Psychiatric Residential Treatment Facilities

Definition

Psychiatric Residential Treatment Facility (PRTF) is defined as 24-hour, supervised, inpatient level of care provided to children and adolescents up to age 21 who have long-term mental health or psychiatric illnesses and/or serious emotional disturbance(s) that are not likely to respond to short-term interventions and have failed to respond to community-based intervention(s).

PRTFs provide comprehensive mental health and substance abuse treatment service to children and adolescents who, due to severe emotional disturbance, need quality, proactive treatment. In addition to diagnostic and treatment service (services unavailable in the PRTF can be obtained through contract or community providers), PRTFs should also provide instruction and support toward attainment of developmentally appropriate basic living skills/daily living activities that will enable children and adolescents to live in the community upon discharge.

The focus of a PRTF is on the improvement of a client's symptoms through the use of evidence-based interventions that are diagnostically appropriate such as group and individual therapy, behavior management, medication management, and active family engagement/therapy, including family therapy with future family or foster family members with which the child did not live prior to the PRTF stay. Unless otherwise indicated, the program should facilitate family participation in the treatment planning, or in the event of cases in DFS custody participation by an adult with long-term involvement with the child such as a guardian ad litem or DFS worker with long-term involvement with the Member. The facility should also facilitate the implementation of treatment planning, and timely, appropriate discharge planning (which includes assisting the family with varying levels of support and services to ensure a safe, stable, and nurturing home environment. This is often referred to as wrap-around services. In effect, it means wrapping a child/family with support until the family reaches an adequate level of self- sufficiency). Wyoming Medicaid provides wrap around services within the Care Management Entity High Fidelity Wrap Around Program for those clients eligible under the CME. For questions regarding the CME, contact Magellan at 307-459-6162.

Note: These guidelines make reference to appropriate services. When using the term appropriate, its meaning is intended to reflect services consistent with professional national guidelines.

Who should be Admitted to a PRTF?

A client may be appropriate for admission to a PRTF if he/she has a psychiatric condition that cannot be stabilized with treatment in an outpatient treatment setting and the condition is characterized by severely distressing, disruptive and/or immobilizing symptoms that are persistent and pervasive.

Who should not be Admitted to a PRTF?

A client who is experiencing acute psychiatric behaviors is not appropriate to be admitted to a PRTF. PRTF services are not the entry point to accessing inpatient psychiatric services, except for those clients who have failed to benefit from at least six months of maximum intensity appropriate services who would benefit from this level of service.

Prior Authorization for PRTF

Prior authorization is required prior to admission to a PRTF. The facility must submit the completed admission packet to Telligen three to seven days before the date of the planned admission.

Admission packets include the following required information:

- The completed admission form (see Appendix D),
- A psychiatric evaluation that has been performed by a board-eligible or board-certified child/adolescent psychiatrist, within 45 days of admission and determines this level of care is indicated and appropriate.
- The estimated length of stay,
- A viable discharge plan including expected permanency plan for foster children, and
- Any other clinical information that justifies admission.

Facilities are allowed up to 14 calendar days to submit the individual plan of care, which must be developed by an interdisciplinary team of physicians and other licensed clinical personnel. Based on education and experience, preferably including child psychiatry, the team must be capable of:

- Assessing the client's immediate and long-range therapeutic needs, developmental priorities, and personal strengths and liabilities
- Assessing the potential resources of the client's family
- Setting treatment objectives
- Prescribing therapeutic modalities to achieve the plan's objective the team must include as a minimum, either,
- A Board-Eligible or Board-Certified psychiatrist
- A clinical psychologist who has a doctoral degree and a physician licensed to practice medicine or osteopathy; or
- A physician licensed to practice medicine or osteopathy with specialized training and experience in the diagnosis and treatment of mental disease, and a psychologist who has a Master's degree in clinical psychology or who has been certified by the State psychological association

The team must also include one of the following:

- A psychiatric social worker
- A registered nurse with specialized training or one year's experience in treating mentally ill individuals
- An occupational therapist who is licensed, if required by the State, and who has specialized training or one year of experience in treating mentally ill individuals.
- A psychologist who has a master's degree in clinical psychology or who has been certified by the State or by the State psychological association
- An eating disorder specialist if there is a diagnosed eating disorder

It is expected that the length of stay for WY Medicaid clients will be the shortest length that allows for appropriate treatment of the client's needs to such a degree that the client is ready to transition to a lower level of care. Treatment plans, interventions, medication management, and discharge plans must reflect plans to meet this requirement.

Extended lengths of stay may be required when a client's case is medically appropriate for care but is progressing at a slower than average pace. A second opinion by an independent board-eligible or board-certified Child/Adolescent Psychiatrist is suggested for cases where an alternate opinion might help.

