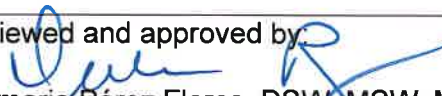
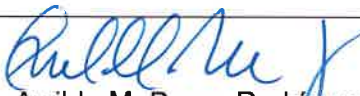
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Department: Utilization Review	Applies to: <input checked="" type="checkbox"/> Medicare Advantage <input checked="" type="checkbox"/> Commercial Accounts <input checked="" type="checkbox"/> Medicaid	
Policy name: Residential Mental Health Treatment for Adults		
Reviewed and approved by:		
 Dalimarie Pérez Flores, DSW, MSW, MPA VP of Clinical Affairs	 Awilda M. Broco-Rodriguez, Esq. Chief Executive Officer	

PURPOSE

To establish the organization’s position regarding timely response to service requests for Residential Mental Health Treatment for Adults.

POLICY


It is FHC policy to conduct a clinical review of medical necessity criteria for initial and continuity Residential Mental Health Treatment for adults. In the absence of CMS local and national coverage determinations criteria for this service, FHC uses applicable Medicare policies, statutes and regulations and the annually updated revision of InterQual® Behavioral Health Criteria set for Residential Mental Health Treatment for adults.

DEFINITIONS


1. InterQual® Behavioral Health Criteria - Review Manager (Change Healthcare) – a clinical decision support product purchased by FHC, with criteria set that assists clinicians to triage patients to the most appropriate level of care and validate the current level of care. Criteria are based on patient-specific pertinent psychiatric, and substance use clinical findings.
2. Medical Necessity –
 In considering coverage for any level of care, all elements of Medical Necessity must be met as specifically outlined in the individual’s benefit plan documents. Although benefit plan definitions of Medical Necessity/Medically Necessary vary to some degree, they commonly require the service or supply to be:
 - a. In accordance with the generally accepted standards of medical practice,
 - b. Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease; and,
 - c. Not primarily for the convenience of the patient or physician, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury, or disease.
3. Residential – a facility that provides Residential Mental Health Treatment for Adults is either a stand-alone mental health facility or a physically and programmatically distinct unit within a facility licensed for this specific purpose and that includes 7 days per week, 24-hour supervision and monitoring.
 - a. Treatment facility units and sleeping areas are generally not locked, although they may occasionally be locked, when necessary, in response to the clinical or medical needs of a particular patient.

PROCEDURE

1. Service Description

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- a. Facilities that provide residential mental health treatment for adults must be staffed by a multidisciplinary treatment team under the leadership of a psychiatrist. Ideally, the psychiatrist should be Board Certified or Board Eligible and must conduct a face-to-face interview with each individual within 72 hours of admission.
 - b. The program provides for the mental health and physical health needs of the individual.
 - c. Individual therapy will occur at least weekly or more frequently as clinically indicated.
 - d. A nurse is on-site 24 hours per day, 7 days per week to provide psychiatric nursing services including continuous observation, monitoring, and crisis intervention, as well as administering medications as clinically indicated.
 - e. Physician visits will occur at least weekly or more frequently as clinically indicated.
 - f. A psychiatrist is available 24 hours per day, 7 days per week to assist with crisis intervention and assess and treat medical and psychiatric issues, and prescribe medications as clinically indicated.
 - g. Treatment is focused on stabilization and improvement of functioning and reintegration with family or significant others.
 - h. Residential treatment is transitional in nature for the purpose of returning the individual to the community with continued treatment services at less restrictive levels of care, as needed.
 - i. Treatment at this level of care is not primarily for the purpose of maintaining long-term gains made in an earlier program.
 - j. Residential treatment coverage is not based on a preset number of days.
 - i. Individuals progress in their treatment at different rates. Medical Necessity and length of stay are to be assessed individually to ensure appropriate treatment for the appropriate length of time rather than based on a pre-determined program.
 - ii. Residential treatment is not a substitute for a lack of available supportive living environment(s) in the community.
2. Services that do not meet criteria for Residential Mental Health Treatment:
- a. Therapeutic Group Homes - These are professionally directed living facilities with psychiatric consultation available as needed. Group homes serve broad and varied patient populations with significant individual and/or family dysfunctions.
 - b. Wilderness Programs, Boot Camps, and/or Outward-Bound Programs - residential treatment centers that do not provide the array or intensity of services that would meet the definition of a clinical residential treatment center.
 - c. Community Alternatives - The admission is being used for purposes of convenience or as an alternative to incarceration or simply as respite or housing.
 - d. Environmental Admissions - Admission and/or continued stay at this level of care is not justified when primarily for the purpose of providing a safe and structured environment, due to a lack of external supports, or because alternative living situations are not immediately available.
3. Admission Considerations:
- a. There has been a face-to-face assessment with the individual by a licensed behavioral health clinician, with training and experience consistent with the age and problems of the individual within 72 hours prior to the request for admission.

