**Criteria for Residential**

The care is provided within a 24-hour structured living environment that includes the availability of a Registered Nurse (RN) at all hours. Meeting at a minimum weekly with a board-certified physician is required.

Staff members are on-duty 24 hours per day, seven days a week and are able to provide constant support for individuals receiving treatment.

Residential treatment is recommended for individuals who cannot keep up with activities of daily living due to mental health, substance abuse or medical impairments.

Continued progress must be clear for the member to remain in residential treatment for Residential.

**Admissions Criteria** *(precertification is urgent timeline to determine #1 through 8)*

1. The patient is not in an imminent or acute risk of harm to self or others. (If imminent threat, patient is to be admitted to the higher level of care of inpatient behavioral health care)
2. There is no risk of withdrawal, or signs and symptoms of withdrawal can be safely managed in the residential setting. (If there are signs patient is to be admitted to the higher level of care for detoxification)
3. Patient is being discharged from an inpatient program and continues to be significantly symptomatic to the point where he/she cannot be safely or effectively managed in a less restrictive setting.
4. Patient has a history of repeated behavioral hospitalizations in the past and is showing a period of rapid decompensation to the point where inpatient treatment would likely be required if residential services were not initiated.
5. The Patient has an acute exacerbation of psychotic symptoms with high likelihood of requiring hospitalization if not addressed in the context of a highly structured program multiple times per week.
6. The patient’s history of treatment suggests that the structure and support provided in this level of care is needed to control the recurrence.
7. Acute impairment of behavior or cognition is interfering with activities of daily living (ADLs) to the extent that the welfare of the member or others in endangered.
8. Psychosocial and environmental problems threaten the member’s safety or undermines engagement in a less intensive level of care.

**Concurrent Review Continued Stay Criteria** *(non urgent timelines used for concurrent as life threatening is to be admitted to urgent care hospital units)*

1. Treatment is not primarily for the purpose of providing social, custodial, recreational or respite care
2. Factors leading to admission have been identified and integrated into the treatment plan as clinically indicated
3. Member is compliant with treatment
4. Able to work towards independence with all ADL’S
5. Shows timely progress towards treatment goals or if progress towards treatment goals is not timely or satisfactory, goals and methods are reassessed as appropriate.
6. The patient cannot safely be managed in a less restrictive setting, or if the patient can be safely managed in an ambulatory setting there is evidence that residential treatment is more likely to produce a favorable outcome.
7. The patient is seen within 24 hours by a psychiatrist or addictionologist who recommends this level of care
8. Visits to psychiatrist or addictionologist is weekly
9. Documentation supporting a less restrictive level of care would inhibit continued progress.

**Discharge criteria**

Any one of the following:

1. Factors which led to admission have been addressed to the extent that the Patient can be safely transitioned to a less intensive level of care, or no longer requires care.
2. Member requires a higher level of care due to severity of symptoms, such as relapse
3. Member is unwilling to participate in treatment
4. Treatment plan goals have been met
5. Patient is not making progress (reassess for appropriate level of care).
6. The patient leaving the facility will discontinue payment at the residential level of care as this demonstrates that there may be a need for a lower level of care.

**Discharge Plan to include**

1. Safety plan including a 24-hour help line number.
2. Step down to a lower level of care (PHP, IOP or office visits with a therapist.)
3. Referral to a mental health therapist to address any underlying mental health issues.
4. For substance abuse residential discharge
5. Identified triggers to substance relapse and how to deal effectively with those triggers.
6. Patient is linked to sober support group and sponsor.

**Questions to ask on admission**

1. Who referred to residential- inpatient, therapist, or legal
2. Clinical information: What happened that the patient needed Residential (why today vs a month ago)
3. For substance abuse cases: the typical pattern of use, problems caused by use which may include legal, family, employment, school, medical.
4. Diagnosis
5. What is the goal of residential treatment?

**General Guidelines for Authorization**

1. Consider medical necessity, usually 3-5 days per review.
2. Start planning discharge goals on admission
3. For substance abuse:
4. Ensure that the facility is addressing triggers and how the member will cope with these
5. 12 step involvement and progress in identifying a sponsor.

9-30-22