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# Community-Based Residential Treatment Center Level of Care

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Presented on November 18, 2009 by  
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# Objectives for this webinar

- Familiarize psychiatrists and other mental health professionals with Maryland's new medical necessity criteria for Residential Treatment Center (RTC) Level of Care, including Community-Based RTC Level of Care
- Discuss the current shift in addressing intensity of care versus restrictiveness of care in recommendations for treatment and placement
- Answer questions about the 1915(c) Medicaid RTC Waiver and the expectations for psychiatric and psychosocial assessments used to recommend RTC Placement and RTC Waiver Enrollment

# Key Terms in Maryland's Level of Care Determination Process

- **Administrative Service Organization (ASO):** An entity under contract with DHMH that, along with MHA and CSAs, helps administer the public mental health system. The ASO is ValueOptions® Maryland.
- **Certification of Need (CON):** The process by which ValueOptions ® with a representative of the Core Service Agency making up an independent team, on behalf of the Mental Hygiene Administration, ensures that the consumer meets the medical necessity criteria for the RTC Level of Care.
- **Core Service Agency (CSA):** The county or multicounty authority, designated under Health-General Article, Title 10, Subtitle 12, Annotated Code of Maryland, and approved by the Department, that is responsible for planning, managing, and monitoring publicly funded mental health services.
- **Residential Treatment Center (RTC):** An RTC is defined in Health-General Article, Title 19, Annotated Code of Maryland as a psychiatric institution that provides campus-based intensive and extensive evaluation and treatment of children and adolescents with severe and chronic emotional disturbances who require a self-contained therapeutic, educational, and recreational program in a residential setting. (Same as a Psychiatric Residential Treatment Facility or PRTF)

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# Certification of Need for RTC Level of Care

- The Centers for Medicare & Medicaid Services (CMS) require the certification of need (CON) for treatment at an RTC-level of care, whether it is in a facility or in the community.
  - The CON establishes that treatment is medically necessary at this level of care.
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## Underlying Principle of Medical Necessity Determination:

When an individual has a mental health disorder that requires professional evaluation and treatment, he or she should be treated in the **least intensive, least restrictive setting available** that is **most appropriate** and **able to meet the individual's medical needs**.

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# Medical Necessity for RTC Level of Care and Community-Based RTC Level of Care

- RTC level of care **is not a place**
  - RTC level of service intensity **can** be provided in the community
  - RTC level of care is determined at a specific ***point in time*** and is not a guarantee of the child's future functioning; assessments are only valid for 30 days for this reason.
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# RTC Level of Care

- An RTC is defined as a **24-hour inpatient level of care** that provides children and adolescents with serious emotional disturbance or serious mental illness with **residential care**, as well as **treatment** with a range of diagnostic and therapeutic mental health services when these services cannot be provided through existing community programs.
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# Community-Based RTC Level of Care

- A community-based RTC Level of Care is defined as a **non-residential program with a comparable level of intensity** to an RTC.
- The **same array of diagnostic and therapeutic mental health services, including 24-hour availability of services and supports**, is provided to the child or adolescent and family using a Wraparound approach that includes **intensive care coordination**.
- The living arrangement of the youth may be with family, in a foster care home, treatment foster care home, group home or therapeutic group home, or in another facility such as an Alternative Living Unit (ALU).

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# RTC Level of Care & Community-Based RTC Level of Care

- Youth who are identified as meeting the RTC Level of Care may be placed in an RTC.
  - Youth who are identified as meeting the Community-Based RTC Level of Care may be enrolled in the RTC Waiver and receive home- and community-based services through the RTC Waiver.
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# What is the RTC Waiver?

- Maryland's 1915(c) Home and Community-Based Alternatives to Psychiatric Residential Treatment Facilities Demonstration Project Waiver
- Serves a limited number of youth who meet the Community-Based RTC Level of Care and other eligibility criteria **in their homes and communities** instead of in an RTC.
- Youth receive **care coordination services** from a Care Management Entity, participate in a Child and Family Team that collaboratively creates and manages an individualized and comprehensive plan of care, and receives services from professional/traditional providers and clinicians as well as from natural supports and community resources.
- Youth in the RTC Waiver must be **under the treatment of a licensed mental health professional**, in addition to being supported by the care coordinator and other service providers and resources.

