on the Division’s standardized service order form.</p>	<p align="center"><b>Service Order Requirement</b></p> <p>Service orders for Residential Treatment-High must be completed by an M.D. or a licensed practicing psychologist prior to or on the day services are to be provided on the Division’s standardized service order form.</p>	<p align="center"><b>Service Order Requirement</b></p> <p>Service orders for Residential Treatment-Secure must be completed by an M.D. or a licensed practicing psychologist prior to or on the day services are to be provided on the Division’s standardized service order form.</p>
<p align="center"><b>Utilization Review/Continuation</b></p> <p>The consumer continues to have the need and continues to benefit as outlined in their service plan.</p>	<p align="center"><b>Utilization Review/Continuation</b></p> <p>The consumer continues to have the need and continues to benefit as outlined in their service plan.</p>	<p align="center"><b>Utilization Review/Continuation</b></p> <p>The consumer continues to have the need and/or can benefit from this level of care as documented in their service plan.</p>	<p align="center"><b>Utilization Review/Continuation</b></p> <p>Consumer’s continues to have the need and continues to benefit as outlined in their service plan.</p>
<p><b>Health Choice – NA</b></p> <p><b>Medicaid</b> -Utilization review must be conducted by the area program every 120 days. UR must be documented in the service record.</p>	<p><b>Health Choice</b> – Utilization review must be conducted by the external UR contractor <u>prior to admission</u> and on an ongoing basis until discharge.</p> <p><b>Medicaid</b> - Utilization review must be conducted by the area program during the first 120 days of placement and by the external UR contractor thereafter. UR must be documented in the service record. Contact with the external UR contractor is required at the point of admission.</p>	<p><b>Health Choice</b> – Utilization review must be conducted by the external UR contractor <u>prior to admission</u> and on an ongoing basis until discharge.</p> <p><b>Medicaid</b> - Utilization review must be conducted by the area program during the first 120 days of placement and by the external UR contractor thereafter. UR must be documented in the service record. Contact with the external UR contractor is required at the point of admission.</p>	<p><b>Health Choice</b> – Utilization review must be conducted by the external UR contractor <u>prior to admission</u> and on an ongoing basis until discharge.</p> <p><b>Medicaid</b> - Utilization review must be conducted by the area program during the first 30 days of placement and by the external UR contractor thereafter. UR must be documented in the service record. Contact with the external UR contractor is required at the point of admission.</p>
<p align="center"><b>Discharge Criteria</b></p> <p>The consumer shall be discharged from this level of care if any one of the following is true:</p> <p>Level of functioning has improved with respect to the goals outlined in the service plan and can reasonably be expected to maintain these gains at a lower level of treatment.</p> <p>Or</p>	<p align="center"><b>Discharge Criteria</b></p> <p>The consumer shall be discharged from this level of care if any one of the following is true:</p> <p>Level of functioning has improved with respect to the goals outlined in the service plan and can reasonably be expected to maintain these gains at a lower level of treatment.</p> <p>Or</p>	<p align="center"><b>Discharge Criteria</b></p> <p>The consumer shall be discharged from this level of care if any one of the following is true:</p> <p>Level of functioning has improved with respect to the goals outlined in the service plan and can reasonably be expected to maintain these gains at a lower level of treatment.</p> <p>Or</p>	<p align="center"><b>Discharge Criteria</b></p> <p>The consumer shall be discharged from this level of care if any one of the following is true:</p> <p>Level of functioning has improved with respect to the goals outlined in the service plan and can reasonably be expected to maintain these gains at a lower level of treatment.</p> <p>Or</p>

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<p>No longer benefits from service as evidenced by absence of progress toward service plan goals and more appropriate service(s) is available.</p> <p>Any denial, reduction, suspension, or termination of services requires notification to the consumer about his/her appeal rights.</p>	<p>No longer benefits from service as evidenced by absence of progress toward service plan goals and more appropriate service(s) is available.</p> <p>Any denial, reduction, suspension, or termination of services requires notification to the consumer about his/her appeal rights.</p>	<p>No longer benefits from service as evidenced by absence of progress toward service plan goals and more appropriate service(s) is available.</p> <p>Any denial, reduction, suspension, or termination of services requires notification to the consumer about his/her appeal rights.</p>	<p>No longer benefits from service as evidenced by absence of progress toward service plan goals and more appropriate service(s) is available.</p> <p>Any denial, reduction, suspension, or termination of services requires notification to the consumer about his/her appeal rights.</p>
