

CHAPTER 2: BEHAVIORAL HEALTH SERVICES**SECTION 2.2: BED BASED SERVICES****PAGE(S) 20****Bed Based Services****Psychiatric Residential Treatment Facilities**

Psychiatric residential treatment facilities (PRTFs) are non-hospital facilities offering intensive inpatient services to individuals under the age of 21 who have various behavioral health issues in a residential setting. PRTFs are required to ensure that all medical, psychological, social, behavioral and developmental aspects of the member's situation are assessed and that treatment for those needs are reflected in the plan of care (POC) per 42 Code of Federal Regulations (CFR) §441.155. In addition to services provided by and in the facility, when they can be reasonably anticipated on the active treatment plan, the PRTF must ensure that the member receives all treatment identified on the active treatment plan and any other medically necessary care required for all medical, psychological, social, behavioral and developmental aspects of the member's situation.

Assessment and Treatment Planning

Services must meet active treatment requirements, which means implementation of a professionally developed and supervised individual POC that is developed and implemented no later than 72 hours 14 days after admission and designed to achieve the member's discharge from inpatient status at the earliest possible time. "Individual POC" means a written plan developed for each member to improve their condition to the extent that inpatient care is no longer necessary.

The POC must:

1. Be based on a diagnostic evaluation conducted within the first 24 hours of admission in consultation with the youth and the parents/legal guardian that includes examination of the medical, psychological, social, behavioral and developmental aspects of the member's situation and reflects the need for inpatient psychiatric care;
2. Be developed by a team of professionals specified under §441.156 in consultation with the child and the parents, legal guardians or others in whose care the youth will be released after discharge;
3. State treatment objectives;
4. Prescribe an integrated program of therapies, activities and experiences designed to meet the objectives; and

CHAPTER 2: BEHAVIORAL HEALTH SERVICES**SECTION 2.2: BED BASED SERVICES****PAGE(S) 20**

5. Include, at an appropriate time, post-discharge plans and coordination of inpatient services, with partial discharge plans and related community services to ensure continuity of care with the member's family, school and community upon discharge.

The plan must be reviewed as needed or at a minimum of every 30 days by the facility treatment team to:

1. Determine that services being provided are or were required on an inpatient basis; and
2. Recommend changes in the plan, as indicated by the member's overall adjustment as an inpatient.

The facility treatment team ~~develops and~~ reviews the individual POC. The individual POC must be developed by a multidisciplinary team (MDT) of physicians and other personnel who are employed by, or provide services to, patients in the facility. Based on education and experience, preferably including competence in child psychiatry, the team must be capable of the following:

1. Assessing the beneficiary's immediate and long-range therapeutic needs, developmental priorities, and personal strengths and liabilities;
2. Assessing the potential resources of the beneficiary's family;
3. Setting treatment objectives; and
4. Prescribing therapeutic modalities to achieve the plan's objectives.

Eligibility Criteria

Children under 21 years of age, pre-certified by an independent team, where:

1. Ambulatory care resources available in the community do not meet the treatment needs of the member;
2. Proper treatment of the member's psychiatric condition requires services on an inpatient basis under the direction of a physician; and

CHAPTER 2: BEHAVIORAL HEALTH SERVICES**SECTION 2.2: BED BASED SERVICES****PAGE(S) 20**

3. The services can be reasonably expected to improve the member's condition or prevent further regression, so that the services will no longer be needed.

The independent team pre-certifying the PRTF stay must:

1. Include a physician;
2. Have competence in diagnosis and treatment of mental illness, preferably in child psychiatry; and
3. Have knowledge of the individual's situation.

Allowed Mode(s) of Delivery

1. On-site.

Provider Responsibilities

Children/adolescents receiving services in a PRTF program must have access to education services, including supports to attend public school if possible, or in-house educational components, or vocational components if serving adolescents.

Because the PRTF is not in itself a specific research-based model, it must instead incorporate research-based models developed for a broader array of settings that respond to the specific presenting problems of the members served. Each PRTF program should incorporate appropriate research-based programming for both treatment planning and service delivery.

