## SERVICE LEVEL OVERVIEW

| PSYCHIATRIC RESIDENTIAL<br>TREATMENT FACILITY<br>(LEVEL C)   | COMMUNITY BASED<br>RESIDENTIAL SERVICES<br>(LEVEL B)   | COMMUNITY BASED<br>RESIDENTIAL<br>SERVICES (LEVEL A)  | COMMUNITY BASED<br>RESIDENTIAL SERVICES – NON<br>MEDICIAD   |
|--|--|---|---|
| DBHDS Licensed   | DBHDS Licensed   | DBHDS and DSS, DJJ or<br>DOE Licensed   | DSS, DJJ, and/or DOE Licensed   |
| Clinical Treatment Team milieu   | Staff ratio – 1 to 4 youth   | Staff ratio – 1 to 6 youth  | Staff ratio – 1 to 8 youth  |
| Can be > 16 beds   | Must be < 16 beds  | Must be < 16 beds   | Can be > 16 beds  |
| Placement Medicaid reimbursable –<br>excluding educational services  | Therapeutic Behavioral<br>Services Medicaid<br>reimbursable  | Community-based<br>Residential Services<br>Medicaid reimbursable  | No Medicaid reimbursable services for residential placement   |
| Must provide therapeutic, psychiatric<br>services/interventions; minimum of 21<br>wkly therapy sessions, 2 monthly<br>family sessions  | Must provide weekly on site therapeutic services and arrange for psychiatric care  | Must provide active mental<br>health treatment  | Must provide structured level of<br>care – therapy, if provided, must be<br>with a licensed professional                                |
| Ind. Plan of care - @ admission<br>Comprehensive Plan – by 14 days of<br>admission<br>Discharge Plan – begins @ admission<br>Treatment Plan Reviews – every 30<br>days<br>Therapeutic passes permitted | Ind. Service Plan (ISP)– within<br>30 days of admission<br>Discharge Planning included in<br>ISP<br>Documented Quarterly<br>Reviews of ISP | Ind. Service Plan (ISP)–<br>within 30 days of<br>admission<br>Discharge Planning<br>included in ISP<br>Documented Quarterly<br>Reviews of ISP | Ind. Service Plan (ISP)– within 30<br>days of admission<br>Discharge Planning included in ISP<br>Documented Quarterly Reviews of<br>ISP |
| Must provide educational services  | May use Public Education   | May use Public Education  | May use Public Education  |
| Must have Certificate of Need (CON)<br>signed by physician indicating<br>medical necessity   | Must have CON  | Must have CON   | CON not necessary for Admission   |
| Must have DSM-IV diagnosis   | Must have DSM-IV diagnosis   | Must have DSM-IV<br>diagnosis   | DSM-IV Diagnosis not necessary for Admission  |