

Attachment 10

GUIDELINES FOR RTF ADMISSION

Admission of a child to a Residential Mental Health Treatment Facility must be medically necessary. Residential Treatment should be used as a planned intervention, not for acute crisis intervention. Establishment of medical necessity must include:

- a. A psychiatric or psychological evaluation of the child or adolescent which indicates a mental illness or severe emotional disorder, with functional impairment that would place the child or adolescent at risk in a less restrictive community setting. The child must be stable, that is, not involved in an active acute clinical crisis requiring acute care psychiatric hospitalization.
- b. A recommendation for residential treatment from an interagency service team as a result of a face to face interagency service team meeting.
- c. Documentation that in-home family interventions (e.g. Wraparound Services, Family Based Mental Health Services, Family Preservation Services) have been unsuccessful in helping the child or adolescent to remain safely at home or that in-home family interventions are not clinically indicated.
- d. Documentation that the child or adolescent is unable to function effectively in less restrictive community settings with supervision (e.g., family home, foster care, therapeutic foster care, Community Residential Rehabilitation, group homes, etc., with or without wraparound services).
- e. Documentation in specific detail of prior interventions and their outcomes including, but not limited to:
 1. Outpatient individual therapy.
 2. Outpatient family therapy.
 3. Wraparound services.
 4. Family-Based Mental Health Services.
 5. Family Preservation services.
 6. Other OCYF services.
 7. Community Residential Rehabilitation Services.
 8. Psychiatric hospitalization.
 9. Use of community resources.

GUIDELINES FOR CONTINUED STAY IN AN RTF

Continuation of stay in a Residential Mental Health Treatment Facility must be medically necessary. Establishment of medical necessity for continuation of a stay must include:

- a. Documentation, following a face to face psychiatric reevaluation, that the child or adolescent continues to have a severe emotional disorder or mental illness, with functional impairment that would continue to place the child or adolescent at risk in a less restrictive community setting.
- b. A recommendation for residential treatment from an interagency service team as a result of an interagency service team meeting.
- c. Documentation that in-home family interventions (e.g., Wraparound services, Family Based Mental Health Services, or Family Preservation Services) are not currently medically indicated.
- d. Documentation that the child or adolescent remains unable to function effectively in less restrictive community settings with supervision (e.g., Foster care, therapeutic foster care, Community Residential Rehabilitation, group homes, etc., with or without Wraparound services).
- e. Documentation, in detail, of frequency and amount of interventions during the current authorization period, within the context of the existing stay, and their outcome including, but not limited to:
 1. Individual Therapy.

2. Group Therapy.
 3. Family Therapy.
 4. Family participation in an RTF program.
 5. Education and training.
 6. Involvement in the community.
 7. Special activities, if relevant.
 8. Use of psychotropic medication, including the names of medications, dosages, schedule, effects and side effects.
- f. Documentation of progress made during the current authorization period in working with the family, country, and/or relevant agencies in developing and implementing a workable discharge plan.