

<b>Wilderness Camp</b>
This service is available to children 6-17 years of age who have moderate to severe problems and where removal from their homes is essential for proper treatment. Treatment is provided in an emotionally healthy, structured culturally sensitive environment. Through outdoor living, clients are afforded the opportunity to develop coping skills, self-esteem and academic or vocational skills. Liaison services are provided to promote community and family interaction. (A non-residential summer/therapeutic camping experience should be coded as 370: Specialized Summer Program).
<b>Therapeutic Relationship and Interventions</b>
Facilitating and teaching relevant wilderness skills, including transfer of learning to other environments. This may be accomplished individually, in groups, and with family.
<b>Structure of Daily Living</b>
Outdoor, often camping, environment.
<b>Cognitive and Behavioral Skill Acquisition</b>
Develop coping skills, self-esteem and academic or vocational skills.
<b>Service Type</b>
This is a 24-hour residential service. This service is not Medicaid billable.
<b>Resiliency/Environmental Intervention</b>
This service is to support the youth in gaining the skills necessary to step down to family and/or a community based setting.
<b>Service Delivery Setting</b>
This service is provided in a wilderness environment.
<b>Medical Necessity</b>
A. A recipient is eligible for this service when there is a mental health diagnosis, <b>AND,</b> B. Level of Care Criteria Level D is met.
<b>Service Order Requirement</b>
N/A
<b>Continuation/Utilization Review Criteria</b>
The desired behavior or level of functioning has not been restored, improved, or sustained over the timeframe outlined in the client's service plan; or the client continues to be at risk for relapse based on history or the tenuous nature of functional gains or any one of the following apply: Client has achieved initial service plan goals and additional goals are indicated. <ol style="list-style-type: none"> <li>1. Client is making satisfactory progress toward meeting goals.</li> <li>2. Client is making some progress but the service plan (specific interventions) should be modified to determine if greater gains are possible.</li> <li>3. Client is not making progress; the service plan must be modified to identify more effective interventions.</li> <li>4. Client is regressing; the service plan must be modified to identify more effective interventions.</li> </ol> <b>AND</b> Utilization review must be conducted every 90 days and documented in the service record.
<b>Discharge Criteria</b>
The client shall be discharged from this level of care if any one of the following is true: The level of functioning has improved with respect to the goals outlined in the service plan and the client can reasonably be expected to maintain these gains at a lower level of treatment. <b>OR</b> The client no longer benefits from service as evidenced by absence of progress toward service plan goals and more appropriate service(s) is available.

*Note: Any denial, reduction, suspension, or termination of services requires notification to the client and/or the legal guardian about their appeal rights.*

#### **Service Maintenance Criteria**

If the client is functioning effectively at this level of treatment and discharge would otherwise be indicated, this level of service should be maintained when it can be reasonably anticipated that regression is likely to occur if the service were to be withdrawn. This decision should be based on at least one of the following:

- There is a past history of regression in the absence of residential treatment or at a lower level of residential treatment.
- There are current indications that the client requires this residential service to maintain level of functioning as evidenced by difficulties experienced on therapeutic visits or stays in a non-treatment setting or in a lower level of residential treatment.

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#### **Provider Requirement and Supervision**

Provider must be licensed under 10A NCAC 27G .5200 Residential Therapeutic (Habilitative) Camps for Children and Adolescents of all Disability Groups.

#### **Documentation Requirements**

The minimum documentation standard includes a daily contact log with description of staff's interventions and activities on the standardized form. Documentation of critical events, significant events, or changes of status in the course of treatment shall be evidenced in the recipient's service record as appropriate. The documentation of interventions and activities is directly related to: Identified needs, preferences or choices, specific goals, services, and interventions, and frequency of the service which assists in restoring, improving, or maintaining, the recipient's level of functioning.

#### **Appropriate Service Codes**

<b>Medicaid</b>	<b>NC TRACKS</b>
<b>Not Billable</b>	<b>YA 254</b>