

## Chapter 503

### Behavioral Health Rehabilitation Services

#### Appendix 503F

#### Residential Children's Services

## **RESIDENTIAL CHILDREN'S SERVICES**

Residential Children's Services are comprehensive programs for those children who, when professionally evaluated, reflect a combination of diagnostic, functional, behavioral, or social support conditions which indicate they must be served in residential settings outside their families, and in some instances outside a regular school setting. Services must include a comprehensive array of treatment/intervention modalities in accordance with the service description for which the provider is certified, and must be clinically appropriate for the type of child population served.

### **RESIDENTIAL CHILDREN'S SERVICES LEVEL I**

**Procedure Code:** H0019U1  
**Service Unit:** 24 hours  
**Service Limits:** One per day - All units must be prior authorized  
**Payment Limits:** Residential Children's Services are limited in age to members under the age of 21. Many Behavioral Health Services are included in the provision of this service and; therefore, cannot be billed while a child is reflected in the census of a Residential Children's Service setting. The Behavioral Health Services not included in this service which may be billed separately are: Psychological Testing with Interpretation and Report (procedure code 96100), Psychiatric Diagnostic Interview Examination (procedure code 90801), Screening by Licensed Psychologist (procedure code T1023), Mental Health Service Plan Development by Psychologist (procedure code H0032AH), Physician Coordinated Care Oversight Services (procedure code G9008), Behavioral Health Counseling, Professional (procedure codes H0004HO and H0004HOHQ), Pharmacologic Management (procedure code 90862), Crisis Intervention (procedure code H2011), Therapeutic Behavioral Services - Developmental (procedure code H2019HO), and the Transportation Services (procedure codes A0120HE and A0160HE).  
**Prior Authorization:** Refer to Utilization Management Guidelines.

**Definition:** Residential Children's Services, Level I is a structured 24-hour therapeutic group care setting that targets youth with a confirmed International Classification of Diseases (ICD), or Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnosis that manifests itself through adjustment difficulties in school, home, and/or community. This level of service is designed for children or youth whose needs can best be met in a community-based setting where the child can remain involved in community-based school and recreational activities. These youths usually can function in public school and in a group residential setting with a minimal amount of supportive services and behavioral interventions. The goal of supportive residential programs is to enable children to overcome their problems to the degree that they may move to a less restrictive community placement or independent living situation.

This service level is appropriate for members:

- Whose relationship with their families or whose family situations, level of development, and social or emotional problems are such that they cannot accept family ties or establish and maintain relationships in a less restrictive environment, or
- Who are in transition from a more intensive form of care

Members in need of this level of service display impaired abilities in the social, communication, or daily living skills domains. Life threatening symptoms are generally absent. They generally are able to interact appropriately in social settings with a minimal amount of adjustment problems. Although they may display emotional problems such as anxiety, depression, avoidance, etc., these are not part of a persistent, term

pattern nor do they preclude normal social functioning in most school or community settings. Where aggressive acting out behaviors are present, they are not of a degree or at a frequency to require ongoing measures of control (restraint, hospitalization, and chemical interventions) and generally respond to logical/natural consequences and supportive counseling interventions.

#### **PROGRAM REQUIREMENT:**

Providers of this program must be able to provide a comprehensive array of treatment/intervention modalities in accordance with the service description for which they are certified, and to provide them for the type of child population as clinically described. This comprehensive array of services includes, but is not limited to, the following services:

- Assessment services
- Service Planning
- Targeted Case Management
- Behavioral Health Counseling, Supportive
- Skills Training and Development

These services must be provided in accordance with the minimum standards established by the Bureau for Medical Services in this chapter of the Provider Manual, and with the certification standards established by the WVDHHR for children's group residential services.

This service can only be reimbursed to agencies dually licensed as behavioral health services and as childcare group residential facilities, and only for those programs which meet the certification standards noted above.

