

Big Bend Community Based Care Policy & Procedure

Series: 200: Placement Services
Policy Name: Residential Treatment Care
Policy Number: 205
Origination Date: 03/09/09 **Revised:** Board Meeting of 12/13/2018
Regulation: 39.407, F.S.
394.875, F.S.
409.1671, F.S.
409.1677, F.S.
65C-28.015, F.A.C.
65E-9, F.A.C.

Referenced Document:

200-205 x 1, Amendment to the Florida Rule of Juvenile Procedure 8.350

Policy

It is the policy of Big Bend Community Based Care, Inc. (BBCBC), to appropriately utilize residential treatment centers for the stabilization of presenting problems and symptoms to allow for the safe return of the child to community.

Procedure

A. General Information.

1. Residential Treatment Centers (RTCs) and hospitals provide services to children with persistent and severe social, behavioral, emotional, and psychiatric disorders who do not have the capability to function in a community setting with specialized supports.
2. Typically, RTCs are funded with Medicaid dollars and are referred to as Statewide Inpatient Psychiatric Programs (SIPP).
3. This procedure applies to residential treatment facilities licensed under Section 394.875, F.S., and hospitals licensed under Chapter 395, F.S.
4. RTCs/SIPPs provide 24-hour services for children who have been placed in out-of-home care and require a level of care and supervision higher than offered in Regular Group Care, Specialized Therapeutic Foster Care or Therapeutic Group Care.
5. Residential treatment facilities provide 24-hour services to children who require more intensive services and supervision than what is available in traditional or therapeutic foster care or specialized therapeutic group care. For dependent children to be placed in a residential treatment facility, they must have a Suitability Assessment by a Qualified Evaluator approved by ACHA's Subcontracted Vendor and a court order for residential treatment.
6. Services are intensive and include the provision of psychiatric, psychological, behavioral, medical, and psychosocial services.
7. The child will attend school on site while admitted into the RTC/SIPP program.

Big Bend Community Based Care Policy & Procedure

B. Placement Process.

1. The Dependency Case Manger (DCM) submits a completed referral for Suitability Assessment to the BBCBC Utilization Management Specialist (Behavioral Health Coordinator).
2. The Utilization Management Specialist (Behavioral Health Coordinator) will collaborate with the DCM on completing the Suitability Assessment referral packet.
3. The Utilization Management Specialist (Behavioral Health Coordinator) reviews the referral packet for completeness and to ensure the child meets the threshold criteria for residential treatment, which includes:
 - a. Must be under 21 years of age and diagnosed by a psychiatrist or other licensed practitioner as having a moderate to severe psychiatric, emotional, or behavioral disorder, and due to the disorder be exhibiting severe maladaptive behaviors or the ability to perform daily living skills.
 - b. Functioning and behavioral problems cannot be related to cognitive or developmental disabilities.
4. If the referral packet is complete, the Utilization Management Specialist (Behavioral Health Coordinator) will send the referral form and authorization to ACHA's Subcontracted Vendor requesting an appointment. If the referral packet is not complete, the Utilization Management Specialist (Behavioral Health Coordinator) requests the needed information from the DCM and the referral packet is held as pending until information is received.
5. As part of the suitability assessment, the qualified evaluator must find that:
 - a. The child appears to have an emotional disturbance serious enough to require residential treatment and is reasonably likely to benefit from the treatment.
 - b. The child has been provided with a clinically appropriate explanation of the nature and purpose of the treatment.
 - c. All available modalities of treatment less restrictive than residential treatment have been considered, and a less restrictive alternative that would offer comparable benefits to the child is unavailable.
6. Once a Suitability Assessment recommending placement into residential care is received, the Intake Placement Specialist will send the referral packet to potential providers for an admission screening.
7. At any point, an MDT staffing can be convened but approval by the MDT must be documented prior to SIPP admission. Please refer to *BBCBC OP 300-309, Multi-Disciplinary Team and Integrated Care Team Meetings*.
8. Once a placement has been identified, the Intake Placement Specialist will work with the identified placement to ensure completion of all paperwork and authorization for treatment has been obtained.
 - a. BBCBC will ensure that admission is coordinated and relevant mental health case information is provided to the SIPP facility.
 - b. BBCBC will ensure that necessary court orders are obtained and provided to the accepting provider, that the accepting provider has relevant mental health information and clarify funding status.
 - c. BBCBC will manage requests for 90-day Suitability Assessment Reviews and necessary court orders required during a child's placement.

Big Bend Community Based Care Policy & Procedure

- d. BBCBC will have the bill county code changed to the county code of the geographic location of the placement.
- 9. If a SIPP cannot be located, BBCBC will contact a Sunshine Health/Cenpatico case manager to assist in locating a SIPP provider.
- 10. The DCM will work with Children's Legal Services to follow the steps necessary to notify all parties and obtain the necessary court order for residential placement as outlined in Florida Rule of Juvenile Procedure 8.350.

C. Continued Stay Criteria.

- 1. Stays will be reviewed monthly at the child's treatment team and by Sunshine Health/Cenpatico case managers (or other MMA plan staff).
- 2. The following information is reviewed:
 - a. The child's condition continues to require the level of care.
 - b. There is progress toward the child's treatment goals or there is an expectation of progress.
 - c. There is documented active discharge planning.
 - d. The guardian is involved and attending family therapy when applicable.
 - e. The 90-day reevaluation recommends continued stay.

D. Discharge Criteria.

- 1. Treatment goals have been substantially achieved and the child is able to function at a lower level of care.
- 2. Sunshine Child Welfare Specialty Plan (or other MMA plan) determines that the child has reached maximum benefit from the residential treatment program.
- 3. The 90-day suitability assessment review recommends discharge to a lower level of care.
- 4. The child is released from custody or by court order.