alameda county
behavioral health
MENTAL HEALTH & SUBSTANCE USE SERVICES

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Karyn Tribble, PsyD LCSW, Director

Adult Residential Treatment (ART) Services

Adult Residential Treatment Services are recovery focused rehabilitative services, provided in a non-institutional, residential setting, for beneficiaries who would be at risk of hospitalization or other institutional placement if they were not in the residential treatment program. These are planned services and are differentiated from unplanned services, which include crisis and emergency services (e.g. inpatient and Crisis Stabilization/Crisis Residential Treatment (CRT)).

The service includes a range of activities and services that support beneficiaries in their efforts to restore, improve, and /or preserve interpersonal and independent living skills and to access community support systems that support recovery and enhance resiliency. The service is available 24 hours a day, seven days a week and structured day and evening services are available all seven days.

Adult residential treatment services assist the beneficiary in developing a personal community support system to substitute for the program's supportive environment and to minimize the risk of hospitalization and enhance the capability of independent living upon discharge from the program. The program will also provide a therapeutic environment in which beneficiaries are supported in their efforts to acquire and apply interpersonal and independent living skills.

Adult residential treatment services must have a clearly established site for services although all services need not be delivered at that site

Services will not be claimable unless the beneficiary has been admitted to the program and there is face-to-face contact between the beneficiary and a treatment staff person of the facility on the day of service.

In an adult residential treatment facility, structured day and evening services are available seven days a week. Services include:

A. Individual and group counseling;
B. Crisis intervention such as counseling focusing on immediate problem solving in response to a critical emotional incident to augment the individual's usual coping mechanisms;
C. Family counseling with significant support persons, when indicated in the client's treatment/rehabilitation plan;
D. The development of community support systems for beneficiaries to maximize their utilization of non-mental health community resources;
E. Counseling focused on reducing mental health symptoms and functional impairments to assist beneficiaries to maximize their ability to obtain and retain pre-vocational or vocational employment;
F. Assisting beneficiaries to develop self-advocacy skills through observation, coaching, and modeling;
G. An activity program that encourages socialization within the program and general community, and which links the beneficiary to resources which are available after leaving the program; and,

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H. Use of the residential environment to assist beneficiaries in the acquisition, testing, and/or refinement of community living and interpersonal skills.

This service includes one or more of the following service components:

- Assessment
- Plan development
- Therapy
- Rehabilitation
- Collateral

Providers: Adult residential treatment services may be provided within their scope of practice by a Physician, a Psychologist, a Waivered Psychologist, a Licensed Clinical Social Worker, a Waivered/Registered Clinical Social Worker, a Licensed Professional Clinical Counselor, a Waivered/Registered Professional Clinical Counselor, a Marriage and Family Therapist, a Waivered/Registered Marriage and Family Therapist, a Registered Nurse, a Certified Nurse Specialist, a Licensed Vocational Nurse, a Psychiatric Technician, a Mental Health Rehabilitation Specialist, a Physician Assistant, a Nurse Practitioner, a Pharmacist, an Occupational Therapist, and Other Qualified Provider.

Limitations: Adult residential treatment services are not reimbursable on days when crisis residential treatment services, psychiatric inpatient hospital services, psychiatric health facility services, or psychiatric nursing facility services are reimbursed, except on the day of admission.

Adult residential treatment services are not provided in an institution for mental disease as defined in SSA Sec. 1905(i) and 42 CFR 435.1010.

