NMNC 2.202.04 Residential Treatment Services (RTS)

Residential Treatment Services (also known as a Residential Treatment Center) are 24-hour, seven-days a week facility-based programs that provide therapeutic intervention and specialized programming, such as group, CBT, DBT and motivational interviewing, for members with severe and persistent psychiatric disorders. While the setting provides a high degree of supervision and structure, RTS is intended for members who do not require an even higher level of physical security and frequency of psychiatric or medical intervention that are available on an inpatient unit. In addition, the program provides individualized therapeutic treatment. RTS is not an equivalent for long-term hospital care. Rather, its design is to maintain the member in aa less restrictive environment that promotes stabilization and integration of clinical gains. Consultations and psychological testing, as well as routine medical care, are included in the per diem rate. Realistic discharge goals should be set upon admission, including coordination with community-based treatment providers, as appropriate. Physician evaluation and re-evaluations are based on each individual member's clinical needs.

Admission Criteria	Continued Stay Criteria	Discharge Criteria
Criteria 1 – 9 must be met for all admissions; criterion 10 must be met when applicable; for Eating Disorders, criteria 11 – 15 must also be met in addition to the preceding requirements. 1) Symptoms consistent with a *DSM* or corresponding ICD diagnosis representing a behavioral disorder that requires, and can reasonably be expected to respond to, therapeutic interventions 2) Member 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 setting and does not require a higher level of care (inpatient) 3) Member may not be appropriate for a less intensive level of care as evidenced by a series of increasingly dangerous behaviors that present significant risk to self or others 4) Member has sufficient cognitive capacity to respond to active, intensive and time-limited behavioral health treatment and intervention 5) Member has severe in ability to perform self-care activity (i.e., self-neglect with inability to provide for self at a lower level of care) 6) Member has only poor-to-fair community supports sufficient to maintain him/her within the community with treatment at a lower level of care 7) Member requires a time-limited period for stabilization and community reintegration	**Criteria 1 – 11 must be met for all continued stays; for Eating Disorders, criteria 12 and 13 must also be met in addition to the preceding requirements.** 1) Member continues to meet admission criteria 2) Another less restrictive level of care would not be adequate to provide needed containment and administration of care 3) Member is experiencing symptoms of such intensity that if discharged, s/he would likely be readmitted 4) Treatment is still necessary to reduce symptoms and improve functioning so the member may be treated in a less restrictive level of care 5) There is evidence of progress towards resolution of the symptoms that are preventing treatment from continuing in a less restrictive level of care 6) Medication assessment has been completed when appropriate and medication trials have been initiated or ruled out 7) Member evaluation by a physician occurs at least on a weekly basis 8) Member's progress is monitored regularly and the treatment plan is modified as needed if the	**Any *one* of the following criteria must be met**: 1) Member no longer meets admission criteria and/or meets criteria for another level of care, more or less intensive; or 2) Member or parent/ guardian withdraws consent for treatment and the member does not meet criteria for involuntary/mandated treatment; or 3) Member does not appear to be participating in the treatment plan; or 4) Member is not making progress toward goals, nor is there expectation of any progress 5) Member's individual treatment plan and goals have been met, and when indicated, member's support systems are in

8) When appropriate, family/guardian/caregiver agree to participate actively in treatment as a condition of admission 9) Member's behavior or symptoms, as evidenced by the initial assessment and treatment plan, are likely to respond to, or are responding to, active treatment 10) Severe comorbid substance use disorder is present that must be controlled (e.g., abstinence necessary) to achieve stabilization of primary psychiatric disorder **For Eating Disorders*** 11) Weight stabilization: Generally, <85% of IBW (or BMI of 15 or less), with no significant co-existing medical conditions 12) Member is medically stable and does not require IV fluids, tube feedings or daily lab tests 13) Member has had a recent significant weight loss and cannot be stabilized in a less restrictive level of care 14) Member needs direct supervision at all meals and may require bathroom supervision for a time period after each meal 15) Member is unable to control obsessive thoughts or reduce negative behaviors (e.g., restrictive eating, purging, laxative or diet pill abuse, and/or excessive exercising) in a less restrictive environment *** Weight alone should not be the sole criterion for admission or discharge.**	member is not making progress towards a set of clearly defined and measurable goals 9) Member is engaged in treatment and amenable to goals/interventions set forth by the treatment team 10) Family/guardian/caregiver is participating in treatment as clinically indicated and appropriate or engagement is underway 11) There must be evidence of coordination of care and active discharge planning to: a. transition the member to a less intensive level of care; and b. operationalize how treatment gains will be transferred to a subsequent level of care. **For Eating Disorders*** 12) Member continues to need supervision for most if not all meals and/or use of bathroom after meals 13) Member has had no appreciable weight gain since admission	agreement with the aftercare treatment plan; or **For Eating Disorders*** 6) Member has gained weight, or is in better control of weight reducing behaviors / actions, and can now be safely and effectively managed in a less intensive level of care

Exclusions

Any **one** of the following criteria is sufficient for exclusion from this level of care.

1) Member exhibits severe suicidal, homicidal or acute mood symptoms/thought disorder, which requires a more intensive level of care; or
2) Member does not voluntarily consent to admission or treatment; or
3) Member can be safely maintained and effectively treated at a less intensive level of care; or
4) Member has medical conditions or impairments that would prevent beneficial utilization of services, or is not stabilized on medications; or
5) Primary problem is social, legal, and economic (i.e. housing, family, conflict, etc.), or one of physical health without a concurrent major psychiatric episode meeting criteria for this level of care, or admission is being used as custodial care or as an alternative to incarceration.
6) **For Eating Disorders***, member's IBW is < 75% (or BMI of 14 or less)

Reference Sources

Beacon's Medical Necessity Criteria incorporate generally accepted standards of behavioral health practice documented in evidence- and consensus-based guidelines derived from:

1) Professional societies: American Psychiatric Association (APA); American Academy of Psychiatrists in Alcoholism and Addictions (AAPAA); American Academy of Child and Adolescent Psychiatry (AACAP)
2) National care guideline and criteria entities: American Society of Addiction Medicine (ASAM); MCG Care Guidelines
3) National health institutes: National Institutes of Health (NIH); National Institute on Alcohol Abuse and Alcoholism (NIAAA);), National Institutes of Drug Abuse (NIDA); Substance Abuse and Mental Health Services Administration (SAMHSA)
4) Professional publications and psychiatric texts: [see Beacon's Publication Reference Table]
5) Federal/state regulatory and industry accreditation requirements, including CMS's National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs)
6) National industry peer organizations, including managed care organizations (MCOs) and behavioral health organizations (BHOs)