Psychiatric Residential Treatment Facility (PRTF) Admission Criteria

The following outlines the PRTF Admission Criteria: **The client must meet all five**.

1. The client presents with a longstanding (at least six months) psychiatric diagnosis characterized by severely distressing, disruptive and/or immobilizing symptoms that are persistent and pervasive and which cannot be reversed with treatment in an outpatient treatment setting. The diagnosis must meet the criteria as defined in the current edition of the DSM.

   Examples would include the following:

   - The presence of severe emotional distress
   - Regression, depression, low frustration tolerance, irritability and/or other psychiatric symptoms that interfere with the client's ability to change behavior and/or mood, form a therapeutic alliance or sustain engagement in treatment
   - Impaired reality testing that cannot be safely managed in an outpatient setting
   - Eating disorder behaviors that cannot be effectively treated on an outpatient basis

2. Unless transferring from inpatient psychiatric care, there are documented attempts over the last six months to treat the client with the maximum intensity of appropriate services available at a less intensive level of care that cannot meet or has failed to meet the needs of the client. The client must have failed to respond to outpatient interventions. Six months of alternative, less

restrictive levels of care must have been tried and have failed or are contraindicated. Exceptions may be made for youth who consistently refuse to participate in appropriate, medically necessary treatment despite attempts to engage them in the treatment.

Exceptions: The client has had a sudden, acute onset of psychiatric illness and a lower level of care is contraindicated or continued acute psychiatric inpatient care is no longer needed but effective treatment cannot be safely delivered at a lower level of care.

3. At least one of the patterns of behavior listed below must be present:
    a. Persistent, pervasive, and frequently occurring oppositional/defiant behavior unresponsive to appropriate behavioral interventions over at least six months of consistent efforts and that results in risky and unsafe behaviors
    b. Behavior that represents a disregard for the well-being and/or safety of self/others
    c. Repetitive behavior that endangers others
    d. Repetitive gestures with intent to injure self/others that are not currently a risk of imminent harm to self/others
    e. Self-induced vomiting, use of laxatives/diuretics, strict dieting, fasting and/or vigorous exercise unresponsive to at least six months of consistent efforts of treatment or with life-threatening medical complications if left unsupervised
    f. Extreme phobic/avoidant behavior
    g. Extreme social isolation

4. Without intervention, there is clear evidence that the client will likely decompensate and present a risk of serious harm to self or others.

5. A preadmission psychiatric evaluation by a child/adolescent psychiatrist who recommends PRTF placement. The child/adolescent psychiatrist must be licensed and Board-Eligible or Board-Certified by the American Board of Psychiatry and Neurology (ABPN). The evaluation must take place no more than 45 days prior to PRTF Admission.

    Note: Evaluations may be completed by an APRN but must be signed off on by a child/adolescent psychiatrist as indicated above. The APRN may use any qualified Board Certified/Eligible Child/Adolescent Psychiatrist (CAP), including those available through Seattle Children's PAL line.

<u>What are the required items to be completed in the admission form?</u>

1. Initial diagnostic assessment
2. Medical, psychiatric, medication, and substance use history
3. Family and social assessment
4. Client assets and strengths
5. Developmental history and current developmental functioning concerning physical, psychological and social areas, including age-appropriate adaptive functioning and social problem-solving
6. History of developmental risks from pregnancy such as gestational drug/alcohol exposure.

7. Psycho-educational assessment and a psychosexual assessment for juveniles engaging in sexual offending behavior
8. An assessment of the need for psychological testing, neurological evaluation and speech, hearing, and language evaluations
9. A problem list addressing the reasons why the client requires admission to this level of care
10. Identification of interventions for the immediate management of the problems identified in Criteria number 3
11. The treatment objectives (desired client responses) expected to be met by the time of the first continued stay review

PRTF Continued Stay Reviews

What must be submitted to Telligen during the first Continued Stay Review (CSR)? The following must be submitted to Telligen during the first CSR:

1. The first CSR form must be submitted to Telligen within 14 days of admission
2. An admission psychiatric evaluation completed by the facility psychiatrist

What are the criteria for a CSR at a PRTF?

