

PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES

Psychiatric Residential Treatment Facility (PRTF) - is defined as 24-hour, supervised, inpatient level of care provided to children and adolescents who have long-term 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).

PRTF's provide comprehensive mental health and substance abuse treatment services to children and adolescents who, due to severe emotional disturbance, are in need of quality, pro-active treatment. In addition to diagnostic and treatment services, PRTF's 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 improvement of a client's symptoms through the use evidence-based strategies, group and individual therapy, behavior management, medication management, and active family engagement/therapy; unless evidence shows family therapy would be detrimental to the client. Unless otherwise indicated, the program should facilitate family participation in the treatment planning, implementation of treatment planning, and timely, appropriate discharge planning, which includes assisting the family in accessing wrap-around services in the community.

Who should be admitted to a PRTF?

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

What are the criteria for Admission (ADM) to a PRTF?

The following outlines the PRTF Admission Criteria: The client must meet all 4.

- I. The client presents with a longstanding (at least 6 months) psychiatric diagnosis characterized by severely distressing, disruptive and/or immobilizing symptoms which are persistent and pervasive which cannot be reversed with treatment in an outpatient treatment setting, or is being stepped down in intensity from an acute psychiatric facility. The diagnosis must meet the criteria for an Axis 1 as defined by the DSM-IV.

Examples would include the following:

- The presence of emotional distress
- Regression, depression, low frustration tolerance, irritability and/or other psychiatric symptoms which interfere with the client's ability to change behavior and/or mood, form a therapeutic alliance or sustain engagement in treatment
- Impaired reality testing
- A condition consistent with an eating disorder diagnosis as described in the current edition of the DSM

II. There are documented attempts to treat the client with the maximum intensity of services available at a less intensive level of care that cannot meet or has failed to meet the needs of the client within the past 6 months.

III. At least one of the patterns of behavior listed below must be present

1. Persistent, pervasive and frequently occurring oppositional/defiant behavior
2. Reckless and/or impulsive behavior, which represents a disregard for the well-being and/or safety of self/others
3. Aggressiveness and/or explosive behavior
4. Gestures with intent to injure self/others, which have not resulted in serious injury, without evidence that such gestures are immediately progressing to life threatening behavior
5. Self-induced vomiting, use of laxatives/diuretics, strict dieting, fasting and/or vigorous exercise
6. Extreme phobic/avoidant behavior
7. Extreme social isolation
8. History of repeated life threatening injury to self /others, resulting in acute care admissions within the past 12 months. The client is not currently considered at risk to inflict life-threatening injury to self/others in the residential treatment setting.

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

The following are required for admission to a PRTF (see attached PRTF Admission form):

1. Initial diagnostic assessment
2. Medical, psychiatric and substance use history
3. Family and social assessment
4. Client assets and strengths
5. Developmental history and current developmental functioning with respect to physical, psychological and social areas, including age-appropriate adaptive functioning and social problem-solving
6. Psycho-educational assessment
7. An assessment of the need for psychological testing, neurological evaluation and speech, hearing and language evaluations
8. A problem list, related to the reasons why the client was admitted to this level of care
9. Identification of interventions for the immediate management of the problems identified in 8
10. The treatment objectives (desired client responses) expected to be met by the time of the first continued stay review

What are the criteria for Continued Stay Review (CSR) at a PRTF?

The following outlines the Continued Stay Review Criteria: The client must meet all 4.

I. The client continues to display a pattern of disturbance of thought, affect, adaptation and/or behaviors which are related to his/her psychiatric condition and requires 24 hour supervision.

II. Symptoms present at admission persist but are responding to treatment and/or a change in level of functioning occurs and/or a new problem/diagnostic aspect is discovered requiring ongoing treatment.

III. All therapies and activities outlined in the individualized treatment plan are provided within specified time frames and reviewed by the team that the client continues to need further treatment to meet goals and objectives.

IV. Discharge planning is continuous and involving the client and family/guardian (if appropriate)

The following are required for a Continued Stay at a PRTF (see attached CSR form):

1. The treatment team has completed the essential admission assessments and developed an interdisciplinary treatment plan.
2. A interdisciplinary treatment plan that contains:
 - A. A list of problems related to the reason for admission
 - B. A list of treatment modalities to address identified problems
 - C. A description of measurable treatment objectives expected within the next review interval, which will indicate progress in achieving discharge goals
 - D. A description of the discharge goals with an estimated discharge date
 - E. A description of any special therapeutic assistance, if required to help the client achieve treatment objectives
 - F. A description of the family services to be provided. It is expected that family 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.
 - Educating the family/primary caretakers regarding the client's condition and/or developing ways to support the client's progress in treatment.
 - Description of the changes in 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.
 - 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 dealt with on an individual basis.
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.
- E. There is a description of measurable treatment objectives expected within the next review interval, which will 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 in identifying wrap around services in the community.

What is the timelines for submitting PRTF Admissions (ADM) and Continued Stay Reviews (CSR) with APS Healthcare?

A PRTF has 14 calendar days to complete the PRTF Admission form and to submit to APS Healthcare. APS Healthcare will provide the PRTF a PA number if the admission meets medical necessity. In addition, APS Healthcare will notify the facility when the next CSR form is due. The number of days approved may vary from 7- 30 days depending on the clinical presentation of the child/adolescent and on the facilities documentation and compliance with submitting all items listed above under what is required for a CSR. See additional timelines under the Utilization Management section of this manual starting on page _____.

Can a Residential Treatment Center (RTC) request a PA number for a Medicaid client?

Medicaid can not reimburse RTC's for room and board services. Therefore, RTC's are not required to submit Admission or Continued Stay requests to APS Healthcare. RTC's can submit professional fees for reimbursement. Please call _____ if there are questions on how to submit these fees.

Can a PRTF request Therapeutic Passes?

Medicaid reimbursement is available for reserving beds in a Psychiatric Residential Treatment Facility (PRTF) for therapeutic leaves of absence of Medicaid clients under twenty-one (21) years of age at the full regular per diem rate when all of the following conditions are present:

1. A leave of absence must be for therapeutic reasons as prescribed by the attending physician and as indicated in the client's habilitation plan.
2. A physicians order for therapeutic leave must be maintained in the clients file at the facility.
3. In a PRTF, the total length of time allotted for therapeutic leaves in any calendar year shall be fourteen (14) days per client. If the client is absent from the PRTF for more than fourteen (14) days per year, no further Medicaid reimbursement shall be available for reserving a bed for therapeutic leave for that client in that 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%).

Are Case Management services available for Medicaid clients in PRTF or RTC's?

Yes. Case Management services are available to all WY Medicaid clients in either a PRTF or a RTC. Please call 1-888-545-1710 to refer a client to case management services or complete an APS referral form and fax it to APS Healthcare at 1-888- 245-1928. The referral form is attached in Appendix _____ or you can obtain a referral form from the APS Healthcare website at wyhealthytogether.com.