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ADULT RESIDENTIAL TREATMENT (ART)		
Admission Criteria	**Continued Stay Criteria**	**Discharge Criteria**
All of the following criteria must be met: 1) Symptoms consistent with a Medi-Cal covered DSM/corresponding ICD diagnosis for Specialty Mental Health Services (SMHS) and can reasonably be expected to respond to therapeutic interventions; 2) Due to the covered SMHS diagnosis, beneficiary is experiencing emotional and/or behavioral problems that result in significant impairment in an important area of life functioning **OR** a probability of significant deterioration in an important area of life functioning **OR for beneficiaries under 21**, a reasonable probability a child will not progress as individually appropriate; 3) Beneficiary is not sufficiently stable to be treated outside of a highly structured 24-hour therapeutic setting, but does not require a crisis or emergency higher level of care (i.e. inpatient); 4) Beneficiary's behavior or symptoms, as evidenced by initial screening and/or assessment are likely to respond to treatment; 5) Beneficiary has sufficient cognitive capacity to respond to active, intensive and time-	**All of the following criteria must be met:** 1) Beneficiary continues to meet admission criteria; 2) A less restrictive level of care would not be adequate to safely and effectively treat the beneficiary's current condition; 3) Treatment is still necessary to reduce symptoms and improve functioning so beneficiary may be treated in a less restrictive level of care; 4) Beneficiary's behavior or symptoms, as evidenced by the initial assessment and treatment plan, are likely to respond to, or are responding to active treatment; 5) There is evidence of progress towards resolution of the symptoms that are preventing treatment from continuing in a less restrictive level of care; 6) Medication assessment has been completed when appropriate and medication trials have been initiated or ruled out; 7) Beneficiary evaluation by a physician occurs at least on a weekly basis; 8) Beneficiary progress is monitored regularly and the treatment plan modified, if the beneficiary is not making substantial progress toward a	**Any one of the following criteria must be met:** 1) Beneficiary no longer meets admission criteria and/or meets criteria for another level of care, either more or less intensive; **OR** 2) Beneficiary or parent/guardian withdraws consent for treatment and the beneficiary does not meet criteria for involuntary/mandated treatment; **OR** 3) Beneficiary does not appear to be participating in the treatment plan; **OR** 4) Beneficiary is not making progress toward goals, nor is there expectation of any progress; **OR** 5) Beneficiary's individual treatment plan and goals have been met, and when indicated, beneficiary's support systems are in agreement with the aftercare treatment plan.

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<td>limited behavioral health treatment and intervention;
6) Beneficiary has only poor-to-fair community supports sufficient to maintain him/her within the community with treatment at a lower level of care;
7) Beneficiary requires a time-limited period for stabilization and lower-level-of care and community resource connection for successful community reintegration;
8) Beneficiary does not have medical complications that can only be treated at a medical/surgical setting or requires nursing care.
9) Beneficiary (or guardian as appropriate) is willing to participate in treatment voluntarily</td>
<td>set of clearly defined and measurable goals;
9) Beneficiary is engaged in treatment and amenable to goals/interventions set forth by the treatment team;
10) Family/guardian/caregiver/significant other is participating in treatment as clinically indicated and appropriate or engagement is underway;
11) Beginning at admission, there is evidence of coordination of care and active discharge planning for:
a) transition the beneficiary to a less intensive level of care; and,
b) provider referral/linkage and teaching/coaching, with beneficiary active involvement, towards the development and connection to appropriate aftercare and non-mental health community supports.</td>
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<td colspan="3">Exclusions
Any one of the following criteria is sufficient for exclusion from this level of care:

1. Beneficiary does not have a Medi-Cal covered DSM/corresponding ICD diagnosis for Specialty Mental Health Services; or
2. Beneficiary has medical conditions and or symptom/impairment etiology due to a non- Specialty Mental Health diagnosis that would prevent beneficial utilization of services; or</td>
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3. Beneficiary's psychiatric condition is of such severity that it can be safely treated only in an inpatient setting; or
4. Beneficiary does not voluntarily consent to admission or treatment; or
5. Beneficiary can be safely maintained and effectively treated in a less intensive level of care; or
6. Request for service is being pursued to address a primary issue of homelessness or lack of identified disposition.

