

**RESIDENTIAL TREATMENT FOR CHEMICAL DEPENDENCY
POLICY NUMBER: IN0520**

Definition:

Chemical dependency residential treatment is a facility-based level of care providing rehabilitation of substance abuse and dependency 24 hours a day, 7 days a week.

Treatment in a Residential Treatment Center (RTC) is less restrictive than inpatient treatment and more restrictive than partial hospitalization or outpatient treatment.

Chemical dependency residential treatment centers provide active treatment of children, adolescents and adults in a controlled environment requiring at least weekly physician visits and offering treatment by a multi-disciplinary team of licensed professionals. Admission and discharge criteria must be specified in writing. At the direction of the attending or consulting psychiatrist or addictionologist, a comprehensive assessment and multi-disciplinary treatment plan must be developed within seven 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 and treatment planning must also address the psychiatric components of any dually diagnosed individual. Therapies must be all inclusive of a range of social and recreational therapies with therapeutic programming being fully provided seven days a week. Educational services must be provided for children and adolescents. Active family/significant other involvement is a key element of treatment and family therapy is required 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.

Treatment in the "least" restrictive environment is the therapeutic goal in RTC placement and continuing stay decisions. The residential program must provide emergency psychiatric and medical services on site or by contract. The residential treatment center's overall programming and treatment planning must have oversight by a Medical Director.

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., intensive outpatient programming, further outpatient treatment, etc.

Coverage:

Benefits are provided for residential treatment facilities as follows:

1. All benefits for chemical dependency residential treatment are subject to the case management requirements as outlined in Medical Policy AD0430, Mental Health and Chemical Dependency Case Management.
2. Chemical dependency residential treatment services are not covered unless ALL of the following conditions are met:
 - a. The facility or program is licensed to provide chemical dependency residential services in the state in which services are provided.
 - b. The facility or program must provide licensed supervision of all residents 24 hours per day, seven days per week.
 - c. Residential treatment must be the least intensive level of care to meet the therapeutic needs of the member. It is expected that residential treatment is subsequent to adequate and appropriate treatment trials in alternative levels of care as appropriate – 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 chemical dependency residential treatment prior to admission. Upon request, the comprehensive assessment and treatment plan must be submitted by the seventh calendar day of admission to the Mental Health Case Manager. Subsequent reviews will be conducted at least every 14 calendar days to determine the medical necessity for continued stay.
3. Care provided in a chemical dependency residential treatment center 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.

Limitations and Exclusions:

1. Residential care for conditions classified primarily as psychiatric are not covered in chemical dependency residential treatment programs.
2. Wilderness camps and stand-alone outdoor treatment programs are not covered. Outdoor components of residential chemical dependency treatment programs are covered only if facility based services are available as a part of the same program should a youth decompensate and need more supervision within a residential setting than the outdoor program can provide.
3. Therapeutic boarding schools are not covered unless the program meets all the requirements in Coverage number 2.
4. 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.
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

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