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- b. This assessment must include a clinically based recommendation for the need for this level of care and incorporate family or significant others as clinically indicated. Alternative less restrictive levels of care are considered, and referrals are attempted as appropriate.
 - c. Criteria for Admission – Treatment for Adults. All Elements of Medical Necessity must be met.
 - i. The individual is expressing willingness to actively participate in this level of care.
 - ii. The individual has been diagnosed with a moderate-to-severe mental health disorder, per the most recent version of the Diagnostic and Statistical Manual of Mental Disorders and evidence of significant distress/impairment.
 - iii. This impairment in function is seen across multiple settings such as work, home, and in the community, and clearly demonstrates the need for 24 hour psychiatric and nursing monitoring and intervention.
 - iv. As a result of the interventions provided at this level of care, the symptoms and/or behaviors that led to the admission can be reasonably expected to show improvement such that the individual will be capable of returning to the community and to less restrictive levels of care.
 - v. The individual is able to function with some independence, participate in structured activities in a group environment.
 - vi. There is evidence that a less restrictive level of care is not likely to provide safe and effective treatment.
4. Criteria for Continued Stay
- a. The individual continues to meet all Elements of Medical Necessity.
 - b. One or more of the following criteria must be met:
 - i. The treatment provided is leading to measurable clinical improvements in the moderate-to-severe symptoms and/or behaviors that led to this admission and a progression toward discharge from the present level of care, but the individual is not sufficiently stabilized so that he/she can be safely and effectively treated at a less restrictive level of care.
 - ii. If the treatment plan implemented is not leading to measurable clinical improvements in the moderate-to-severe symptoms and/or behaviors that led to this admission and progression toward discharge from the present level of care, there must be ongoing reassessment and modifications to the treatment plan that address specific barriers to achieving improvement when clinically indicated.
 - iii. The individual has developed new symptoms and/or behaviors that require this intensity of service for safe and effective treatment.
 - c. All of the following must be met:
 - i. The individual and family are involved to the best of their ability in the treatment and discharge planning process.
 - ii. Continued stay is not primarily for the purpose of providing a safe and structured environment.
 - iii. Continued stay is not primarily due to a lack of external support.
5. Expectations for Residential Mental Health Treatment for Adults

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- a. A documented current diagnosis of a moderate-to-severe mental health disorder, per the most recent version of the Diagnostic and Statistical Manual of Mental Disorders, and evidence of significant distress/impairment.
- b. Evaluation by a Board Certified/Board Eligible psychiatrist within 72 hours of admission who also reviews and approves the appropriateness for this level of care and consideration of alternative less restrictive levels of care and who sees the individual as frequently as clinically indicated throughout the duration of the admission, but no less than once weekly.
- c. A medical assessment and physical examination within the first 24 hours of admission, unless a physician determines that an examination within the week prior to admission to the facility was sufficient.
- d. Residential treatment should occur as close as possible to the home and community to which the individual will be discharged.
 - i. If out-of-area placement is unavoidable, there must be consistent family involvement with the individual and regular family therapy and discharge planning sessions, unless clinically contraindicated.
- e. Within 72 hours of admission, there is outreach with existing providers and family members to obtain needed history and other clinical information, unless clinically contraindicated.
- f. Family Involvement – Prompt and timely family involvement is expected at every level of treatment plan development, unless doing so is clinically contraindicated or would not be in compliance with existing federal or state laws.
- g. Family involvement is important in the following contexts:
 - i. Assessment – The family is needed to provide detailed initial history to clarify and understand the current and past events leading up to the admission.
 - ii. Family therapy will occur at least weekly or more frequently as clinically indicated to achieve the treatment goals, unless clinically contraindicated, and should be on a face-to-face basis.
 - o However, if the family lives more than 3 hours from the facility, telephone contact for family therapy must be conducted at least weekly, along with face-to-face family sessions as frequently as possible.
 - o Telephonic sessions are not to be seen as an equivalent substitute for face-to-face sessions or based primarily on the convenience of the provider or family, or for the comfort of the patient.
 - iii. Discharge planning
 - o Therapeutic passes may occur, when clinically indicated, as part of the transition and discharge planning to allow opportunity to practice therapeutic skills/gains with the family.
- h. A Preliminary Treatment Plan is completed within 48 hours of admission, and a Comprehensive Treatment Plan is to be completed within 5 days of admission that includes:
 - i. A clear focus on the issues leading to the admission and on the symptoms which need to improve to allow treatment to continue at a less restrictive level of care.
 - ii. Multidisciplinary assessments of mental health issues, substance use, medical illness(s), personality traits, social support, education, and living situation.

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- iii. The treatment plan results in interventions utilizing medication management as clinically indicated, social work involvement, individual, group, marital and family therapies as appropriate.
- iv. The goal is to improve symptoms, develop appropriate discharge criteria and a plan that involves coordination with community resources to allow a smooth transition to a less restrictive level of care, family integration, and continuation of the recovery process.
- v. All medical and psychiatric evaluations should include consideration of the possibility of relevant co-morbid conditions.
- vi. This plan should:
 - o Be developed jointly with the individual and family/significant others.
 - o Establish specific, measurable goals and objectives.
- vii. Include treatment modalities that are appropriate to the clinical needs of the individual.
 - o .
 - o The treatment plan is not based on a pre-established programmed plan or time frames.
- viii. Individuals progress in their treatment at different rates, medical necessity and length of stay are to be assessed individually to ensure appropriate treatment for the appropriate length of time rather than based on a predetermined program.
- ix. Discharge planning will start at the time of admission and include:
 - o Coordination with community resources to facilitate a smooth transition back to home, family, work or school, and appropriate treatment at a less restrictive level of care.
 - o Timely and clinically appropriate aftercare appointments, with at least one appointment within 7 days of discharge.
 - o Prescriptions for any necessary medications, in a quantity sufficient to bridge any gap between discharge and the first scheduled follow-up psychiatric appointment.

ATTACHMENTS

N/A

REFERENCES

1. BH: Adult and Geriatric Psychiatry Adult and Geriatric Psychiatry for Residential Treatment Center InterQual® 2025 - Released Mar 2025
2. Psychiatric Residential Treatment Facilities (PRTF) Clarification, Center for Medicaid and State Operations/Survey and Certification Group, Ref: S&C-07-15, February 16, 2007

POLICY AND PROCEDURE REVISIONS

Date	Changes	Reasons
11/12/2024	Format	Annual Review
11/05/2025	Format Changes in wording for clarity	Annual Review