



FOR IMMEDIATE RELEASE

North Suburban Human Rights Authority
Report of Findings
Camelot
HRA #09-100-9033

Case Summary: The HRA did not substantiate the allegations presented. The HRA's public record on this case is recorded below.

The North Suburban Regional Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission has completed its investigation of alleged rights violations at Camelot. On May 5, 2009, the HRA notified Camelot of its intent to conduct an investigation, pursuant to the Guardianship and Advocacy Act (20 ILCS 3955). The HRA initiated the investigation after learning that a resident may have been discharged without a discharge plan, in that once Camelot learned that the insurance would no longer pay for treatment, the resident and her parents were advised that she needed to be discharged within the hour.

If found substantiated the allegation would violate the Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102) and the Licensing Standards for Child Care Institutions and Maternity Centers (89 Ill. Admin. Code 404). The Licensing Standards define a "Child care institution" as a child care facility where more than 7 children are received and maintained for the purpose of providing them with care or training or both. The term "child care institution" includes residential schools, primarily serving ambulatory handicapped children, and those operating a full calendar year.

Background

The Residential Treatment Center, the focus of the HRA investigation is accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). The following was taken from Camelot's Web-site: "*Camelot's Residential Treatment Center located in Des Plaines serves children and adolescents, ages 5 to 21, with an IQ as low as 25.*"

Autism and Aspersers Program

These programs specialize in the treatment of all disorders within the autism spectrum, including Aspergers. Children, ages 6 to 18, are individually assessed and given customized treatment plans to meet their specific needs. We provide one-to-one staffing where necessary to assure adherence to individualized treatment plans and the highest level of safety.

Treatment Model

Camelot is committed to integrating the latest proven approaches, including Applied Behavioral Analysis, in working with children and adolescents impacted by autism. The foundation for our work, the Developmental Individualized Relationship Model, is relationship based, child centered, goal directed, flexible in its application, adaptable to diverse settings and aimed at the individual's inherent potential.

Our client base is extremely diverse, and includes children with additional complications which have contributed to treatment difficulties and failures during past placements: Health Impairments, Prader-Willi Syndrome, Sexual Identity Issues, Incontinence, Hearing Impairment, Verbal Impairment, Intelligence levels of 25 and above.

Specialized Treatment Program

This program treats children and adolescents who are dealing with a variety of mental health needs. We provide a structured living environment that fosters independence and personal responsibility while providing a curriculum tailored to the individual needs of the child.

Treatment Model

The program's level of treatment is appropriate for children who no longer need an acute psychiatric setting but are not yet ready for group home living or foster care. The most common diagnoses include: Bipolar Disorder, Attention Deficit Hyperactivity Disorder, Posttraumatic Stress Disorder, Major Depressive Disorder, and Psychotic Disorders.

All residents of the residential treatment center also attend the therapeutic day school 205 days per year."

Investigative Methodology

To pursue this investigation, a site visit was conducted (June 24, 2009) at which time the allegation was discussed with the Executive Director. The HRA requested and reviewed agency policies specific to the allegation. Since this was an HRA initiated case, the review centers on the facility's practices in general.

Findings

During the site visit it was learned that Camelot is a 60-bed facility licensed by the Illinois Department of Children and Family Services and the Illinois Department of Human Services. The programs (explained in the **Background** section) are housed in three buildings which are located on the campus of another social service institution. They currently have 59 children and sometimes there is a waiting list. The program receives referrals from hospitals and the Screening, Assessment and Support Services (SASS) program. (This program is a result of the Children's Mental Health Act of 2003, which requires the Illinois Department of Public Aid (IDPA) to ensure that all eligible children and adolescents receive a screening and assessment prior to any admission to a hospital for inpatient psychiatric care).

The Director stated that the Camelot program is intensive and the stay can be from one month up to a year. The program offers services to out-of-state children; it was explained that these children come mostly from rural areas where services are limited or nonexistent. For the out-of-state parents, the program provides a quarterly monetary stipend to be used to visit the child. Camelot has family therapy every week via the telephone for the out- of-state parents.

It was explained that the criteria for admission is determined by: state individual care grants; multiple hospitalizations which have failed; symptoms not improving and "runners". When questioned if they have alarms on the doors, it was stated that they are not a locked facility, but staff are located (especially at night) to have full view of the hallways and exits.

The Director explained the admission process as it relates to medical insurance. She stated that when a hospital (for example) contacts Camelot, the hospital might have completed a pre-authorization with the insurance company; or the insurance company calls Camelot directly. At the initial stages of the admission, the insurance will authorize a number of days (usually 3-5) and the provider is given a subsequent review date. On that review date, the provider must contact the insurance company to describe the resident's progress; the insurance then either authorizes additional days or denies further days. If additional days are denied and the provider believes that

more days are needed, then Camelot and the insurance company enter what was called a "Doc to Doc", meaning that the provider's psychiatrist and the insurance's psychiatrist talk to determine disposition. Should the insurance continue to deny, the provider can appeal the decision.

The Director stated that they would never discharge anyone without a discharge plan. They currently serve two children who are not paid for and Camelot provides free services. They would never tell a family to come and get their child within one hour; she called this "ridiculous."

The Discharge Planning policy states that discharge planning will begin at the time of admission for each student. Treatment goals and discharge criteria will be planned with the student and his family based on multidisciplinary assessments with a plan to restore the student to an acceptable level of behavioral, adaptive and psychological functioning. The Discharge Criteria policy states that there are several common criteria for discharge. Included are: completion of therapeutic goals; the recommendation of the physician; and the recommendation of the multidisciplinary treatment team. More specifically, a student may be discharged under three conditions: 1) Routine (successful) discharge; 2) Against Medical Advice; 3) Administrative Discharge.

The Utilization/Case Management review policy states that its purpose is to define the role and function of the Utilization Review Managers in the overall case management process for students being treated at the facility and to codify administrative procedure and Case Management responsibilities in regards to disposition of review findings, denials, appeals and administrative requests for free care. The policy addresses what to do when there is a third party denial. In summary, the physician must appeal the case to the reviewing company and the Utilization Management Coordinator is responsible for assuring that the appeal requirements are met.

Conclusion

Pursuant to the Mental Health and developmental Disabilities Code, Section 5/2-102, "A recipient of services shall be provided with adequate and humane care and services in the least restrictive environment, pursuant to an individual services plan. The Plan shall be formulated and periodically reviewed with the participation of the recipient to the extent feasible and the recipient's guardian, the recipient's substitute decision maker, if any, or any other individual designated in writing by the recipient."

According to the Standards for Child Care Institutions and Maternity Centers (89 IL Adm. Code 404.25), "In all instances, when an institution decides that it is in the best interest of the child to terminate enrollment, the child's and parents' or guardian's needs shall be considered by planning with the parents or guardian to meet the child's needs when he or she leaves the institution, including referrals to other institutions, agencies or facilities."

Based on the verbal and written information obtained, the HRA concluded that the provider has measures in place to address discharge planning as mandated by the Code and the provider's licensing standards. The allegation is unsubstantiated.