Facilities must use evidence-based or best practice clinical techniques as part of their program model. For milieu management, all programs should also incorporate some form of research-based, trauma-informed programming and training. A PRTF specializing in substance use disorder (SUD) treatment must comply with the American Society of Addiction Medicine (ASAM) criteria. PRTF may specialize and provide care for maladaptive sexual behaviors, substance use treatment or individuals with co-occurring disorders. If a program provides care to any of these categories of youth, the program must submit documentation regarding the appropriateness of the research-based, trauma-informed programming and training, as well as compliance with the ASAM level of care (LOC) being provided.

In addition, programs may propose other models, citing the research base that supports use of that model with the target population (e.g., gender-specific approaches). They may also work with the

CHAPTER 2: BEHAVIORAL HEALTH SERVICES**SECTION 2.2: BED BASED SERVICES****PAGE(S) 20**

purveyors of research-based models to develop more tailored approaches, incorporating other models.

The specific research-based models to be used should be incorporated into the program description, which should include information on the program's plan to ensure training for their staff in the selected research-based model(s), which staff types (direct care staff, therapists, etc.) are trained in the selected research-based model(s), and provisions for continuing education in the research-based model(s). PRTFs must have all research-based programming incorporated into the program description and approved by their contracted managed care organizations (MCOs) as part of the credentialing and re-credentialing process or whenever changes are made, subject to the Office of Behavioral Health (OBH) review.

Provider Qualifications

The facility must provide treatment meeting State regulations per the Louisiana Administrative Code (LAC) 48: I. Chapter 90.

Agency

Agencies that operate as PRTFs must:

1. Be licensed by the Louisiana Department of Health (LDH) in accordance with LAC 48:I.Chapter 90 and accredited prior to enrollment by an ~~LDH-OBH~~ approved accrediting body: Commission on Accreditation of Rehabilitation Facilities (CARF), Council on Accreditation (COA) or The Joint Commission (TJC). Denial, loss of, or any negative change in accreditation status must be reported to their contracted MCOs in writing immediately upon notification by the accreditation body. The PRTF must be accredited prior to delivering services;
2. Arrange for and maintain documentation that prior to employment (or contracting, volunteering, or as required by law) individuals pass criminal background checks, including sexual offender registry checks, in accordance with all of the below:
 - a. The PRTFs licensing regulations established by LAC 48:I.Chapter 90, which includes those for owners, managers, and administrators, any applicant for employment, contractor, volunteer and other person who will provide services to the residents prior to that person working at the facility;

CHAPTER 2: BEHAVIORAL HEALTH SERVICES**SECTION 2.2: BED BASED SERVICES****PAGE(S) 20**

- b. Louisiana Revised Statute (La. R.S.) 40:1203.1 et seq. associated with criminal background checks of ~~un-non-~~licensed ~~workers-persons~~ providing patient care;
 - c. La. R.S. 15:587, as applicable; and
 - d. Any other applicable state or federal law.
3. Not hire individuals failing to meet criminal background check requirements and regulations. Individuals not in compliance with criminal background check requirements and regulations shall not be utilized on an employment, contract nor volunteer basis.- Criminal background checks performed over 90 days prior to the date of employment will not be accepted as meeting the criminal background check requirement.- Results of criminal background checks are to be maintained in the individual's personnel record;
4. Review the Department of Health and Human Services' (DHHS) Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE), Certified Nurse Aide (CNA) Registry, and the LDH State Adverse Actions website prior to hiring or contracting any employee or contractor that performs services that are compensated with Medicaid/Medicare funds, including but not limited to licensed and ~~unlicensed-non-licensed~~ staff, interns and contractors. Once employed, the lists must be checked once a month thereafter to determine if there is a finding that an employee or contractor has abused, neglected or extorted any individual or if they have been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the ~~Department of Health and Human Services' DHHS Office of Inspector General~~ OIG.- The provider is prohibited from knowingly employing or contracting with, or retaining the employment of or contract with, anyone who has a negative finding placed on the Louisiana State Adverse Action List or CNA Registry, or who have been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the ~~Department of Health and Human Services' Office of Inspector General~~ DHHS OIG;
5. Maintain results in personnel records that checks have been completed. The OIG maintains the LEIE on the OIG website (<https://exclusions.oig.hhs.gov>), and LDH maintains the CNA Registry (<https://ldh.la.gov/health-standards-section/cnadsw->