Reference Sources

1) Medicaid State Plan No: 12-025
2) Title 9, California Code of Regulations (CCR), §531

Title 9, California Code of Regulations

§531. Program Standards and Requirements

(b) To be certified as a Transitional Residential Treatment Program, a program shall provide::

(1) Services as specified in subsection (H) or (i) of section 541 which shall provide a therapeutic environment in which clients are supported in their efforts to acquire and apply interpersonal and independent living skills. The program shall also assist the client in developing a personal community support system to substitute for the program's supportive environment and to minimize the risk of hospitalization and enhance the capability for independent living upon discharge from the program. The planned length of stay shall be in accordance with the client's assessed need, but not to exceed one (1) year; however, a length of stay not exceeding a maximum total of 18 months is permitted to ensure successful completion of the treatment plan and appropriate referral. The reasons for length of stay beyond one (1) year shall be documented in the client's case record.

(2) Greater number of staff shall be present during times when there are greater numbers of clients in programmed activities. Staff schedules shall be determined by the program based on the number of clients in the program during specific hours of the day, level of care provided by the program, and the range of services provided within the facility.

At least one staff member shall be present at any time there are clients at the facility. There shall be a staffing ratio of at least one (1) full-time equivalent direct service staff for each 2.5 clients served. All scheduled hours in the facility shall be considered part of this required full-time equivalent staffing ratio.

§541. 24-Hour Services

(h) Transitional Residential On-Site Service, which means a licensed residential community care facility, designated to provide, for a 2-to-12 month period, a therapeutic residential community including a range of social rehabilitation activities for individuals who are in remission from an acute stage of illness, and interim support to facilitate movement towards the highest possible level of functioning.

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Individuals may receive day, outpatient and other treatment services outside the transitional residence.

§1810.203 Adult Residential Treatment Service

"Adult Residential Treatment Service" means rehabilitative services, provided in a non-institutional, residential setting, for beneficiaries who would be at risk of hospitalization or other institutional placement if they were not in the residential treatment program. The service includes a range of activities and services that support beneficiaries in their efforts to restore, maintain and apply interpersonal and independent living skills and to access community support systems. The service is available 24 hours a day, seven days a week. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation and collateral.

§1840.312. Non-Reimbursable Services-General

The following services are not eligible for FFP:

(e) Board and care costs for Adult Residential Treatment Services, Crisis Residential Treatment Services, and Psychiatric Health Facility Services.

§1840.320 Claiming for Service Functions Based on Calendar Days

(a) The following services are reimbursed based on calendar days:
(1) Adult Residential Treatment Services
(2) Crisis Residential Treatment Services
(3) Psychiatric Health Facility Services.
(b) The following requirements apply for claiming of services based on calendar days:
(1) A day shall be billed for each calendar day in which the beneficiary receives face-to-face services and the beneficiary has been admitted to the program. Services may not be billed for days the beneficiary is not present.
(2) Board and care costs are not included in the claiming rate.
(3) The day of admission may be billed but not the day of discharge.

§1840.332 Adult Residential Treatment Services Contact and Site Requirements

(a) Adult Residential Treatment Services shall have a clearly established certified site for services, although all services need not be delivered at that site. Services shall not be claimable unless there is face-to-face contact between the beneficiary and a treatment staff person of the facility on the day of service and the beneficiary has been admitted to the program.
(b) Programs that provide Adult Residential Treatment Services must be certified as a Social Rehabilitation Program by the Department as either a Transitional Residential Treatment Program or a Long Term Residential Treatment Program in accordance with Chapter 3, Division 1, of Title 9. Facility capacity must be limited to a maximum of 16 beds.
(c) In addition to Social Rehabilitation Program certification, programs which provide Adult Residential Treatment services must be licensed as a Social Rehabilitation Facility or Community Care Facility by the State Department of Social Services in accordance with Chapters 1 and 2, Division 6, of Title 22

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or authorized to operate as a Mental Health Rehabilitation Center by the Department in accordance with Chapter 3.5, Division 1, of Title 9, beginning with Section 51000.