**A member day (one service unit) is defined as eight continuous hours in residence in the facility in a 24-hour period. (However, only one unit of service is billable during each 24-hour period.) Since the daily census time starts at 12:00 noon, the eight continuous hours must occur between the start and end of the census period. On each day of the member's residence, he/she must receive Behavioral Health Rehabilitation Services (other than transportation services).**

**Documentation:** There must be a permanent clinical record maintained in a manner consistent with applicable licensing regulations and the agency's record-keeping policies. The child's record must contain a written physician's order authorizing Residential Children's Services and the member's individualized service plan. Documentation must also include:

- Behavioral observations of the child
- There must be a daily summary of the child's program participation, which includes identification of the supportive and therapeutic services received by the member, the start/stop times of each service, and a summary of the member's participation in the services. The attending staff must sign, list their credentials, and date this summary.
- Medication administration records.
- Each member must have a sign-in/sign-out sheet to be filled out if the member exits the residential site. The list must note the actual time the child departs the site and returns to the site. The reason for absence must be noted on the sheet. Each notation must be signed and dated by the agency staff.

### **RESIDENTIAL CHILDREN'S SERVICES LEVEL II**

**Procedure Code:** H0019U2  
**Service Unit:** 24 hours  
**Service Limits:** One per day - All units must be prior authorized

**Payment Limits:** Residential Children's Services are limited in age to members under the age of 21. Many Behavioral Health Services are included in the provision of this service and; therefore, cannot be billed while a child is reflected in the census of a Residential Children's Service setting. The Behavioral Health Services not included in this service which may be billed separately are: Psychological Testing with Interpretation and Report (procedure code 96100), Psychiatric Diagnostic Interview Examination (procedure code 90801), Mental Health Service Plan Development by Psychologist (procedure code H0032AH), Physician Coordinated Care Oversight Services (procedure code G9008), Pharmacologic Management (procedure code 90862), and the Transportation Services (procedure codes A0120HE and A0160HE).

**Prior Authorization:** Refer to Utilization Management Guidelines.

**Definition:** Residential Children's Services, Level II is a structured group-care setting targeting youth with a confirmed ICD or DSM diagnosis that manifests itself in the form of moderate to severe adjustment difficulties in school, home, and/or community. These youths cannot function in a public school setting without significant psychosocial and psycho-educational support. In the residential care setting they require substantial professional level treatment services and behavioral interventions that normally require a multidisciplinary team. The goals of intermediate residential treatment programs are to develop interpersonal skills and remediate social skill deficits and disruptive behavior patterns that preclude living in a less restrictive environment.

Children served at this level are characterized by persistent patterns of disruptive behavior and exhibit disturbances in age-appropriate adaptive functioning and social problem solving. Disturbance in psychological functioning is common and may present some risk of causing harm to themselves or others.

This population generally displays emotional problems and/or persistent behavior patterns challenging enough to preclude socially appropriate functioning in family, school, and community contacts without behavior management and additional structure and support.

Most often the children display multi-agency needs that require interagency planning and interventions including behavioral health, education, child welfare, juvenile justice, and others. In this target population, children display a persistent pattern of challenging behavior that has been present for at least 1 year and is not a reaction to a single precipitating event.

Children in Level II have an ICD or DSM diagnosis usually in the disruptive behavior disorders, mood disorders, or in the psychoactive substance use disorder categories. Their social functioning limitations are significant to a degree that they require up to 24 hours of supervision, structure and support upon admission. Generally, they respond well to structure and treatment, and the level of supervision required initially can be gradually withdrawn. From time-to-time, they can present a danger to themselves or others, but this is not a routine issue in treatment.

They possess cognitive capacity and can participate in academic and vocational education, but often require specialized instruction and a modified learning environment within a public or alternative secondary or primary school setting.

**Program Requirements:** Providers of this program must be able to provide a comprehensive array of treatment/intervention modalities in accordance with the service description for which they are certified, and to provide them for the type of child population as clinically described. This comprehensive array of services includes, but is not limited to, the following services:

- Assessment Services

- Service Planning
- Targeted Case Management
- Behavioral Health Counseling
- Skills Training and Development
- Crisis Intervention 24-hour availability
- Therapeutic Behavioral Services

These services must be provided in accordance with the minimum standards established by BMS in this chapter of the Provider Manual, and with the certifications standards as established by the WVDHHR for children's group residential services.

