

32-007 Residential Treatment Services for Children/Adolescents

32-007.01 Introduction: Residential treatment services are available to clients age 20 or younger when the client participates in a HEALTH CHECK (EPSDT) screen, the treatment is clinically necessary, and the need for care at this level has been identified on the pre-treatment assessment (see 471 NAC 32-001.01).

Residential treatment services must be family-centered, culturally competent, community based, and developmentally appropriate.

Providers must encourage family members to be involved in the assessment of the client, the development of the treatment plan, and all aspects of the client's treatment unless prohibited by the client, through legal action, or because of federal confidentiality laws.

Providers must be available to schedule meetings and sessions in a flexible manner to accommodate and work with a family's schedule. This includes the ability to schedule sessions at a variety of times including weekends or evenings.

The provider must document their attempts to involve the family in treatment plan development and treatment plan reviews. A variety of communication means should be considered. These may include, but should not be limited to, including the family via conference telephone calls, using registered letters to notify the family of meetings, and scheduling meetings in the evening and on weekends.

Residential treatment services for children covered by NMAP include residential treatment for children age 20 and younger who are eligible for Medicaid. These regulations also cover children age 18 or younger who are wards of the Department.

Residential treatment services must be provided under the direction of a supervising practitioner as designated in 471 NAC 32-001.02A.

32-007.02 Residential Treatment for Children: The Department's philosophy is that all care provided to clients must be provided at the least restrictive and most appropriate level of care. Care must be family-centered, community-based, culturally competent, and developmentally appropriate. NMAP will cover more restrictive levels of care only when all other resources have been explored and deemed to be inappropriate. If hospital-based inpatient care is deemed appropriate, see 471 NAC 32-008.

Residential treatment center services are clinically necessary services provided to a client who requires professional care and highly structured 24-hour awake care at a greater intensity than that available at the treatment group home and foster home levels.

In keeping with the philosophy that children are better served in more family-like settings, the total number of approved beds for a residential treatment center will not exceed two units of up to 20 beds each, and the center must provide a home-like atmosphere commensurate with the size and scope of the program. **Exception: A state owned and operated residential treatment center may exceed two units provided that each unit has no more than 20 beds each. When a state owned and operated residential treatment center exceeds two 20 bed units, children may be placed there for treatment only if all other in state residential treatment center providers have declined to serve the child within a reasonable period of time. This exception shall expire two years after the effective date of the exception.**

32-008.04 Coverage Criteria for Inpatient Hospital Services: The Nebraska Medical Assistance Program covers inpatient mental health services for clients age 20 and younger when the services meet the criteria in 471 NAC 32-001 and:

1. The client must be treated by a psychiatrist or physician **personally and face-to-face** at least six out of seven days, or more often, if medically necessary, and the interaction must be documented in the client's medical record.
2. A licensed physician serves as the attending physician for psychiatric care and defines the medical necessity and active treatment requirements noted in 471 NAC 32-001, "General Requirements."
3. Therapeutic passes for clients with primary psychiatric or substance abuse diagnoses from hospitals which provide inpatient services. Therapeutic passes are an essential part of the treatment of some clients. Documentation of the client's continued need for acute care must follow the overnight therapeutic passes. Payment for hospitalization beyond a second pass will be denied based on medical necessity. The hospital is not paid for therapeutic passes or leave days.
4. Unplanned leaves of absence from inpatient hospital care: The hospital is not paid for unplanned leave of absence days from an inpatient hospital. If a client returns to the hospital after an unplanned leave of absence, the hospital must contact the appropriate agency to obtain prior authorization for the admission.

32-008.04A Professional and Technical Components for Hospital Diagnostic and Therapeutic Services: For regulations regarding professional and technical components for diagnostic and therapeutic hospital services, the elimination of combined billing, and non-physician services and items provided to hospital patients, see 471 NAC 10-000.

32-008.04B Educational Services: Educational services, when required by law, must be available, though not necessarily provided by the hospital. Educational services must be only one aspect of the treatment plan, not the primary reason for admission or treatment. Educational services are a non-reimbursable item under NMAP.