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*Learn more about the RTC Waiver by going to [www.medschool.umaryland.edu/innovations/RTC\\_Waiver.asp](http://www.medschool.umaryland.edu/innovations/RTC_Waiver.asp)*

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- A Certificate of Need that indicates RTC Level of Care, either in a facility or in the community, can be transferred to the other setting prior to the youth being placed in an RTC or enrolled in the RTC Waiver with an update from the psychiatrist.
  - If the recommendation is for enrollment in the RTC Waiver, the psychiatric assessment and/or the psychosocial assessment must indicate that the youth can be safely served in the community under a plan of care. If the psychiatric assessment does not include this recommendation, the psychiatrist at ValueOptions will need to indicate that the youth can be safely served in the community under a plan of care, based on the three assessments received.
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# Criteria for Admission:

- Medical necessity for admission to an RTC or Community-Based RTC Level of Care must be documented by the presence of all the criteria under Severity of Need and Intensity of Service.
- The child or adolescent must have a mental health disorder amenable to active clinical treatment.
- The evaluation and assignment of a DSM-IV-TR diagnosis must result from a face-to-face psychiatric evaluation.

# Severity of Need

- A. The child or adolescent has a **PMHS Specialty Mental Health DSM-IV-TR diagnosis**.
  
  - B. There must be clinical evidence the child or adolescent has:
    - i. For children under 18, a **serious emotional disturbance (SED)** or,
    - ii. For youth ages 18 and above, **serious mental illness (SMI)**.
  
  - C. Due to the SED or SMI, the child or adolescent exhibits a **significant impairment in functioning**, representing **potential serious harm** to self or others, across settings, including the home, school, and community. The serious harm does not necessarily have to be of an imminent nature. The **accessibility and/or intensity of currently available community supports and services are inadequate** to meet these needs due to the severity of the impairment.
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# Severity of Need (continued)

- D. The child or adolescent requires **services and supports to be available seven days per week/24 hours per day**
    - to develop skills necessary for daily living;
    - to assist with planning and arranging access to a range of educational and therapeutic services; and,
    - to develop the adaptive and functional behaviors that will allow him or her to remain successfully in his or her home and community and regularly attend and participate in work, school or training.
  
  - In particular, the child or adolescent requires **the availability of crisis and/or mental health services seven days per week/24 hours per day**, with flexible scheduling and availability of other services and supports.
  
  - E. Due to the SED or SMI, the child or adolescent also requires that there **be a parent, guardian, individual or organization** that is responsible for the 24-hour care and supervision of that child or adolescent.
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# Intensity of Service

- RTC or Community-Based RTC Level of Care is considered medically necessary when all less intensive levels of treatment have been determined to be unsafe, unsuccessful, or unavailable.
  - The child or adolescent requires a 24 hours/day, 7 days/week structured and supportive living environment.
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# Intensity of Service (continued)

- The child or adolescent requires the provision of individualized, strengths-based services and supports that:
  - Are identified in partnership with the child or adolescent, if developmentally appropriate, and the family and support system, to the extent possible;
  - Are based on both clinical and functional assessments;
  - Are clinically monitored and coordinated, with 24-hour availability,
  - Are implemented with oversight from a licensed mental health professional; and,

# Intensity of Service (continued)

- Services Include:
  - Assisting with the development of skills for daily living;
  - Care coordination to plan and arrange access to a range of educational and therapeutic services;
  - Services that support the development of adaptive and functional behaviors that will enable the child or adolescent to remain successfully in his or her home and community and regularly attend and participate in work, school or training.
  - When appropriate and relevant, psychotropic medications to be used with specific target symptoms identification, with medical monitoring and 24-hour medical availability;
  - Screening and assessment for current medical problems and concomitant substance use issues; and,
  - Coordination with the child or adolescent's community resources, with the goal of transitioning the youth out of the program as soon as possible and appropriate.

# Who initiates the CON process?

- For youth who are being recommended for placement in an RTC, the RTC initiates the CON process. The mental health and medical professionals completing the evaluations are typically from the RTC.
- For youth who are being recommended for enrollment in the RTC Waiver, the Care Management Entity (CME) would be supporting the youth through the CON process in partnership with the CSA. (Referrals to the RTC Waiver come to the CME.) The mental health and medical professionals completing the evaluations are typically from the community.

# The Independent Team Review

- The evaluations must be reviewed by an Independent Team, which is comprised of the care manager at the ASO, the psychiatrist at the ASO, and the Core Service Agency.
- All 3 evaluations must be completed or updated within 30 days of submission to ValueOptions, the Administrative Service Organization.
- If any of the assessments are dated more than 30 days from the point of submission, an update from the original evaluator will be required, indicating that there are no significant changes to the original assessment.