CHAPTER 2: BEHAVIORAL HEALTH SERVICES**SECTION 2.2: BED BASED SERVICES****PAGE(S) 20**

[registry](#)) and the LDH Adverse Action website (<https://adverseactions.ldh.la.gov/SelSearch>);

6. Arrange for and maintain documentation that all persons, prior to employment, are free from tuberculosis (TB) in a communicable state via skin testing (or chest exam if recommended by physician) to reduce the risk of such infections in members and staff.- Results from testing performed over 30 days prior to date of employment will not be accepted as meeting this requirement;
7. Establish and maintain written policies and procedures inclusive of drug testing staff to ensure an alcohol and drug-free workplace and a workforce free of substance use.- (See Appendix D of this manual chapter);
8. Maintain documentation that all direct care staff, who are required to complete First Aid and cardiopulmonary resuscitation (CPR), complete American Heart Association (AHA) recognized training within 90 days of hire, which must be renewed within a time period recommended by the AHA.- (See Appendix D of this manual chapter-); and
9. Maintain documentation verifying that staff meet educational and professional requirements, licensure (where applicable), as well as completion of required trainings.

Emergency Preparedness Regulations

PRTFs must comply with federal emergency preparedness regulations associated with 42 CFR §441.184 in order to participate in the Medicare or Medicaid program. -Regulations must be implemented by November 15, 2017.- They include safeguarding human resources, maintaining business continuity and protecting physical resources. (<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/index.html>)

Facilities should incorporate the four elements of emergency preparedness into their plans and comply with all components of the federal regulation:

1. **Risk assessment and emergency planning** — [The Centers for Medicare and Medicaid Services \(CMS\)](#) requires facilities to perform a risk assessment that uses an “all-hazards” approach prior to establishing an emergency plan;

CHAPTER 2: BEHAVIORAL HEALTH SERVICES**SECTION 2.2: BED BASED SERVICES****PAGE(S) 20**

2. **Communication plan** - CMS requires facilities to develop and maintain an emergency preparedness communication plan that complies with both federal and state laws. – Patient care must be well coordinated within the facility, across healthcare providers, and with state and local public health departments and emergency management agencies and systems to protect patient health and safety in the event of a disaster;
3. **Policies and procedures** - CMS requires that facilities develop and implement policies and procedures that comply with federal and state law, and that support the successful execution of the emergency plan and risks identified during the risk assessment process; and
4. **Training and testing** - CMS requires that facilities develop and maintain an emergency preparedness training and testing program that complies with federal and state law, and that is updated at least annually.

The PRTF shall also meet the state requirements of LAC 48:1 Chapter 90 §9083. Safety and Emergency Preparedness.

Staff

Staffing for the facility must be consistent with State licensure regulations.

All experience requirements are related to paid experience. – Volunteer work, college work/study or internship related to completion of a degree cannot be counted as work experience. – If experience is in a part-time position, the staff person must be able to verify the amount of time worked each week. – Experience obtained while working in a position for which the individual is not qualified may not be counted as experience.

To provide services in a PRTF, staff must meet the following requirements:

1. Pass criminal background check through the Louisiana Department of Public Safety (DPS), State Police prior to employment;
2. Employees and contractors must not be excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or ~~the Department of Health and Human Services’ Office of Inspector General~~ DHHS OIG;

CHAPTER 2: BEHAVIORAL HEALTH SERVICES**SECTION 2.2: BED BASED SERVICES****PAGE(S) 20**

3. Direct care staff must not have a finding on the Louisiana State Adverse Action List or the CNA Registry;
4. Pass a TB test prior to employment;
5. Pass drug screening tests as required by agency's policies and procedures;
6. Complete ~~American Heart Association (AHA)~~ recognized First Aid and CPR and training. ~~Psychiatrists, advanced practical registered nurses (APRNs), physician assistants, registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training.~~ (See Appendix D of this manual chapter); and
7. Complete all required training appropriate to the approved program description.