1. The client continues to display a pattern of disturbance of thought, affect, adaptation and/or behaviors that are related to his/her psychiatric condition and that require(s) 24-hour supervision
2. Symptoms present at admission persist but are responding to treatment and/or there is an improved level of functioning and/or a new problem/diagnostic aspect is discovered requiring ongoing treatment at this level of care
3. All therapies and activities outlined in the individualized treatment plan are provided within specified timeframes and reviewed by the interdisciplinary team
    a. The facility shall identify the interventions and treatment modalities that are being used to address each of the client's identified problem areas and the treatment objectives. The provider must indicate through documentation the progress that is being made by describing intended outcomes and actual outcomes of treatment for each issue that led to needing admission to the PRTF.

b. Interventions set to achieve objectives and goals within each reporting period must be appropriate, concrete, realistic and measurable. Current and updated progress reports on all goals, including those that led to PRTF admissions, are required. If a goal is changed or not met, a clinical explanation as well as adjustments to the treatment plan must be documented and provided in the continued stay review.

c. Each client must have a designated treatment team that may include, but is not limited to: a psychiatrist, therapist, nurse, parent(s), guardian(s), family care coordinator (FCC), clients, teachers, Guardian Ad Litem (GAL) Department of Family Services (DFS) representative and outdoor/recreational specialist, and for those with an eating disorder, an Eating Disorder Specialist.

d. The client must demonstrate the ability and capacity to respond favorably to therapeutic intervention. If the legal caregiver(s) refuses to participate in treatment, the client is not responding to treatment, or the client is decompensating over time despite therapeutic intervention, alternative facilities or changes in the treatment plan may be considered. Clients who exhibit the aforementioned may be sent to a peer review for discussion and/or determination.

e. Individual Therapy must take place a minimum of one (1) hour per week; however, two sessions per week for one hour each session is recommended.

   **Exception:* If a client is unable to maintain during the session for an hour at a time, sessions may be broken up throughout the week into smaller time frames so that the total weekly time for individual therapy is not less than one (1) hour.

f. Family therapy must take place once a week for at least one (1) hour.

   **Exception:* If a client is unable to maintain during the session for an hour at a time, sessions may be broken up throughout the week into smaller time frames so that the total weekly time for family therapy is not less than one (1) hour or family therapy without the client present should occur. Facility must include explanation in documentation if this exception is utilized.

4. Discharge planning is continuous and involves the client and the family/guardian.

   a. It is expected that a child/adolescent's primary psychiatric condition will be stabilized within four months of PRTF level of care. It is in the best interest of the client to be treated in the least restrictive environment. When a client no longer meets PRTF criteria for inpatient status, the appropriate transfer or discharge plans must immediately be implemented. This may include but is not limited to: discharge to home or to local home area which includes assistance from outpatient wrap around services, Residential Treatment Center (RTC), group home, and/or therapeutic foster home.

   b. Discharge planning must begin at admission. Even if the discharge plan has to be updated each month, the facility and guardian(s) must know where the child/adolescent would go if they had to be discharged immediately for any reason. Telligen may send a request for admission or continued stay to peer review for lack of discharge planning.

   c. If a client has reached his/her maximum therapeutic benefit, or the client has plateaued in his/her treatment due to having achieved maximum therapeutic benefit, then the facility must work with Telligen and any other members of the treatment team to identify appropriate alternative placement or change in the treatment plan.

d. A discharge plan/current provisional discharge plan must be sent to Telligen every 30 days as part of the CSR. A final discharge summary must be submitted within seven days of discharge from a PRTF. Final discharge summaries must also be sent to the client's community providers, the family care coordinator (FCC) and the school the client attends post-treatment (and DFS when the child is in DFS custody).
e. The client's discharge plan must account for the scheduling of both a 7-day and a 30-day follow up appointment with a mental health provider. It is the responsibility of the facility to assist the client's caregivers with discharge planning and appointments. The appointment, including the date, time, and provider, must be listed on the discharge summary.
f. Clients must discharge with prescriptions for their currently prescribed medication. Clients who are not supplied with prescriptions must be supplied with sufficient medication to sustain them until their first scheduled medication management appointment. Medications and/or prescriptions sent with the client must be listed on the discharge summary.

What items are required to be addressed for a Continued Stay at a PRTF?

1. The treatment team has completed the essential admission assessment and developed an interdisciplinary treatment plan.
2. An interdisciplinary treatment plan must contain:
   a. A list of the current diagnoses under treatment at the time of the CSR
   b. A list of problems related to the reason for admission
   c. A list of treatment modalities to address identified problems, to include explanation when evidence-based treatment per national professional guidelines are not being utilized
   d. A description of measurable treatment objectives, expected within the next review interval, which will indicate progress in achieving discharge goals
   e. A description of the discharge goals with an estimated discharge date
   f. A description of any special therapeutic assistance, if required to help the client achieve treatment objectives
   g. A description of the family services provided. It is expected that the family of clients will be available to comply with family therapy for at least one full hour per week that address the following:
      - Identification of any family issues which require stabilization
      - Identification of factors which may have created a crisis in the family and/or exacerbated the client's psychiatric condition must be provided
      - Education for the family/primary caretakers regarding the client's condition and/or developing ways to support the client's progress in treatment by alteration of family dynamics
      - Description of the changes in the client and family responses required before the client can safely be discharged to the home setting
      - A schedule for providing family services with the frequency necessary for the timely achievement of treatment objectives and discharge goals

