

## 3.30 RESIDENTIAL TREATMENT CENTER SERVICES

### 3.301 Residential Treatment Center Services (RTCS) (Child/Adolescent)

Description of Services: Residential Treatment Center Services are provided to children/adolescents 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 address 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, educational and rehabilitative training, and focuses on family or caregiver reintegration. Active family/caregiver 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, school 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. Academic schooling funded through the local school system or by the facility is expected.

#### Criteria

<p><b>Admission Criteria</b></p>	<p><i>All of the following criteria are necessary for admission:</i></p> <ol style="list-style-type: none"> <li>1. The child/adolescent demonstrates symptomatology consistent with a DSM-IV-TR (Axes I-V) diagnosis which requires, and can reasonably be expected to respond to, therapeutic intervention.</li> <li>2. The child/adolescent 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.</li> <li>3. The child/adolescent demonstrates a capacity to respond favorably to rehabilitative counseling and training in areas such as problem solving, life skills development, and medication compliance training.</li> <li>4. The child/adolescent has a history of multiple hospitalizations or other treatment episodes at other levels of care and/or recent inpatient stay with a history of poor treatment adherence or outcome.</li> <li>5. Less restrictive or intensive levels of treatment have been tried and were unsuccessful, or are not appropriate to meet the individual's needs.</li> <li>6. The family situation and functioning levels are such that the child/adolescent cannot currently remain in the home environment and receive community-based treatment.</li> </ol>
<p><b>Psychosocial, Occupational, and Cultural and Linguistic Factors</b></p>	<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 child/adolescent exhibits severe suicidal, homicidal or acute mood symptoms/thought disorder, which requires a more intensive level of care.</li> <li>2. Parent/guardian does not voluntarily consent to admission or treatment.</li> <li>3. The child/adolescent can be safely maintained and effectively treated at a less intensive level of care.</li> <li>4. The child/adolescent 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 concurrent major psychiatric episode meeting criteria for this level of care.</li> <li>6. The admission is being used for purposes of convenience or as an alternative to incarceration within the juvenile justice or protective services system, or as an alternative to specialized schooling (which should be provided by the local school system) or simply as respite or housing.</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 child/adolescent's condition continues to meet admission criteria at this level of care.</li> <li>2. The child/adolescent'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, along with social, occupational and interpersonal assessment unless contraindicated. The expected benefits from all relevant treatment modalities are documented. The treatment plan has been implemented and updated, with consideration of all applicable and appropriate treatment modalities.</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.</li> <li>6. Care is rendered in a clinically appropriate manner and focused on the child/adolescent's behavioral and functional outcomes.</li> <li>7. An individualized discharge plan has been developed which includes specific realistic, objective and measurable discharge criteria and plans for appropriate follow-up care. A timeline for expected implementation and completion is in place but discharge criteria have not yet been met.</li> <li>8. Child/adolescent 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 child/adolescent's engagement in treatment.</li> <li>9. 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 made and documented to involve them.</li> <li>10. When medically necessary, appropriate psychopharmacological intervention has been prescribed and/or evaluated.</li> <li>11. There is a documented active attempt at coordination of care with relevant outpatient</li> </ol>

	<p>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 child/adolescent’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 child/adolescent no longer meets admission criteria, or meets criteria for a less or more intensive level of care.</li> <li>3. The child/adolescent, 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. Consent for treatment is withdrawn, and it is determined that the child/adolescent or parent/guardian has the capacity to make an informed decision and does not meet criteria for an inpatient level of care.</li> <li>5. .The child/adolescent 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 it required to maintain the current level of function.</li> <li>6. The child/adolescent 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>