Team Qualifications

Per federal regulations at 42 CFR §441.156 and state regulations at LAC 48: I. Chapter 90. §9067, the team must include, at a minimum, either:

1. A board-eligible or board-certified psychiatrist;
2. A licensed clinical psychologist and a physician licensed to practice medicine or osteopathy; or
3. A physician licensed to practice medicine or osteopathy, with specialized training and experience in the diagnosis and treatment of mental diseases, and a psychologist who has a master's degree in clinical psychology or who has been licensed by the State psychological association.

NOTE: Louisiana does not consider individuals with a master's degree in clinical psychology to practice and be considered "psychologists". Facilities wishing to utilize this option under federal and state regulations must ensure that State psychology scope of practice is followed. In this case it would mean that the psychologist must be a licensed or medical psychologist.

The team must also include one of the following:

1. A licensed clinical social worker (LCSW);

CHAPTER 2: BEHAVIORAL HEALTH SERVICES**SECTION 2.2: BED BASED SERVICES****PAGE(S) 20**

2. A RN with specialized training or one year's experience in treating individuals with mental illness;
3. An occupational therapist who is licensed and who has specialized training or one year of experience in treating individuals with mental illness; or
4. A licensed psychologist, ~~or medical psychologist,~~ or a psychologist possessing a master's degree in clinical psychology.

NOTE:- In all cases, it is preferred that team members also have experience treating children and adolescents.

Allowed Provider Types and Specialties

1. PT 96 ~~Psychiatric Residential Treatment FacilityPRTF~~, PS 9B ~~Psychiatric Residential Treatment FacilityPRTF~~;
2. PT 96 ~~Psychiatric Residential Treatment FacilityPRTF~~, PS 8U Substance Use or Addiction; and
3. PT 96 ~~Psychiatric Residential Treatment FacilityPRTF~~, PS 8R Other Specialization.

Limitations/Exclusions

The facility must comply with seclusion and restraint requirements found at LAC 48:I.Chapter 90 and 42 CFR 483 subpart G.

Reasonable activities include PRTF treatment provided by and in the facility when it was found, during the initial evaluation or subsequent reviews, to be treatment necessary to address a medical, psychological, social, behavioral or developmental aspect of the child's care per 42 CFR §441.155. The PRTF reasonable activities are child-specific and must be necessary for the health and maintenance of health of the child while they are a resident of the facility.- The medically necessary care must constitute a need that contributes to the inpatient treatment of the child and is dependent upon the expected length of stay of the particular child in that facility (e.g., dental hygiene may be necessary for a child expected to reside in the facility for 12 months but not 30 days).

Educational/vocational expenses are not Medicaid expenses. -In addition, supports to attend public school outside of the PRTF are not considered activities provided by and in the PRTF and on the

CHAPTER 2: BEHAVIORAL HEALTH SERVICES

SECTION 2.2: BED BASED SERVICES**PAGE(S) 20**

active treatment plan, and may not be reimbursed by Medicaid.- However, supports to attend in-house education/vocational components may be reimbursed by the PRTF utilizing Medicaid funding to the extent that it is therapy to support education in a PRTF (e.g., occupational therapy (OT), physical therapy (PT), speech therapy, etc.). -Medicaid funding for the education itself is not permitted.- Medicaid will pay for the therapies associated with the education provided in-house while the child is in a PRTF.

CHAPTER 2: BEHAVIORAL HEALTH SERVICES**SECTION 2.2: BED BASED SERVICES****PAGE(S) 20****Reimbursement**

Services for Medicaid-eligible members not provided by and in the facility and reflected on the active treatment plan are not reimbursable by Medicaid.

