

Admission Criteria - PRTF

All of the following criteria must be present for psychiatric residential care:

- The individual's mental disorder is rated severe or the presence of two or more diagnoses on Axes I and II indicates that the individual's disturbance is severe or complex. Mental disorder as classified in the *Diagnostic and Statistical Manual, Fourth Edition* (DSM IV).
- The individual's behavior has disrupted his or her placement in the family or in a group residence two or more times in the past year, or the individual has a persistent pattern of behavior that has severely disrupted life at home and school over the nine months preceding inpatient care. For children younger than 12 years old these time frames are six months for a family or group residence, and six months for home and school.
- Family functioning or social relatedness is seriously impaired as evidenced by one or more of the following circumstances:
 - History of severe physical, sexual, or emotional maltreatment
 - History of a disrupted adoption or multiple, two or more, foster family placements
 - A physical assault against a parent or adult caregiver
 - A history of sexual assault by the individual
 - A history of fire setting resulting in damage to a residence
 - Runaways from two or more community placements by a child younger than 14 yrs old
 - Other impairment of family functioning or social relatedness of similar severity
- The illness must be of a sub-acute or chronic nature where there has been failure of acute and/or emergency treatment to sufficiently ameliorate the condition to allow the patient to function in a lower level of care. The following includes examples of lower levels of care:
 - Family or relative placement with outpatient therapy
 - Day or after-school treatment
 - Foster care with outpatient therapy
 - Therapeutic foster care
 - Group child care supported by outpatient therapy
 - Therapeutic group child care
 - Partial hospitalization
 - Other
- The following symptom complexes must show a need for extended treatment in a residential setting due to a threat to self or others:
 - Self-care deficit, not age related. Basic impairment of needs for nutrition, sleep, hygiene, rest, or stimulation included in the following list:
 - o Self-care deficit severe and long-standing enough to prohibit participation in an alternative setting in the community, including refusal to comply with treatment (for example, refuse medications).
 - o Self-care deficit places child in life-threatening physiological imbalance without skilled intervention and supervision. For example, dehydration, starvation states, exhaustion due to extreme hyperactivity.
 - o Sleep deprivation or significant weight loss

- Impaired safety such as threat to harm others. Verbalization or gestures of intent to harm others caused by the individual's mental disorder such as the following indicators:
 - Threats accompanied by one of the following behaviors:
 - Depressed mood (irritable mood in children, weight gain, weight loss)
 - Recent loss
 - Recent suicide attempt or gesture, or past history of multiple attempts or gestures
 - Concomitant substance abuse
 - Recent suicide or history of multiple suicides in family or peer group
 - Aggression toward others
 - Verbalization escalating in intensity, or verbalization of intent accompanied by gesture or plan
 - Impaired thought processes (reality testing). Inability to perceive and validate reality to the extent that the child cannot negotiate his or her basic environment, nor participate in family or school (paranoia, hallucinations, delusions). The following indicators are examples of this behavior:
 - ❖ Disruption of safety of self, family, peer or community group
 - ❖ Impaired reality testing sufficient to prohibit participation in any community educational alternative
 - Non-responsive to outpatient trial of medication or supportive care
 - Severely dysfunctional patterns of behavior that prohibits any participation in a lower level of care. For example, habitual runaway, prostitution, or repeated substance abuse

- Patient must show need for long-term treatment modalities. Modalities can include behavior modification treatment with some form of aversive therapy and operant conditioning procedures. Special, strictly educational, programs do not qualify as behavior therapy. Modalities include multiple therapies such as group counseling, individual counseling, recreational therapy, expressive therapies, or so forth.

Additional Information:

Please contact our Intake Specialist/Prior Authorization Coordinator at (219) 322-8614.