

South Carolina Psychiatric Residential Treatment Facility (PRTF) Medical Necessity Criteria

All of the below criteria are required for PRTF admission:

General Admission Requirements:

1. A completed Certificate of Need (CON) has been received.
2. The member is 20 years of age or younger.
3. Admission is for **active treatment** of mental illness, identified by specific Diagnostic and Statistical Manual of Mental Disorders (DSM) (current edition) diagnoses, which results in serious impairment in mood, thought, and/or cognition, requiring a highly structured environment.
4. **It is expected that the member will improve at this level of care.**
5. Treatment has been attempted at lower levels of care, but either they were unsuccessful or the services available in the community do not meet the member's treatment needs.
6. PRTF is for extended treatment beyond an acute hospital, but it is anticipated to progressively resolve symptoms and allow for transition back to the community.
7. Admission is **NOT** for the purpose of/due to:
 - a. Meeting custodial care needs (i.e., foster care, housing/placement option, respite).
 - b. Avoiding external threat or issues with family members, peers, or others in the individual's community.
 - c. A substitute for juvenile justice concerns or issues.
 - d. A substitute for socio-educational or parenting training when warranted.
 - e. Conditions which impair the member's developmental functioning including, but not limited to: intellectual disability (ID), organic mental disorder (OMD), and traumatic brain injury (TBI).

Program Intensity and Quality of Service Requirements:

1. An individualized plan of care is implemented within five business days of admission that:
 - a. Is based on a diagnostic evaluation completed within three business days of admission that includes examination of the medical, psychological, social, behavioral, and developmental aspects of the member's situation.
 - b. Is developed by a team of professionals in consultation with the member (when appropriate), the member's parents/legal guardians, and community support.
 - c. Shows that discharge planning beginning at admission is evident.
 - d. Includes face-to-face meetings at least once per week with a psychiatrist documented in weekly notes.
 - e. Includes a daily clinical assessment completed by a licensed clinician documented in daily therapist notes.
 - f. Includes daily individual/group/family psycho-education.
 - g. Includes a combination of individual/group/family therapy at least three times weekly:
 - i. Intensive family and/or community support system involvement occurs at least once per week documented in weekly notes (may occur via phone), including active engagement between the member and family/community support system.
 - h. Includes daily participation in a school/vocational program appropriate to the member's developmental/academic level.
 - i. Includes a daily schedule of activities, therapy, and events that are individualized and address the member's needs.
 - j. Shows that psychotropic medications, when used, are to be used with specific target symptoms identified.
 - k. Includes linkage and/or coordination with the member's community resources with the goal of facilitating the member's return to the community.
 - l. Includes evidence of specific, objective, measurable, attainable, and time-limited therapeutic clinical goals, focused on alleviating problem behaviors and/or developing adaptive behaviors to aid the member in returning to the community.

- m. Includes estimated length of stay based on the individual's needs and not on the program structure.

Criteria for Continued Stay:

All criteria must be met in this area to warrant continued PRTF stay:

1. The member continues to display serious impairment in mood, thought, and/or cognition warranting the need for continued PRTF treatment.
2. The member is receiving **active treatment** characterized by continuous and intentional interactions between the member and PRTF staff (during the day, evening, and weekends) for the purpose of addressing the mental health needs of the member that necessitate continued treatment in the PRTF environment.
3. The treatment plan continues to have specific therapeutic clinical goals focused on the alleviation of psychiatric symptoms and precipitating psychosocial stressors interfering with the member's ability to return to the community.
4. The current treatment plan can be reasonably expected to bring about improvement in the member's symptoms and increase functioning to a level which supports a return to the community.
5. There is evidence of family and/or community support system involvement occurring at least once per week, unless there is an identified, valid reason why it is not clinically appropriate.
6. There is evidence of **active** discharge planning and attempts to secure timely access to treatment resources and housing in anticipation of discharge, with input from all parties involved in the member's care.
7. It is expected the member will improve at this level of care.