Reimbursement for PRTF is based on the following criteria:

1. Each PRTF provider must enter into a contract with one or more ~~managed-care organization~~MCO in order to receive reimbursement for Medicaid services;
2. LDH or its fiscal intermediary (FI) must make monthly capitation payments to the MCOs, and the MCOs will determine the rates paid to its contracted providers. Payment must be no less than the minimum Medicaid rate; and
3. Covered inpatient PRTF activities for individuals under ~~twenty-one (21)~~ years of age must be reimbursed by Medicaid.

Free-standing PRTFs

The rate for free-standing PRTFs must include reimbursement for the following services when included on the active treatment plan:

1. ~~Occupational therapy~~OT/~~physical therapy~~PT/speech therapy;
2. Laboratory; and
3. Transportation.

A free-standing PRTF must arrange through contract(s) with outside providers to furnish dental, vision, and diagnostic/radiology treatment activities as listed on the active treatment plan. The treating provider will be directly reimbursed by the MCO.

In-State PRTF Reimbursement Rates

In-State publicly or privately owned and operated PRTFs must be reimbursed for covered PRTF services according to the following provisions. -The rate paid by the MCO to the provider must take into consideration the following ownership and service criteria:

CHAPTER 2: BEHAVIORAL HEALTH SERVICES**SECTION 2.2: BED BASED SERVICES****PAGE(S) 20**

1. Free-standing privately owned and operated PRTF specializing in sexually-based treatment programs;
2. Free-standing privately owned and operated PRTF specializing in substance use treatment programs; and
3. Free-standing privately owned and operated PRTF specialized in behavioral health treatment programs.

Out-of-State PRTF Reimbursement Rates

Out of state ~~psychiatric residential treatment facilities~~ PRTFs must be reimbursed in accordance with the MCO contractor's established rate.

Cost Reports

All in-state Medicaid-participating PRTF providers are required to:

1. File an annual Medicaid cost report in accordance with Medicare/Medicaid allowable and non-allowable costs;
2. Submit cost reports on or before the last day of the fifth month after the end of the provider's fiscal year end;
3. Separate cost reports must be submitted by central/home offices when costs of the central/home office are reported in the PRTF provider's cost report; and
4. Submit a filing extension to LDH prior to the cost report due date if the PRTF provider experiences unavoidable difficulties in preparing the cost report by the prescribed due date.

NOTE: -Facility filing a reasonable extension request will be granted an additional 30 days to file their cost reports.

Specialty Psychiatric Residential Treatment Facility Serving Youth with Co-Occurring Behavioral Health and Developmental Disability Needs

A specialty PRTF serving youth with needs related to both behavioral health, and developmental disabilities, shall comply with all PRTF licensing regulations and all requirements listed above for

CHAPTER 2: BEHAVIORAL HEALTH SERVICES**SECTION 2.2: BED BASED SERVICES****PAGE(S) 20**

PRTFs. In addition to the above requirements that apply to all PRTFs, a specialty PRTF serving youth with co-occurring behavioral health and developmental disability needs shall meet the following additional standards. The specialty PRTF, or PRTF with a specialty unit, shall include this specialty PRTF service as part of credentialing with each contracted Louisiana Medicaid MCO. The specialty PRTF shall detail the specific strategies in place to meet the additional standards, below, in the facility's "Specialty PRTF Program Description" to be submitted in a format determined by OBH and subject to OBH approval. Following OBH approval, the PRTF shall submit the OBH approval document with their request for credentialing and contracting as a specialty PRTF to the MCO. The OBH-approved "Specialty PRTF Program Description" shall be included as an addendum to the PRTF's provider contract with each contracted MCO.

Eligibility

As a PRTF, eligibility for admission to the specialty PRTF program or unit is limited to youth for whom ambulatory care resources available in the community do not meet the treatment needs of the member; proper treatment of the member's psychiatric condition requires services on an inpatient basis under the direction of a physician; and the services can be reasonably expected to improve the member's condition or prevent further regression, so that the services will no longer be needed.