	<p><i>Discharge and/or step-down services can be considered when in a less restrictive environment the safety of the consumer around sexual behavior and the safety of the community can reasonably be assured.</i></p>	<p><i>Discharge and/or step-down services can be considered when in a less restrictive environment the safety of the consumer around sexual behavior and the safety of the community can reasonably be assured.</i></p>	<p><i>Discharge and/or step-down services can be considered when in a less restrictive environment the safety of the consumer around sexual behavior and the safety of the community can reasonably be assured/</i></p>
<p><b>Service Maintenance Criteria</b></p> <p>If consumer is functioning effectively at this level of treatment and discharge would otherwise be indicated, this level of service should be maintained when it can be reasonably anticipated that regression is likely to occur if the service were to be withdrawn. This decision should be based on at least one of the following:</p>	<p><b>Service Maintenance Criteria</b></p> <p>If consumer is functioning effectively at this level of treatment and discharge would otherwise be indicated, this level of service should be maintained when it can be reasonably anticipated that regression is likely to occur if the service were to be withdrawn. This decision should be based on at least one of the following:</p>	<p><b>Service Maintenance Criteria</b></p> <p>If consumer is functioning effectively at this level of treatment and discharge would otherwise be indicated, this level of service should be maintained when it can be reasonably anticipated that regression is likely to occur if the service were to be withdrawn. This decision should be based on at least one of the following:</p>	<p><b>Service Maintenance Criteria</b></p> <p>If consumer is functioning effectively at this level of treatment and discharge would otherwise be indicated, this level of service should be maintained when it can be reasonably anticipated that regression is likely to occur if the service were to be withdrawn. This decision should be based on at least one of the following:</p>
<p>A). Past history of regression in the absence of residential treatment or at a lower level of residential treatment.</p> <p>B). Current indications that consumer requires this residential service to maintain level of functioning as evidenced by difficulties experienced on therapeutic visits/stays in a non-treatment residential setting or in a lower level of residential treatment.</p>	<p>A). Past history of regression in the absence of residential treatment or at a lower level of residential treatment.</p> <p>B). Current indications that consumer requires this residential service to maintain level of functioning as evidenced by difficulties experienced on therapeutic visits/stays in a non-treatment residential setting or in a lower level of residential treatment.</p>	<p>A). Past history of regression in the absence of residential treatment or at a lower level of residential treatment.</p> <p>B). Current indications that consumer requires this residential service to maintain level of functioning as evidenced by difficulties experienced on therapeutic visits/stays in a non-treatment residential setting or in a lower level of residential treatment.</p>	<p>A). Past history of regression in the absence of residential treatment or at a lower level of residential treatment.</p> <p>B). Current indications that consumer requires this residential service to maintain level of functioning as evidenced by difficulties experienced on therapeutic visits/stays in a non-treatment residential setting or in a lower level of residential treatment.</p>

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<p>C). The presence of traditional psychiatric diagnoses which would necessitate a ‘disability management’ approach. In this event, there is epidemiological sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains.</p> <p>Any denial, reduction, suspension, or termination of services requires notification to the consumer about his/her appeals rights.</p>	<p>C). The presence of traditional psychiatric diagnoses which would necessitate a ‘disability management’ approach. In this event, there is epidemiological sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains.</p> <p>Any denial, reduction, suspension, or termination of services requires notification to the consumer about his/her appeals rights.</p>	<p>C). The presence of traditional psychiatric diagnoses which would necessitate a ‘disability management’ approach. In this event, there is epidemiological sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains.</p> <p>Any denial, reduction, suspension, or termination of services requires notification to the consumer about his/her appeals rights.</p>	<p>C). The presence of traditional psychiatric diagnoses which would necessitate a ‘disability management’ approach. In this event, there is epidemiological sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains.</p> <p>Any denial, reduction, suspension, or termination of services requires notification to the consumer about his/her appeals rights.</p>
<p><b>Provider Requirements</b> <u>Family-Type</u></p> <p>Minimal requirements high school diploma/GED with experience in the human service field.</p>	<p><b>Provider Requirements</b> <u>Family-Type</u></p> <p>Minimal requirements high school diploma/GED with experience in the human service field.</p>	<p><b>Provider Requirements</b></p>	<p><b>Provider Requirements</b></p>
