

North Carolina
State Health Plan

for Teachers and State Employees and
NC Health Choice for Children

www.shpnc.org

**RESIDENTIAL TREATMENT FOR ADOLESCENT PSYCHIATRIC CARE
POLICY NUMBER: IN0510**

Definition:

Psychiatric residential treatment is facility-based care provided 24 hours a day, 7 days per week, for mentally ill children and adolescents, age 17 and younger, through a structured, safe, therapeutic environment. Treatment in a Residential Treatment Center (RTC) is less restrictive than inpatient treatment and more restrictive than partial hospitalization or outpatient treatment.

Residential Treatment Centers provide active psychiatric treatment of children and adolescents in a controlled environment requiring at least weekly physician visits. Specialized programming must be developed and implemented by appropriately credentialed mental health professionals, with adequate licensed professionals to insure that psychotherapy is available for individuals, families, and groups. RTCs must have 24-hour on-site care provided by a registered nurse who is physically located at the facility at all times.

A comprehensive assessment and multi-disciplinary treatment plan must be developed at the direction of the attending or consulting psychiatrist within seven calendar days of admission. Treatment plans must be multi-modal, and individualized, reflecting frequent reviews and updates, based on the individual's most current clinical presentation and response to treatment. Treatment plans must address the substance abuse components of any dually diagnosed individual. The therapies provided within a residential treatment center must reflect a range of social, psychosocial, and rehabilitative interventions with therapeutic programming being fully provided seven days a week. Educational services must also be provided. Active family/significant other therapy is a key element of treatment and is required as an active, on-going component of the treatment plan unless contraindicated. Family therapy must be specified in the treatment plan and delivered at a frequency which meets the therapeutic needs of the patient and family, preferably face-to-face.

Discharge planning should begin upon admission with specific interventions to foster reintegration into home and community, or to identify and arrange for other placement and/or follow-up treatment as may be appropriate – e.g., partial hospitalization, intensive outpatient programming, further outpatient treatment, etc.

Coverage:

Benefits are provided for residential treatment facilities as follows:

1. All benefits for psychiatric residential treatment are subject to the case management requirements as outlined in Medical Policy AD0430, Mental Health and Chemical Dependency Case Management.
2. Residential care is not covered unless ALL of the following conditions are met:
 - a. The facility or program is licensed to provide psychiatric residential services in the state in which services are provided.
 - b. The facility or program is staffed by registered nurses who are present on-site 24 hours per day.
 - c. The facility or program holds current accreditation by the Joint Commission on Accreditation of Healthcare Organizations, or by a national health care accrediting body recognized by the Mental Health Case Manager.
 - d. Residential treatment must be the least intensive level of care to meet the therapeutic needs of the child/adolescent; it is expected that residential treatment of the child/adolescent is generally subsequent to adequate and appropriate treatment trials in alternative levels of care – e.g., outpatient, partial hospitalization, or inpatient settings.

Approval:

1. Approval by the Mental Health Case Manager is required prior to initiating treatment, for continued treatment stays and for the following services if utilized during the residential stay:
 - a. Electroconvulsive therapy
 - b. Psychological testing
2. The Mental Health Case Manager will conduct a clinical review with the treating provider(s) to determine the medical necessity for the psychiatric residential treatment prior to admission. Upon request, the comprehensive assessment and treatment plan must be submitted by the seventh day of admission to the Mental Health Case Manager. Subsequent reviews will be conducted at least every 14 days to determine the medical necessity for continued stay.
3. The rationale for admission must support medical necessity criteria as outlined in the Approval section of Medical Policy AD0430, Mental Health and Chemical Dependency Case Management.

Limitations and Exclusions:

1. Residential care for conditions classified primarily as substance abuse or chemical dependency is not covered under this policy (see Medical Policy, IN0520, Residential Treatment for Chemical Dependency). Treatment of chemical dependency components of dually diagnosed individuals in psychiatric residential treatment centers must be consistent with the most current edition of the American Society of Addiction Medicine Patient Placement Criteria for the Treatment of Substance-Related Disorders.
2. Wilderness camps, wilderness “step-down” components of a residential program, and stand-alone outdoor treatment programs or outdoor “step-down” components of a residential program are not covered unless all specifications in the above “Coverage” section of this policy are met.
3. For a list of non-covered services, please refer to Medical Policy AD0430, Mental Health and Chemical Dependency Case Management for additional limitations and exclusions.
4. Therapeutic boarding schools are not covered unless the program meets all the requirements in Coverage number 2.
5. See <http://www.shpnc.org> for a complete listing of medical policies.

Authority:

N.C. G.S. 135-44.4

N.C. G.S. 135-45.1

N.C. G.S. 135-45.9

Revised:

September 2008

November 2008

May 2009

Effective:

November 18, 2008