# Criteria for Continued Stay

- There must be evidence of the need for continued support twenty-four hours per day, seven days per week due to the degree of functional and/or behavioral health impairment.
- There is clinical evidence that the child or adolescent can continue to make measurable progress in the program, as demonstrated by a further reduction in psychiatric symptoms, or acquire requisite strengths in order to be transitioned from the program or moved to a less restrictive level of care.
- There must be a reasonable expectation by the family and treating clinicians that, if treatment services as currently provided in the plan of care were withdrawn, the child or adolescent's condition would deteriorate, relapse further, or require a move to a more restrictive level of care.
- For youth served in an RTC, short-term, therapeutic visits home with the purpose of testing treatment efficacy and supporting the goal of eventual family reunification are not, in and of themselves, to be considered grounds for a denial of continued stay. However, therapeutic passes to home are to be considered an indicator of upcoming discharge to home.

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# Continued Stay Criteria

- These criteria are re-assessed every 60 days for youth in an RTC, and every 365 days for youth in the RTC Waiver.
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# Required evaluations for the CON

- Psychiatric
  - Psychosocial
  - Physical
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# The Psychiatric Evaluation

- Must be completed by board-certified/board-eligible psychiatrist
- Includes a summary of the youth's
  - strengths,
  - presenting problem,
  - current psychiatric symptoms and behaviors,
  - treatment and medication history,
  - educational and family history, and
  - multi-axial diagnosis.

# The Psychosocial Evaluation

- Must be completed by a licensed mental health professional.
  - If a psychosocial evaluation is completed by an LGSW or LGPC, his/her clinical supervisor must co-sign the evaluation.
  - A psychiatrist may complete both the psychiatric and psychosocial evaluation.
- May include the components of the psychiatric evaluation,
- Provides **further detail** regarding the strengths, presenting problem, family involvement, and religious, social, educational and legal history.

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# Physical Evaluation

- The history and physical examination attests that the youth is medically appropriate and cleared for enrollment in an institutional setting.
  - This examination should be preferably completed and signed by a pediatric or family physician or CRNP.
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# AACAP Resources to assist in completing the psychiatric and psychosocial assessments

- Practice Parameters for the Psychiatric Assessment of Children and Adolescents
- Child and Adolescent Service Intensity Instrument (CASII)
  - The CASII dimensional rating system is used to determine the intensity of needed services.
  - It operationalizes the factors clinicians consider in determining the most appropriate services and level of care needed.

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# “Restrictiveness of Care” versus “Intensity of Care”

- Hawkins, Almeida, Fabry, and Reitz (1992) (in Rauktis et al (2008, p.2)) describe three components that “make a living environment restrictive: (a) the physical facility, appearance, and layout; (b) the rules and requirements that affect free movement, activity, or choice; and (c) the voluntariness with which children and youth enter or leave the setting permanently.”
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# “Restrictiveness of Care” versus “Intensity of Care” (continued)

- In both the RTC and when receiving Wraparound through a CME, the intensity of services and supports is very high.
  - A youth may need a more *restrictive* setting if he or she cannot be safely served in the community
  - However, a youth who is in a more restrictive setting does not necessarily require a more intensive level of service intensity than another youth who is in the community
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“The level of restrictiveness for any setting type can vary widely from program to program, creating overlapping distributions of restrictiveness. This disregard for individual variation within treatment settings...can potentially...create incorrect assumptions about restrictiveness of different environments (Handwerk, 2002; Mech & Fung, 1999).”

From Rauktis, Huefner, O'Brien, Pecora, Doucette, and Thompson (2008, p.3)

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While restrictiveness and intensity have become intertwined, when assessing a youth for RTC Level of Care and Community-Based RTC Level of Care, the determination must first be about the required *intensity* of services, followed by an assessment of the youth's ability to be safely served in the community under a plan of care.

The “ability to be safely served in the community” can mean different things, depending on the youth's living environment, the adults who are involved in the youth's life, and other factors that are specific to the youth, family, and environment.

Youth can require the same *intensity* of service without requiring the identical *services* to be provided or the same living environment.

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Questions? Comments?

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# Contact Information & Resources

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    - 410-402-8487
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  - Resources:
    - [www.aacap.org](http://www.aacap.org)
    - [www.medschool.umaryland.edu/innovations/RTC\\_Waiver.asp](http://www.medschool.umaryland.edu/innovations/RTC_Waiver.asp)
    - <http://maryland.valueoptions.com>
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