This service can only be reimbursed to providers who are dually licensed as behavioral health services and childcare facilities and for those programs which meet the certification standards noted above.

**A member day (one service unit) is defined as eight continuous hours in residence in the facility in a 24-hour period. (However, only one unit of service is billable during each 24-hour period). Since the daily census time starts at 12:00 noon, the eight continuous hours must occur between the start and end of the census period. On each day of the member's residence, he/she must receive Behavioral Health Rehabilitation Services (other than transportation services).**

**Documentation:** There must be a permanent clinical record maintained in a manner consistent with applicable licensing regulations and the agency's record-keeping policies. The child's record must contain a written physician's order authorizing Residential Children's Services and the member's individualized service plan. Documentation must also include:

- Behavioral observations of the child
- There must be a daily summary of the child's program participation, which includes identification of the supportive and therapeutic services received by the member, the start/stop times of each service, and a summary of the member's participation in the services. The attending staff must sign, list their credentials, and date this summary.
- Medication administration records.
- Each member must have a sign-in/sign-out sheet to be filled out if the member exits the residential site. The list must note the actual time the child departs the site and returns to the site. The reason for absence must be noted on the sheet. Each notation must be signed and dated by the agency staff.

### **RESIDENTIAL CHILDREN'S SERVICES LEVEL III**

<b>Procedure Code:</b>	H0019U3
<b>Service Unit:</b>	24 hours
<b>Service Limits:</b>	One per day - All units must be prior authorized
<b>Payment Limits:</b>	Residential Children's Services are limited in age to members under the age of 21. No other Behavioral Health Services, other than Transportation Services (procedure codes A0120HE and A0160HE), can be billed while a child is reflected in the census of a Residential Children's Service setting.
<b>Prior Authorization:</b>	Refer to Utilization Management Guidelines.

**DEFINITION:** Residential Children's Services, Level III is a highly-structured, intensively-staffed, 24-hour group care setting targeting youth with a confirmed ICD or DSM diagnosis which manifests itself in severe disturbances in conduct and emotions. As a result, they are unable to function in multiple areas of their lives. Residential treatment facilities provide a highly structured program with formalized behavioral programs and therapeutic interventions designed to create a therapeutic environment where all planned

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activities and applied interventions are designed with the goal of stabilizing the child's serious mental condition.

The service plan is implemented in all aspects of the child's daily living routine. The focus of intensive residential treatment is on psycho-social rehabilitation aimed at returning the child to an adequate level of functioning. In the case of children and adolescents, this includes rehabilitation in instances where psychiatric or substance abuse disorders have significantly disrupted the achievement of the expected development level.

This service level is comprised of children who display seriously disordered behaviors with sufficient frequency to be considered an established pattern of long duration, or are so intense that they preclude social interaction in school, family, or community environments. Often, they exhibit persistent or unpredictable aggression, serious sexual acting-out behavior, and marked withdrawal and depression. Symptoms of thought disorder are often present. They routinely present a significant danger to themselves or others.

Children in Level III have ICD or DSM diagnosis that include major depression, bipolar disorders, posttraumatic stress disorders, other anxiety disorders, thought disorders, and personality disorders. Where the focus of care has been on antisocial and dangerous behavior patterns, an initial diagnosis of Conduct Disorder, Severe may be present. However, in many of these cases, underlying significant psychiatric disturbance will reveal itself during the course of treatment.

Substantial social, academic, and vocational functional limitations are characteristics of the population's behavior pattern, and as a result they require substantial environmental structure and controls including 24-hour awake supervision, verbal crisis response, medical management, chemical interventions, physical restraint, and alternative learning environments. The key element is that these children present behaviors so intense, severe, and unpredictable to be seriously detrimental to their growth, development, welfare, or to the safety of others.

