



# Child/Adolescent Behavioral Health Residential Facility (formerly Level II) Admission and Continued Stay Authorization Criteria

Attachment 3.14.5

## A. Purpose

Behavioral Health Residential Facility are **specific** psychiatric services provided by agency as set forth in 9 A.A.C. 20. These settings provide treatment that includes behavioral health therapy, 24 hour professional staffing, and therapeutic activities under the supervision of an on-site or on-call behavioral health professional and psychiatric consultation for children/adolescents that do not require medical services provided by the facility. Some facilities may offer an on-site school.

Individuals demonstrate an impairment of functioning as a result of a DSM-IV-TR diagnosis (within the range of codes 290 through 316.99); the individual has significant risk of harm to self or others or disturbance of mood, thought, or behavior which renders him/her incapable of developmentally appropriate self care or self regulation.

The child's/adolescent's treatment goals in the facility must be **focused** on the signs and symptoms of the psychiatric disorder which necessitated the removal of the child/adolescent from his/her usual living situation. **These treatment goals and tentative discharge plan must be defined prior to admission.** It is not expected that all behavioral or psychological difficulties will be resolved by the time of discharge from the facility.

Admissions to a Behavioral Health Residential Facility are not emergent or urgent and always require prior authorization. A decision to prior authorize admission into a Behavioral Health Residential Facility will be made within 7 business days. Prior authorization for initial admission to a Behavioral Health Residential Facility is valid for up to 60 days, and re-authorization for continued stay is valid for up to 60 days.

An active treatment plan aims to return the child/adolescent to his/her customary environment at the earliest possible time. A lack of available outpatient services is not, in and of itself, the sole criterion for admission to a TGH.

## B. Behavior and Functioning Required for Admission

All of the following are required:

- 1) The child/adolescent presents with signs and symptoms of a psychiatric disorder which is consistent with a DSM-IV-TR diagnosis (within the range of codes 290 through 316.99). This behavioral health condition requires a 24 hour therapeutic milieu with on-site behavioral health therapy and on-site or on-call psychiatric consultation.
  - a) A sole diagnosis of ADHD or Conduct Disorder with in and of itself does not warrant psychiatric out-of-home treatment and requires further clinical review.
  - b) Runaway behavior is an insufficient justification for admission to any level of out of home treatment as an isolated behavior.
- 2) Medically necessary outpatient behavioral health services do not meet the treatment needs of the child/adolescent and there is documentation of a failure to respond or an inability to be safely managed in a less restrictive level of care.
- 3) The medically necessary behavioral health treatment can be properly provided within a therapeutic group home setting.



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- 4) The admission to a Behavioral Health Residential Facility is not used primarily and therefore clinically inappropriately as:
  - a) An alternative to preventative detention or as a means to ensure community safety in a child/adolescent exhibiting primarily delinquent/antisocial behavior; or
  - b) The equivalent of safe housing, permanent placement, or
  - c) An alternative to parents'/guardians' or other agencies' capacity to provide an alternative place of residency for the child/adolescent, or
  - d) A behavioral health intervention when other less restrictive alternatives are available and meet the child's/adolescent's treatment needs

### **C. Continued Stay Criteria**

There is documented evidence of all of the following:

- 1) Active treatment, only available at this level of care, is being provided by the facility on a 24 hour basis with direct supervision/oversight by professional behavioral health staff; and
- 2) The treatment is reducing the severity of the behavioral health issue that was identified as the reason for admission; and
- 3) The Child and Family Team has met every 2 weeks or more frequently, if clinically indicated, to review progress and revise the service plan to address any lack of progress; and
- 4) There is an expectation that continued treatment can reasonably be expected to improve or stabilize the child's/adolescent's condition so that this type of service will no longer be needed.

### **D. Discharge Criteria**

To be considered for discharge from a Behavioral Health Residential Facility, a child/adolescent will meet all of the following criteria:

- 1) There is a written plan for discharge with specific discharge criteria, written as behaviorally measurable goals.
- 2) There is documentation that the Child and Family Team are involved in the writing of the discharge plan. Development of the discharge plan should occur prior to admission via this process.
- 3) The plan complies with current standards for medically necessary covered behavioral health services, cost effectiveness, and least restrictive environment and is in conformance with federal and state clinical practice guidelines.



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- 4) The child's/adolescent's treatment plan goals identified at admission specific to this level of care have been accomplished; OR the child/adolescent is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care.