§1840.354 Adult Residential Treatment Services Staffing Requirements

(a) Staffing ratios and qualifications in Adult Residential Treatment Services shall be consistent with Section 531(b), (c).

(b) The MHP shall ensure that there is a clear audit trail of the number and identity of the personas who provide Adult Residential Treatment Services and function in other capacities.

§1840.362 Lockouts for Adult Residential Treatment Services

Adult Residential Treatment Services are not reimbursable under the following circumstances:

(a) When Crisis Residential Treatment Services, Psychiatric Inpatient Hospital Services, Psychiatric Health Facility, or Psychiatric Nursing Facility Services are reimbursed, except for the day of admission.

(b) When an organizational provider of both Mental Health Services and Adult Residential Treatment Services allocates the same staff's time under the two cost centers of Mental Health Services and Adult Residential Treatment Services for the same period of time.

Medicaid State Plan No: 12-025 Supplement 3 to Attachment 3.1-A

DEFINITIONS:

"Assessment" means a service activity designed to evaluate the current status of a beneficiary's mental, emotional, or behavioral health. Assessment includes one or more of the following: mental status determination, analysis of the beneficiary's clinical history, analysis of relevant biopsychosocial and cultural issues and history, diagnosis, and the use of testing procedures.

"Client Plan" means a documented plan for the provision of services to a beneficiary who meets medical necessity criteria; it contains specific observable and/or quantifiable goals and treatment objectives, proposed type(s) of intervention, and the proposed duration of the intervention(s). A client plan is consistent with the beneficiary's diagnosis or diagnoses. A client plan is signed by the person providing the service(s), or a person representing a team or program providing the service(s), or a person representing a team or program providing services, and must include documentation of the beneficiary's participation in, and agreement with, the client plan.

"Collateral" means a service activity to a significant support person or persons in a beneficiary's life for the purpose of providing support to the beneficiary in achieving client plan goals. Collateral includes one or more of the following: consultation and/or training of the significant support person(s) that would assist the beneficiary in increasing resiliency, recovery, or improving utilization of services; consultation and training of the significant support person(s) to assist in better understanding of mental illness and its

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impact on the beneficiary; and family counseling with the significant support person(s) to improve the functioning of the beneficiary. The beneficiary may or may not be present for this service activity.

"Crisis Intervention" is an unplanned, expedited service, to or on behalf of a beneficiary to address a condition that requires more timely response then a regularly scheduled visit. Crisis intervention is an emergency response service enabling a beneficiary to cope with a crisis, while assisting the beneficiary in regaining their status as a functioning community member. The goal of crisis intervention is to stabilize an immediate crisis within a community or clinical treatment setting.

"Plan Development" means a service activity that consists of one or more of the following: development of client plans, approval of client plans and/or monitoring of a beneficiary's progress.

"Rehabilitation" means a recovery or resiliency focused service activity identified to address a mental health need in the client plan. This service activity provides assistance in restoring, improving, and/or preserving a beneficiary's functional, social, communication, or daily living skills to enhance self-sufficiency or self regulation in multiple life domains relevant to the developmental age and needs of the beneficiary. Rehabilitation also includes support resources, and/or medication education. Rehabilitation may be provided to a beneficiary or a group of beneficiaries.

"Therapy" means a service activity that is a therapeutic intervention that focuses primarily on symptom reduction and restoration of functioning as a means to improve coping and adaptation and reduce functional impairments. Therapeutic intervention includes the application of cognitive, affective, verbal or nonverbal, strategies based on the principles of development, wellness, adjustment to impairment, recovery and resiliency to assist a beneficiary in acquiring greater personal, interpersonal and community functioning or to modify feelings, thought processes, conditions, attitudes or behaviors which are emotionally, intellectually, or socially ineffective. These interventions and techniques are specifically implemented in the context of a professional clinical relationship. Therapy may be delivered to a beneficiary or group of beneficiaries and may include family therapy directed at improving the beneficiary's functioning and at which the beneficiary is present.