

# Residential Treatment (RTC)

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| <b>BEACON HEALTH STRATEGIES, LLC</b> | <b>ORIGINAL EFFECTIVE DATE</b> |
| <b>HAWAII LEVEL OF CARE CRITERIA</b> | 2013                           |
|                                      | <b>CURRENT EFFECTIVE DATE</b>  |
|                                      | 2016                           |

## I. Description

Residential Treatment Services (also known as a Residential Treatment Center) are 24-hour 7 day a week facility-based programs that provide individuals with severe and persistent psychiatric disorders therapeutic intervention and specialized programming, such as group, CBT, DBT and motivational interviewing, within a milieu with a high degree of supervision and structure and is intended for members who do not need the high 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 the least restrictive environment to allow for stabilization and integration. Consultations and psychological testing, as well as routine medical care, are included in the per diem rate.

RTSs serve members who have sufficient potential to respond to active treatment, need a protected and structured environment and for whom outpatient, partial hospitalization or acute hospital inpatient treatments are not appropriate. RTSs are planned according to each member's needs and is generally completed in 1– 14 days. Realistic discharge goals should be set at admission, and full participation in treatment by the member and his or her family members, as well as community-based treatment is expected when appropriate.

## II. Criteria/Guidelines

### A. Admission Criteria

Criteria #1 – 7 must be met for all; Criteria #8, when applicable; for Eating Disorders, criteria #9-13 must also be met:

1. DSM or corresponding ICD diagnosis and must have mood, thought, or behavior disorder of such severity that there would be a danger to self or others if treated at a less restrictive level of care.
2. Member has sufficient cognitive capacity to respond to active acute and time limited psychological treatment and intervention.
3. Severe deficit in ability to perform self-care activity is present (eg, self-neglect with inability to provide for self at lower level of care).
4. Member has only poor to fair community supports sufficient to maintain him/her within the community with treatment at a lower level of care.
5. Member requires a time limited period for stabilization and community re-integration.
6. When appropriate, family/guardian/ caregiver agree to participate actively in treatment as a condition of admission.
7. 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
8. 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:

9. Weight stabilization: generally <85% of IBW (or BMI of 15 or less, with no significant co-existing medical conditions (see IP #14)
10. Member is medically stable and does not require IV fluids, tube feedings or daily lab tests.
11. Member has had a recent significant weight loss and cannot be stabilized in a less restrictive level of care.
12. Member needs direct supervision at all meals and may require bathroom supervision for a time period after meals.
13. The member is unable to control obsessive thoughts or to reduce negative behaviors (e. g., restrictive eating, purging, laxative or diet pill abuse, and/or excessive exercising) in a less restrictive environment.

**B. Continued Stay Criteria**

Criteria # 1 – 9 must be met for all; For Eating Disorders criteria # 10 and 11 must be met:

1. Member continues to meet admission criteria;
2. Another less restrictive level of care would not be adequate to provide needed containment and administer 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 member may be treated in a less restrictive level of care.
5. There is evidence of progress towards resolution of the symptoms causing a barrier to treatment continuing in a less restrictive level
  - a. of care;
6. Medication assessment has been completed when appropriate and medication trials have been initiated or ruled out.
7. Member's progress is monitored regularly and the treatment plan modified, if the member is not making progress toward a set of clearly defined and measurable goals.
8. Family/guardian/caregiver is participating in treatment as clinically indicated and appropriate or engagement is underway.
9. There must be evidence of coordination of care and active discharge planning to:
  - a. transition the member to a less intensive level of care;
  - b. operationalize how treatment gains will be transferred to subsequent level of care.

For Eating Disorders:

10. Member continues to need supervision for most if not all meals and/or use of bathroom after meals.
11. Member has had no appreciable weight gain since admission.III.

**III. Limitations/Exclusions****A. Discharge Criteria**

Criteria # 1, 2, 3, or 4 are suitable; criteria # 5 and 6 are recommended, but optional;

For Eating Disorders, criterion # 7 must be met:

1. Member no longer meets admission criteria and/or meets criteria for another level of care, more or less intensive.
2. Member or parent/guardian withdraws consent for treatment and the member does not meet

criteria for involuntary/mandated treatment.

3. Member does not appear to be participating in the treatment plan.
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.
6. Member’s support system is in agreement with the aftercare treatment plan.

For Eating Disorders:

Member has gained weight, is in better control of weight reducing behaviors/actions, and can now be safely and effectively managed in a less intensive level of care.