- There may be occasions when family therapy is contraindicated for psychological reasons. In such instances, provisions should be made for helping the child deal with any psychological trauma caused by this situation, and a plan developed to change problems posed by the family environment
- When a return to the family/primary caretakers is not going to be possible, alternative placement and discharge planning arrangements should begin at the earliest possible date
- There may be occasions where the family expresses unwillingness to be involved with the child in therapy or after discharge. In such instances, each case will be identified by the provider and dealt with on an individual basis

NOTE: The treatment plan should be a living document which is updated and modified as needed to indicate the treatment team is adjusting their efforts in response to the client's response to treatment – if the child is not responding to treatment or is decompensating, the treatment plan must be updated to reflect appropriate and suitable alternative solutions.

3. Assessment which identifies the treatment objectives which have been achieved at this point in treatment and the discharge goals remaining to be achieved at this level of care
4. Client Condition Summary:
   a. The treatment objectives which have not been achieved as expected at this point in treatment
   b. Factors interfering with the client's ability to meet treatment objectives
   c. The continuing appropriateness of the current treatment objectives
   d. The continuing appropriateness of the modalities and interventions selected consistent with national professional guidelines or emerging promising techniques following exhaustion of techniques identified in national professional guidelines
   e. There is a description of measurable treatment objectives expected within the next review interval, to indicate progress in achieving discharge goals
5. Discharge Planning: A summary that includes an assessment of problem areas related to maintaining improvement achieved at this level of care, and arrangements for appropriate therapeutic services following discharge to assist the client in maintaining improvement achieved at this level of care. In addition, documentation must indicate active planning identifying wrap around services in the community.

Can a PRTF request a Therapeutic Pass?

A facility can request a therapeutic pass. Telligen should be notified of all therapeutic passes prior to the planned leave of absence. Medicaid reimbursement is available for reserving beds in a PRTF for therapeutic leaves of absence of Medicaid clients less than twenty-one (21) years of age at the regular per diem rate when all the following conditions are present:

1. A therapeutic leave of absence must be for therapeutic reasons as prescribed by the attending psychiatrist/physician and as indicated in the client's habilitation plan.
2. A physician's order for therapeutic leave must be maintained in the client's file at the facility.

3. The total length of time allotted for therapeutic leave of absence in any calendar year shall not exceed fourteen (14) cumulative days. If the client is absent from the PRTF for more than fourteen (14) cumulative days per calendar year, no further Medicaid reimbursement shall be available for reserving a bed for therapeutic leave for that client in that calendar year.
4. In no instance will Medicaid reimburse a PRTF for reserving beds for Medicaid clients when the facility has an occupancy rate of less than ninety percent (90%). The occupancy rate is based on the total number of licensed beds. The PRTF is required to submit verification that the occupancy rate was at 90% or higher during any therapeutic leave of absence in order to obtain reimbursement for those days. If the bed rate is less than 90%, the facility shall bill therapeutic leave days as non-covered days which are not eligible for reimbursement.
5. Admission to an acute psychiatric inpatient setting constitutes termination of the PRTF admission and the client will have to undergo a new prior authorization review prior to return. Therapeutic leave days are not appropriate in this circumstance.

Are Care Management services available for Medicaid Clients in PRTFs?

Yes. Care Management services are available to all WY Medicaid clients in a PRTF. Please call 1-888-545-1710 to refer a client to care management services.

What are the expectations at the time of Discharge from a PRTF?

It is expected that the discharge plan has been discussed and reviewed by the treatment team at the facility, Telligen, the parent/or guardians/foster parents and any other care providers such as waiver case worker and updated at least monthly. Discharge planning begins at admission, and the facility and guardians must know what the discharge plan is should discharge be required earlier than anticipated. The discharge plan should be viable and well thought out for successful discharge. The parents/guardians should be actively involved in developing the discharge plan and follow-up services and should be educated that discharge when Medicaid funding ceases due to no longer meeting medical necessity requirements may occur at any time.

A typical discharge plan should include the following:

1. The initial follow-up appointment must be scheduled with a counselor/therapist, doctor or another provider to occur within seven days of discharge
2. Availability of a provider for follow-up treatment who will continue treatment and management
3. Medication list of prescription refills to be obtained at a local pharmacy
4. Clients who are not supplied with prescriptions must be supplied with sufficient medications to sustain them until their first scheduled medication management appointment.
5. A safety plan will be in place, including instructions of who and when to call if behaviors escalate or become out of control
6. Names and phone numbers for resources available to the client/family
7. Referral to the Children's Mental Health Waiver or community mental health programs for additional support and services, as appropriate