	<p><b>Program Type</b></p> <p>Minimal requirements high school diploma/GED or associate degree with one year experience or four-year degree in the human service field. Skills and competencies of this service provider must be at a level which offer Psychoeducational relational support, and behavioral modeling interventions and supervision. These preplanned, therapeutically structured interventions occur as required and outlined in the consumer’s service plan.</p> <p><i>In addition to the above, special training of the caregiver is required in all aspects of sex offender specific treatment. Implementation of therapeutic gains is to be the goal of the placement setting.</i></p>	<p><b>Program Type</b></p> <p>Minimal requirements high school diploma/GED, associate degree with one year experience or a four year degree in the human service and/or a combination of experience, skills, and competencies that is equivalent. Skills and competencies of this service provider must be at a level which offer Psychoeducational, relational support, and behavioral modeling interventions and supervision. These preplanned, therapeutically structured interventions occur as required and outlined in the consumer’s service plan.</p> <p><i>In addition to the above, special training of the caregiver is required in all aspects of sex offender specific treatment. Implementation of therapeutic gains is to be the goal of the placement setting.</i></p>	<p><b>Program Type</b></p> <p>Minimal requirements high school diploma/GED, associate degree with one year experience or a four year degree in the human service field and/or a combination of experience, skills, and competencies that is equivalent. Skills and competencies of this service provider must be at a level that include structured interventions in a contained setting to assist consumer in acquiring control over acute behaviors.</p> <p><i>In addition to the above, special training of the caregiver is required in all aspects of sex offender specific treatment. Implementation of therapeutic gains is to be the goal of the placement setting.</i></p>

LEVEL I FAMILY-TYPE RESIDENTIAL TREATMENT	LEVEL II FAMILY/PROGRAM-TYPE RESIDENTIAL TREATMENT	LEVEL III RESIDENTIAL TREATMENT – HIGH	LEVEL IV RESIDENTIAL TREATMENT – SECURE
	<p>And/Or</p> <p>Must meet requirements established by state personnel system or equivalent for job classifications.</p>	<p>And/Or</p> <p>Must meet requirements established by state personnel system or equivalent for job classifications.</p>	<p>And/Or</p> <p>Must meet requirements established by state personnel system or equivalent for job classifications.</p>
<p>Weekly supervision is provided by a Qualified Professional for 60 minutes.</p>	<p>Weekly supervision is provided by a Qualified Professional for 60 minutes.</p> <p><i>Supervision provided by a Qualified Professional with sex offender specific treatment expertise is available for a total of at least 60 minutes. On-call and backup plan with a Qualified Professional is also available.</i></p>	<p>Weekly supervision is provided by a Qualified Professional for 60 minutes.</p> <p><i>Supervision provided by a Qualified Professional with sex offender specific treatment expertise is available per shift.</i></p>	<p>Weekly supervision is provided by a Qualified Professional for 60 minutes.</p> <p><i>Supervision provided by a Qualified Professional with sex offender specific expertise is on-site per shift.</i></p>
<p><b>Documentation Requirements</b></p> <p>Minimal documentation standard is a daily contact log with description of staff's interventions and activities on the Division's standardized forms which is directly related to the identified needs, preferences/choices, specifies goals, services, and interventions, along with frequency which assists in restoring, improving, or maintaining, the consumer's level of functioning. Documentation of critical events, significant events, and/or changes of status in the course of treatment shall be evidenced in the consumer's medical record as appropriate.</p>	<p><b>Documentation Requirements</b></p> <p>Minimal documentation standard is a daily contact log with description of staff's interventions/activities on the Division's standardized forms which is directly related to the consumer's identified needs, preferences/choices, specifies goals, services, and interventions, along with frequency which assists in restoring, improving, or maintaining, the consumer's level of functioning. Documentation of critical events, significant events, and/or change of status in the course of treatment should be evidenced in the consumer's medical record as appropriate.</p> <p><i>Documentation to include the specific goals of sex offender treatment as supported and carried out through the therapeutic milieu and interventions outlined in the service plan.</i></p>	<p><b>Documentation Requirements</b></p> <p>Minimal documentation standard is a full service note per shift on the Division's standardized forms which is directly related to the consumer's identified needs, preferences/choices, specifies goals, services, and interventions, along with frequency which assists in restoring, improving, or maintaining their level of functioning.</p> <p><i>Documentation to include the specific goals of sex offender treatment as supported and carried out through the therapeutic milieu and interventions outlined in the service plan.</i></p>	<p><b>Documentation Requirements</b></p> <p>Minimal documentation requirement is a full service note per shift daily on the Division's standardized forms which is directly related to the consumer's identified needs, preferences/choices, specifies goals, services, and interventions, along with frequency which assists in restoring, improving, or maintaining, his/her level of functioning.</p> <p><i>Documentation to include the specific goals of sex offender treatment as supported and carried out through the therapeutic milieu and interventions outlined in the service plan.</i></p>