**B. Exclusions:**

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

1. The individual exhibits severe suicidal, homicidal or acute mood symptoms/thought disorder, which requires a more intensive level of care.
2. The individual does not voluntarily consent to admission or treatment.
3. The individual can be safely maintained and effectively treated at a less intensive level of care.
4. The individual has medical conditions or impairments that would prevent beneficial utilization of services, or is not stabilized on medications.

**IV. Administrative Guidelines**

A. Precertification is required for initial admission and continued stay. To precertify, please provide pertinent clinical information to Beacon Hawaii via fax (808) 695-7799 or call (855) 856-0578.

B. Applicable REVENUE codes:

| <i>REVENUE</i> | <i>CPT</i> | <i>Modifier</i> |                        |
|----------------|------------|-----------------|------------------------|
| 1001           | H0037      |                 | Residential- MH        |
| 1001           | H0037      | TG              | Residential - Children |

**V. Important Reminder**

The purpose of this Medical Policy is to provide a guide to coverage. This Medical Policy is not intended to dictate to providers how to practice medicine. Nothing in this Medical Policy is intended to discourage or prohibit providing other medical advice or treatment deemed appropriate by the treating physician.

Benefit determinations are subject to applicable member contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control.

This Medical Policy has been developed through consideration of the medical necessity criteria under Hawaii’s Patients’ Bill of Rights and Responsibilities Act (Hawaii Revised Statutes §432E-1.4), generally accepted standards of medical practice and review of medical literature and government approval status. HMSA has determined that services not covered under this Medical Policy will not be medically necessary

under Hawaii law in most cases. If a treating physician disagrees with HMSA's determination as to medical necessity in a given case, the physician may request that HMSA reconsider the application of the medical necessity criteria to the case at issue in light of any supporting documentation.

Beacon uses its LOC criteria as guidelines, not absolute standards, and considers them in conjunction with other indications of a member's needs, strengths, and treatment history in determining the best placement for a member. Beacon's LOC criteria are applied to determine appropriate care for all members. In general, members will only be certified if they meet the specific medical necessity criteria for a particular LOC. However, the individual's needs and characteristics of the local service delivery system are taken into consideration.

In addition to meeting Level of Care Criteria; services must be included in the member's benefit to be considered for coverage.

## VI. References

1. MCG Health, LLC 19<sup>th</sup> Edition Copyright © 2014
  - a. Lichtenberg P. The residential care alternative for the acutely psychotic patient. *Psychiatric Quarterly* 2011;82(4):329-41. DOI: 10.1007/s11126-011-9176-0.
  - b. Hawthorne WB, et al. A randomized trial of short-term acute residential treatment for veterans. *Psychiatric Services* 2005;56(11):1379-86. DOI: 10.1176/appi.ps.56.11.1379.
  - c. Stewart SE, et al. Long-term outcome following Intensive Residential Treatment of Obsessive-Compulsive Disorder. *Journal of Psychiatric Research* 2009;43(13):1118-23. DOI: 10.1016/j.jpsychires.2009.03.012.
  - d. Kuehn BM. Integrated care key for patients with both addiction and mental illness. *Journal of the American Medical Association* 2010;303(19):1905-7. DOI: 10.1001/jama.2010.597.
  - e. Sharfstein SS. Goals of inpatient treatment for psychiatric disorders. *Annual Review of Medicine* 2009;60:393-403. DOI: 10.1146/annurev.med.60.042607.080257.
  - f. Screening and treatment for major depressive disorder in children and adolescents: US Preventive Services Task Force Recommendation Statement. *Pediatrics* 2009;123(4):1223-8. DOI: 10.1542/peds.2008-2381.
  - g. Meuleners LB, Lee AH, Hendrie D. Interpersonal violence hospitalizations for adolescents: a population-based study. *Journal of Pediatrics and Child Health* 2010;46(11):686-90. DOI: 10.1111/j.1440-1754.2010.01818.x
2. [http://www.psychiatryonline.com/pracGuide/pracGuideTopic\\_7.aspx](http://www.psychiatryonline.com/pracGuide/pracGuideTopic_7.aspx).

## VII. Related Policies

- A. CSNT 123.1 Minimum Program Standards by Level of Care
- B. UM 201.03 Application of Level of Care Criteria and Authorization Procedure for Commercial
- C. UM 202.06 Application of Level of Care Criteria and Authorization Procedure for Medicaid