**Program Requirements:** Providers of this program must be able to provide a comprehensive array of treatment/intervention modalities in accordance with the service description for which they are certified, and to provide them for the type of child population as clinically described. This comprehensive array of services includes, but is not limited to, the following services:

- Assessment Services
- Service Planning
- Targeted Case Management
- Behavioral Health Counseling
- Skills Training and Development
- Crisis Intervention 24-hour availability
- Therapeutic Behavioral Services
- Any needed Behavioral Health Service including psychiatric and medication management services
- On-campus schooling

These services must be provided in accordance with the minimum standards established by BMS in this chapter of the Provider Manual, and with the certification standards established by the DHHR for children's group residential services.

This service can be reimbursed only to providers who are dually licensed to provide behavioral health services and as childcare group residential facilities, and for those programs which meet the certification standards noted above.

**A member day (one service unit) is defined as eight continuous hours in residence in the facility in a 24-hour period. (However, only one unit of service is billable during each 24-hour period). Since the daily census time starts at 12:00 noon, the eight continuous hours must occur between the start and end of the census period. On each day of the member's residence, he/she must receive Behavioral Health Rehabilitation Services (other than transportation services).**

**Documentation:** There must be a permanent clinical record maintained in a manner consistent with applicable licensing regulations and the agency's record-keeping policies. The child's record must contain a written physician's order authorizing Residential Children's Services and the member's individualized service plan. Documentation must also include:

- Behavioral observations of the child
- There must be a daily summary of the child's program participation, which includes identification of the supportive and therapeutic services received by the member, the start/stop times of each service, and a summary of the member's participation in the services. The attending staff must sign, list their credentials, and date this summary.
- Medication administration records.
- Each member must have a sign-in/sign-out sheet to be filled out if the member exits the residential site. The list must note the actual time the child departs the site and returns to the site. The reason for absence must be noted on the sheet. Each notation must be signed and dated by the agency staff.

## **BEHAVIORAL HEALTH: SHORT-TERM RESIDENTIAL (FOR CHILDREN)**

**Procedure Code:** H0019U4  
**Service Unit:** 24 hours  
**Service Limits:** One per day - All units must be prior authorized  
**Payment Limits:** Short-Term Residential Services are limited in age to members under the age of 21. No payment will be made for any other Behavioral Health Services, except for Transportation Services (procedure codes A0120HE and A0160HE).  
**Prior Authorization:** Refer to Utilization Management Guidelines.

**Definition:** Short-Term Residential is a structured crisis service for children up to age 21 and provided in a community-based, small-group, residential setting. It must be provided in a site licensed as a Children's Emergency Shelter by the WVDHHR. The service is delivered in an environment that is safe, supportive, and therapeutic. The purpose of this service is to provide a supportive environment designed to minimize stress and emotional instability which may have resulted from family dysfunction, transient situational disturbance, physical or emotional abuse, neglect, sexual abuse, loss of family or other support system, or the abrupt removal of a child from a failed placement or other current living situation.

Short-Term Residential involves a comprehensive array of supportive and therapeutic services including, but not limited to, individual and small-group counseling, crisis intervention, behavior management, clinical evaluation, service planning, and enhancement of daily living skills.

**A member day (one service unit) is defined as eight continuous hours in residence in the facility in a 24-hour period. (However, only one unit of service is billable during each 24-hour period). Since the daily census time starts at 12:00 noon, the eight continuous hours must occur between the start and end of the census period. On each day of the member's residence, he/she must receive Behavioral Health Rehabilitation Services (other than transportation services).**

**Admission Criteria for Short-Term Residential Services:** In order to be eligible to receive Short-Term Residential Services, a child must meet the following criteria: criteria A and A1, or criteria B, or criteria C.

- A. Child is experiencing a crisis due to a mental condition or impairment in functioning due to a problematic family setting. The child may be displaying behaviors and/or impairments ranging from impaired abilities in the social, communication, or daily living skills domains to severe disturbances in conduct and emotion. The crisis results in emotional instability which may be caused by family dysfunction, transient situational disturbance, physical or emotional abuse, neglect, sexual abuse, loss of family or other support system, or the abrupt removal of the child from a failed placement or other current living situation.

