

MEDICAL ASSOCIATES HEALTH PLANS AND HEALTH CHOICES HEALTH CARE SERVICES POLICY AND PROCEDURE MANUAL

POLICY TITLE: RESIDENTIAL TREATMENT CRITERIA

POLICY STATEMENT: Provide consistent coverage criteria when determining medical necessity for Residential Mental Health and Substance Abuse Treatment.

- **NOTE: This policy applies to eligible individuals who meet the clinical criteria and who have coverage under the scope and limitations of their benefit package. Services which are medically appropriate or indicated may not be approved for coverage based on exclusions and limitations of the benefit package.**

DEFINITION:

Psychiatric and/or Substance Use Residential Treatment Facility is either a stand-alone substance abuse/mental health facility or a physically and programmatically distinct unit within a facility licensed for this specific purpose with 7-day a week, 24-hour supervision and monitoring.

- Offers treatment for patients that require close monitoring of their behavioral and clinical activities related to their psychiatric treatment, eating disorder, or to their chemical dependency or addiction to drugs or alcohol. These programs are comprehensive and address potential symptoms/behaviors and incorporate psychotherapeutic treatments and education through a multidisciplinary team approach. The treatment plan is individualized and intensive, offering individual therapy, family counseling, group therapy, and recreational activities. The program will generally offer a prolonged after-care component and facilitates peer support. The patient must meet medical necessity criteria for admission into a residential facility.
- Residential Treatment Facilities are staffed by a multidisciplinary treatment team under the leadership of a Board/Certified Eligible Psychiatrist and/or Addictionologist who conducts a face-to-face interview with the patient within 24-48 hours of admission and as frequently as clinically indicated throughout the duration of the admission, but no less than once weekly.
- A nurse (RN or LPN) is onsite at least 8 hours per day and available 24 hours per day and a licensed behavioral health professional is available 24 hours per day, 7 days per week to assist with crisis intervention and assess and treat medical and psychiatric issues, and administer medications as clinically indicated.
- The facility must provide upon request a copy of the state licensure and / or certification of services being provided and requested. This will be kept on file at: H:\MCare\Man Care Adm Sec\Orientation\Disaster Recovery\Utilization Review\Residential Services

Treatment is focused on stabilization and improvement of functioning and is transitional in nature for the purpose of returning the individual to the community with continued ambulatory treatment services as needed.

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Case Management nurses will utilize InterQual guidelines to determine medical necessity for admission and continued stay.

Residential treatment coverage is not based on a preset number of days. The length of a standardized program such as a “28 or 30-day Treatment Program” is not considered as a medically necessary reason for admission and/or continued stay at this level of care.

Residential treatment is not a long-term substitute for a lack of available supportive living environment(s) in the community.

Exclusions:

There are a wide variety of non-psychiatric programs that provide residential services but are not licensed as Psychiatric Residential Treatment Facilities, or the equivalent, and that do not meet the above criteria. A few examples are as follows:

- **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.
- **Wilderness Programs, Boot Camps, and/or Outward Bound Programs:** These programs may provide therapeutic alternatives for troubled and struggling youth, teens and adults, offering experiential learning and personal growth through outdoor and adventure-based programming. However, they do not utilize a multidisciplinary team that includes psychologists, psychiatrists, and licensed therapists who are consistently involved in the care of the individual. These programs nearly universally do not meet standards for certification as psychiatric residential treatment programs or the quality-of-care standards for medically supervised care provided by licensed mental health professionals.
- **Community Alternatives:** The admission is being used for purposes of convenience or as an alternative to incarceration or simply as respite or housing.
- **Environmental Admissions:** Admissions 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.

A Board-Certified Behavioral Healthcare practitioner is available to review these requests as needed. The reviewer must be a physician or have a clinical PhD or PsyD.

For Medicare members, MAHP will follow the coverage determination of the Centers for Medicare & Medicaid Services (CMS). Please refer to the current LCD or NCD.

References: Apollo Managed Care Guidelines
Other Major Health Plan Policy Statements
InterQual

Appendix A: UR Authorization Process

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