"Psychiatric condition" is referenced in 42 CFR § 441.150 – 441.182 and LAC Title 48 Part 1, Subpart 3, Chapter 90 but not specifically defined. LDH defines the term "psychiatric condition" to mean the youth's emotional and behavioral presentation and related challenges. Treatment of and supports for the youth's emotional and behavioral presentation and challenges are synonymous with treatment of their psychiatric condition.

The specialty PRTF shall be appropriate to serve youth who demonstrate social, emotional, and behavioral needs that require treatment at a PRTF LOC to stabilize prior to a successful transition to a less restrictive setting, and who additionally meet one or more of the following criteria:

1. Youth with a diagnosis of a mild to moderate Intellectual or Developmental Disability (IDD), including Autism Spectrum Disorder (ASD). Youth may have a Statement of Approval (SOA) with the Office of Citizens with Developmental Disabilities (OCDD), but this is not required to be eligible for treatment at the specialty PRTF; and/or
2. Youth with cognitive impairment that does not qualify for an IDD diagnosis, such as youth with diagnosed learning disabilities or borderline intellectual functioning.

CHAPTER 2: BEHAVIORAL HEALTH SERVICES**SECTION 2.2: BED BASED SERVICES****PAGE(S) 20**

Given the cognitive and communication challenges they may face related to both their IDD and behavioral health needs, youth appropriate for the specialty PRTF may at times express their social, emotional and behavioral needs through aggression and/or self-injurious behavior. The specialty PRTF shall provide treatment to youth who present with some level of aggression and/or self-injurious behavior, aimed at supporting youth to reduce the youth's use of aggression and/or self-injurious behavior.

Given the complex needs presented by eligible youth, a longer length of stay may be expected compared to a typical PRTF treatment episode.

Admission determination shall be based upon a comprehensive evaluation of the individual's ability to participate in and benefit from treatment and cannot be based on any specific intelligence quotient (IQ) testing or score. The PRTF cannot set an IQ score cutoff as the sole determinant of admission or exclusion, as IQ testing alone is not sensitive enough to determine ability to participate in and benefit from treatment, and can be impacted by other factors at the time of testing.

Additional detail of the specialty PRTF's admissions and exclusions policy shall be included in the Specialty PRTF Program Description. When the specialty PRTF receives from a contracted MCO, a request for admission of a youth who meets the specialty PRTF's admissions policy according to the approved Specialty PRTF Program Description, the specialty PRTF is expected to admit the youth for treatment pending bed availability. Refused admissions of youth who match the provider's admissions policy, require a request to the contracted MCO for a one-time exception from the specialty PRTF's admissions policy. When an exception is requested by the PRTF, the MCO may, prior to granting the exception, first require the facility to consult with OCDD's Associate Clinical Director or designee to seek assistance on any adjustments that could support the program to effectively serve the youth.

Assessment and Treatment Planning

In addition to requirements noted above for assessment and treatment planning for all PRTFs, the specialty PRTF shall meet the following standards. The POC must:

1. Be based on a comprehensive, bio-psycho-social-developmental assessment of youth, led by a psychologist, to include:
 - a. Modified mental status examination;
 - b. Observations of the youth;

CHAPTER 2: BEHAVIORAL HEALTH SERVICES**SECTION 2.2: BED BASED SERVICES****PAGE(S) 20**

- c. Interviews with family/staff from previous living arrangements and treatment programs;
 - d. Gathering of information about previous treatments related to what worked and did not, including review of records from previous treatment and admissions;
 - e. Gathering of information about what led to the current need for PRTF treatment;
 - f. Evaluation of any contextual and environmental impacts;
 - g. Evaluation of the impact of trauma on the youth's current social, emotional, and behavioral presentation and needs, including assessment of any history of poor, absent, or maladaptive relationships and attachments;
 - h. Adjusted diagnostic considerations using the Diagnostic Manual – Intellectual Disability II (DM-ID II); and
 - i. When engaging in a behavior analytic approach, such as Applied Behavior Analysis (ABA), a full functional behavioral assessment is completed.
2. Prescribe an integrated program of therapies to include:
- a. Individual therapy, including diverse modalities, preferably using evidence-based approaches that have been successfully adapted for effective use with youth at varying cognitive levels. Examples may include skills training, Cognitive Behavioral Therapy (CBT), anxiety reduction, trauma therapy using models such as Trauma-Focused (TF) CBT or Eye Movement Desensitization and Reprocessing (EMDR), or Dialectical Behavioral Therapy (DBT);
 - b. Group-based skill building and therapy;
 - c. ABA-focused treatment when indicated.

