

T2048: Psychiatric Structured Residential Treatment Facility (PRTF)**I. Description of Service**

Psychiatric Residential Treatment Facility (PRTF) are comprehensive rehabilitative services to aid member in developing daily living skills, interpersonal skills, and behavior management skills and to enable member to learn about and manage symptoms, aggressively improve functioning and behavior due to SED, substance abuse, and/or co-occurring disorders. Individual and group activities and programming must consist of services to develop skills in functional areas that interfere with the ability to live in the community; participate in educational activities; develop or maintain social relationships; or participate in social, interpersonal, recreational, or community activities. This service provides support and assistance to the member and the family to identify, adjust, and manage symptoms, enhance participation in group living and community activities; and, develop positive personal and interpersonal skills and behaviors to meet the member's developmental needs as impacted by his/her behavioral health issues. Services are delivered according to each member's specific needs. This level of care is designed for high-risk children and adolescents that have been diagnosed and present with complex conditions that require extended treatment in a secure setting in order to more adequately treat their psychiatric and psychosocial needs. These facilities provide intensive psychiatric services to children in a locked residential setting and are designed to serve those high-risk youths that fail to benefit from acute inpatient, Therapeutic Group Care or traditional outpatient treatment settings. These residential programs can improve outcomes for children and adolescents both by providing a course of active psychiatric treatment within a structured residential treatment setting and by providing or facilitating access to community-based aftercare mental health services with linkages to schools, community resources, and family/natural supports. All facilities providing residential rehabilitative supports must be staffed 24 hours a day, 7 days a week.

Treatment in a PRTF is seen as a component in the continuum of a child's care, with the goals of:

1. Stabilization of chronic problems and symptoms and adequate resolution to allow safe return of the child to the family and community
2. Design of aftercare treatment plans that can be effectively implemented upon return to the community
3. For children in the state's custody, incorporation of permanency goals into the treatment and discharge plans and active coordination with the appropriate Community Based services
4. Reduction of recidivism of admission into acute psychiatric or PRTF services by providing aftercare services and/or linkages with appropriate community services

II. Intensity Guidelines

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

III. Admission Criteria

Criterion A-M must be met to satisfy admission criteria

- A. Member must have symptoms of an SED or a substance-related disorder.
- B. The member's symptoms/behaviors indicate a need for continuous monitoring and supervision by 24-hour staff to ensure safety.
- C. The member/family has insufficient or severely limited skills to maintain an adequate level of functioning, specifically identified deficits in daily living and social skills and/or community/family integration.
- D. The member has adaptive behaviors that significantly strain the family's or current caretaker's ability to adequately respond to the member's needs.
- E. A current DSM Diagnosis

- F. A description of the current treatment plan relating to the admitting symptoms
- G. Current symptoms requiring PRTF treatment and symptoms have been occurring within the last 6 months
- H. Prior hospitalizations within the last 12 months
- I. Current treatment in the community has not met the level of need to sustain the individual in the community within the past 30 days
- J. Proposed aftercare placement/community-based treatment
- K. The member has a history of unstable housing due to a behavioral health issue or a history of unstable housing which exacerbates a behavioral health condition
- L. Documented recommendations from the appropriate Community Based service provider
- M. Recommendations from Sunflower case/service management staff

IV. Admission Procedures

- A. Children and adolescents must receive prior approval for admission into a PRTF.
- B. A Preadmission conference must be held within 7 days of referral to review the services provided and the clinical presentation that would support PRTF admission.
- C. Provider must contact Cenpatico within 1 business day of admission
- D. There are no emergency admissions into a PRTF.
- E. Acceptance of a child or adolescent with chronic illness will be a joint decision between Cenpatico and the provider.
- F. The enrollee's family or legal guardian must be contacted by the physician advisor or other designee to obtain admission approval to the PRTF. The family has the right to refuse the referral or admission.

V. Continued Stay Criteria

Criteria A-H must be met to satisfy continued stay criteria.

- A. Admission Criteria continue to be met.
- B. There is adequate documentation from the provider that the member is receiving the scope and intensity of services required to meet the program goals stated in the Description of Service.
- C. Current/updated treatment plan to address progress or lack thereof warranting continued stay
- D. Re-assessment of treatment progress with regard to admitting symptoms
- E. Summary of treatment modalities provided and enrollees response to treatment up to the point of review
- F. Current discharge criteria and discharge date and plan
- G. If discharge date changes, an explanation as to rationale for change
- H. Current consent for any new psychotropic medications and efficacy of medications prior to review to include medications changes or discontinuation of medications

VI. Discharge Criteria

At least one of criterion A-F must be met to satisfy criteria for discharge

- A. The member/family requests discharge.
- B. The member has acquired rehabilitative skills to adequately maintain in the community.
- C. Transfer to another service is warranted by the change in the member's condition.
- D. The enrollee has received maximum benefit from his or her present plan of care.
- E. The enrollee has failed to benefit from a reasonable course of PRTF care, and documentation supports that a suitable alternative placement is established that will meet the enrollee's needs, and the discharge plan includes input from family or legal guardian, and the Multidisciplinary team.
- F. Severe medical problems have arisen that cannot be managed by the PRTF facility. If it is determined that an enrollee will require extensive medical attention, the PRTF may work Cenpatico case management staff to coordinate the discharge plan from the PRTF, so that other services can be accessed.

VII. Clinical Exclusions

One criterion from A-J may exclude member from PRTF services.

- A. The severity of identified issues precludes provision of this service.
- B. Members with the following conditions are excluded from admission unless there is clearly documented evidence of psychiatric condition overlaying the primary diagnosis: intellectual/developmental delay; autism; organic mental disorder; or, traumatic brain injury.
- C. The member is actively using unauthorized drugs or alcohol (which should not indicate a need for discharge, but for a review of need for more intensive services).
- D. Less intensive levels of treatment will appropriately and safely meet the needs of the child or adolescent.
- E. The primary diagnosis is substance abuse, mental retardation, or autism.
- F. The enrollee is not expected to benefit from this level of treatment.
- G. The presenting problem is not psychiatric in nature and will not respond to psychiatric treatment.
- H. The youth has a history of long standing violations of the rights and property of others.
- I. A pattern of socially directed disruptive behavior (e.g., gang involvement) is the primary presenting problem or remaining problem after any psychiatric issue has stabilized.

VIII. Service Exclusions

- A. Community Base Services cannot be provided while an enrollee is in a PRTF
- B. Outpatient Services cannot be provided while an enrollee is in a PRTF