**AND**

- A.1. Child is in need of 24-hour treatment intervention because less restrictive services alone are not adequate or appropriate to resolve the current crisis and meet the child's needs based on the documented response to prior treatment and/or intervention.

**OR**

- B. Child is in need of 24-hour treatment/intervention to prevent hospitalization (e.g., the child engages in self-injurious behavior, but not at a level of severity that would require psychiatric hospitalization, or the child is currently physically aggressive and communicates verbal threats, but not at a level that would require hospitalization).

**OR**

- C. The child is in need of step-down from a more restrictive level of care as part of a transitional discharge plan (e.g., behaviors/symptoms remain at a level which requires out of home care, but the placement plan has not been fully implemented).

**Discharge Criteria for Short-Term Residential Services:** It is expected that in most cases, a child's Short-term Residential needs will be met within a 30-day period prior to discharge. In order to be discharged, the child must meet one of the following criteria:

- Appropriate placement has been located which meets the child's treatment and care needs as outlined in the service plan.
- The crisis that necessitated placement has abated, and the child has returned to a level of functioning that allows reintegration into a previous care setting.
- The child exhibits new symptoms or maladaptive behaviors that cannot be treated safely and effectively in the Short-term Residential setting and which necessitate more restrictive care (e.g. inpatient).

**Criteria for Approval Of Continued Care Extensions In A Short-Term Residential Program:** For those cases in which it is considered necessary to continue a child's participation in the program, a physician's order and appropriate justification with related documentation are required. Short-Term Residential Services may be extended beyond 30 days in those cases where appropriate clinical criteria for continued service are met, and the extension has prior authorization approval by BMS' contracted agent. The child must meet one of the following criteria to receive approval for a continued care extension:

- Symptoms, behaviors, or conditions persist at the level documented upon admission and the projected time frame for accessing longer-term placement has not been reached.
- Relevant member and family progress toward crisis resolution and progress clearly and directly related to resolving the factors that warranted admission to this level of care have been observed and documented, but treatment goals have not been reached and/or an appropriate level of care is not available.
- It has been documented that the member has made no progress toward treatment goals nor has progress been made toward alternative placement but the treatment/placement plan has been



modified to introduce further evaluation of the member's needs and other appropriate interventions and placement options.

- New symptoms or maladaptive behaviors have appeared which have been incorporated into the service plan and modified the plan of care for the member.
- These new symptoms and maladaptive behaviors may be treated safely in the Short-term Residential setting and a less intensive level of care would not adequately meet the child's needs.

**Program Certification:** Short-Term Residential Programs must be approved by the Bureau for Medical Services and the Bureau of Children and Families (BCF). The Behavioral Health Rehabilitation Services provider proposing to provide the services must submit to BMS and BCF a program description which includes: proposed staffing patterns, staff credentials, service locations, operating hours, service components, and a general schedule of Short-term Residential service component activities.

**Documentation:** There must be a permanent clinical record maintained in a manner consistent with applicable licensing regulations and the agency's record-keeping policies. The child's record must contain a written physician's order authorizing Short-Term Residential Services and the member's individualized service plan. Documentation must also include:

- Behavioral observations of the child
- There must be a daily summary of the child's program participation, which includes identification of the supportive and therapeutic services received by the member, the start/stop times of each service, and a summary of the member's participation in the services. The attending staff must sign, list their credentials, and date this summary.
- Medication administration records.
- Each member must have a sign-in/sign-out sheet to be filled out if the member exits the residential site. The list must note the actual time the child departs the site and returns to the site. The reason for absence must be noted on the sheet. Each notation must be signed and dated by the agency staff.

## CHANGE LOG

REPLACE	TITLE	EFFECTIVE DATE
Entire Appendix	Residential Children's Services	April 25, 2016
Entire Appendix	Reformatted appendix to include an effective date and to remove references to the specific Utilization Management contractor. Per provider request, Targeted Case Management, Procedure Code T1017, was added to the services that are included in the bundle payment for Behavioral Health: Short-Term Residential (For Children) H0019UA.	January 1, 2018

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