3.30 RESIDENTIAL TREATMENT SERVICES

3.307 Therapeutic Group Care Services (Child/Adolescent)

Description of Services: Therapeutic group care services provide 24-hour services in licensed, non-secure facilities. A community-based therapeutic group care services is designed for children/adolescents with significant functional impairments but some capability to engage in community-based activities. Therapeutic group care services offer a less restrictive treatment environment than a residential treatment center but are more restrictive than day treatment or outpatient services. Comprehensive services include multidisciplinary, multimodal therapies to fit the needs of the child/adolescent. Medical and nursing services are generally available on a consultative basis. Treatment is coordinated and services include individual, group, and family counseling, rehabilitation, vocational training, and skill building. Active family/guardian involvement is required unless contraindicated and should occur based on individual needs. Individuals may go into the community for school, work (if appropriate), and/or outside activities. Community resources are used in a planned, purposeful, and therapeutic manner that is recovery focused and encourages autonomy for a successful transition back to family and/or community.

Caseload of Primary Clinicians Standards: Caseload standards are the same as that indicated in the FL Medicaid Specialized Therapeutic Services Coverage and Limitations Handbook.
Documentation: Documentation must match requirements listed in the FL Medicaid Specialized Therapeutic Services Coverage and Limitations Handbook.

Important: While level of care determinations are considered in the context of an individual's treatment history; Beacon Health Options never requires the attempt of a less intensive treatment as a criterion to authorize any service.

Criteria	
Admission Criteria	***All*** *of the following criteria are necessary for admission*: 1. The child/adolescent demonstrates symptomatology consistent with the most current version of the DSM diagnosis which requires and can reasonably be expected to respond to therapeutic intervention. 2. The child/adolescent is not sufficiently stable to be treated outside of a supervised 24-hour therapeutic environment 3. The child/adolescent demonstrates a capacity to respond favorably to rehabilitative counseling and training in areas such as problem solving, life skills development, and medication compliance training such that reintegration into the family unit or a foster home is a realistic goal. 4. The child/adolescent is able to function with some independence and participate in community-based activities for limited periods of time (e.g., attend public school). 5. The family situation and functioning levels are such that the child/adolescent cannot safely remain with his/her biological, adoptive or guardian family.

This criterion is consistent with NCD and/or LCD.

	6. The multidisciplinary team must confirm that the child/adolescent is appropriate for therapeutic group care placement by a licensed clinical psychologist or a board certified psychiatrist.
Psychosocial, Occupational, and Cultural Linguistic Factors	*These factors, as detailed in the Introduction, may change the risk assessment and should be considered when making level of care decisions.* *In some cultures and family living environments, the family and/ or natural support structure may include extended family and/or close family relationships that are not biological.*
Exclusion Criteria	***Any** of the following criteria is sufficient for exclusion from this level of care:* 1. Suicidal/assaultive/destructive ideas, threats, plans or attempts as evidenced by degree of intent, lethality of plan, means, hopelessness or impulsiveness; or acute behavioral, cognitive, or affective loss of control that could result in danger to self or others and cannot be controlled in this setting. 2. The child/adolescent has medical conditions or impairments that would prevent beneficial utilization of services, or is not stabilized on medications. 3. The child/adolescent requires a level of structure and supervision beyond the scope of the program. 4. The child/adolescent can be safely maintained and effectively treated at a less intensive level of care. 5. The primary problem is social, 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 an alternative to incarceration.

This criterion is consistent with NCD and/or LCD.

Continued Stay Criteria	***All*** *of the following criteria are necessary for continuing treatment at this level of care*: 1. The child/adolescent's condition continues to meet admission criteria at this level of care. 2. The child/adolescent's treatment does not require a more intensive level of care, and no less intensive level of care would be appropriate. 3. Treatment planning is individualized and appropriate to the individual's changing condition with realistic and specific goals and objectives stated. Treatment planning must include active family or other support systems involvement, along with social, occupational and interpersonal assessment unless contraindicated. The expected benefits from all relevant treatment modalities are documented. The treatment plan has been implemented and updated, with consideration of all applicable and appropriate treatment modalities. 4. All services and treatment are carefully structured to achieve optimum results in the most time efficient manner possible consistent with sound clinical practice. 5. Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms, but goals of treatment have not yet been achieved or adjustments in the treatment plan to address lack of progress are evident and there is fair likelihood that the child/adolescent will demonstrate progress with these changes. 6. Care is rendered in a clinically appropriate manner and is focused on the child/adolescent's behavioral and functional outcomes. 7. An individualized discharge plan has been developed which includes specific realistic, objective and measurable discharge criteria and plans for appropriate follow-up care. A timeline for expected implementation and completion is in place but discharge criteria have not yet been met. 8. Child/adolescent is actively participating in treatment to the extent possible consistent with his/her condition, or there are active efforts being made that can reasonably be expected to lead to the individual's engagement in treatment. 9. Unless contraindicated, family, guardian, and/or custodian is actively involved in the treatment as required by the treatment plan, or there are active efforts being made and documented to involve them. 10. When medically necessary, appropriate psychopharmacological intervention has been prescribed and/or evaluated. 11. There is documented active discharge planning from the beginning of treatment. 12. There is a documented active attempt at coordination of care with relevant outpatient providers and community support systems when appropriate.

This criterion is consistent with NCD and/or LCD.

Discharge Criteria	***Criteria 1, 2, 3, 4, 5 or 6, and*** *At least one of 1-6, in addition to 7 are sufficient for discharge from this level of care.*1.The child/adolescent's documented treatment plan, goals and objectives have been substantially met and/or a safe, continuing care program can be arranged and deployed at an alternate level of care. 1. The child/adolescent no longer meets admission criteria, or meets criteria for a less or more intensive level of care. 2. The child/adolescent, family, guardian and/or custodian are competent but non-participatory in treatment or in following the program rules and regulations. The non-participation is of such a degree that treatment at this level of care is rendered ineffective or unsafe, despite multiple, documented attempts to address non-participation issues. 3. Consent for treatment is withdrawn, and it is determined that the child/adolescent or parent/guardian has the capacity to make an informed decision and does not meet criteria for an inpatient level of care. 4. Support systems, which allow the child/adolescent to be maintained in a less restrictive treatment environment, have been thoroughly explored and/or secured. 5. The child/adolescent is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care. and 6. An individualized discharge plan is documented with appropriate and timely follow up care is in place.

This criterion is consistent with NCD and/or LCD.