CHAPTER 2: BEHAVIORAL HEALTH SERVICES**SECTION 2.2: BED BASED SERVICES****PAGE(S) 20**

3. Integrate an understanding of the impact of trauma on the youth, such that all treatment and support delivered to the youth is trauma-informed, and focuses as needed on repairing, establishing, and maintaining relationships of the youth with family and other supportive individuals outside of the PRTF to support effective treatment and long-term positive outcomes;
4. For a Specialty PRTF that offers programming related to the treatment of sexual behavior problems, include detail of the specific treatment modality used for this treatment goal; and
5. Include a comprehensive and proactive transition and discharge plan that begins at admission, with continual updates at all progress reviews throughout the PRTF treatment episode, and meets the following criteria:
 - a. Transition readiness should focus on:
 - i. Sufficient improvement in specified treatment outcomes reached, to allow for support/treatment in a community setting;
 - ii. Family/staff training on needed support upon discharge;
 - iii. Living arrangement identified and in place; and
 - iv. Supports and treatments needed on an outpatient basis are identified and in place.
 - b. Any identified “visits” to living arrangements and/or appointments with outpatient providers that are important pre-discharge as identified by the treatment team are completed;
 - c. For youth in the custody of a state agency, the PRTF shall make consistent and proactive efforts to establish a close working relationship with state agency staff to ensure frequent communication and proactive planning for the youth’s transition. This may include a focus on working with an existing biological, kinship, or foster family, or active pursuit of a living situation where relationships can be developed prior to transition/discharge;

CHAPTER 2: BEHAVIORAL HEALTH SERVICES**SECTION 2.2: BED BASED SERVICES****PAGE(S) 20**

- d. Planning for IDD support should be included in transition and discharge planning, and shall begin early in the transition planning process, to accommodate the timeframe needed to complete all necessary processes to put IDD supports in place;
- e. Include the treatment and support team in the youth's community, in monthly treatment meetings;
- f. The Specialty PRTF will continually update the youth's estimated discharge date, and for youth eligible for the Coordinated System of Care (CSoC) program the Specialty PRTF shall ensure that a referral to CSoC is made up to 60 days prior to PRTF discharge; and
- g. Shall include consultation as needed with the OCDD Resource Center psychologist, who is available as a liaison for case consultation, training, and other clinical support activities and to link in other parts of the developmental disabilities service system for any services, transition, and discharge planning.

Additional detail of the specialty PRTF's assessment and treatment planning process shall be included in the Specialty PRTF Program Description, subject to OBH approval.

Team Qualifications

In addition to the minimum PRTF staffing requirements, the specialty PRTF shall make additions to minimum staffing requirements needed for effective service to this population. Modifications to minimum staffing shall include:

- 1. Full-time Psychologist with IDD experience on staff. Tasks within the scope of the staff psychologist may include:
 - a. Conduct biopsychosocial developmental assessments that drive treatment;
 - b. Provide diagnosis (in conjunction with psychiatrist);
 - c. Ensure assessments are updated as the person's situation and presentation changes;

CHAPTER 2: BEHAVIORAL HEALTH SERVICES**SECTION 2.2: BED BASED SERVICES****PAGE(S) 20**

- d. Ensure therapeutic interventions are consistent with assessments;
 - e. Serve as a clinical supervisor for the unit;
 - f. Develop therapy interventions in conjunction with the treating therapist;
 - g. Conduct functional behavior analysis and develop ABA interventions, when indicated. This function may also or instead be performed by other program staff, such as Licensed Behavior Analysts; and
 - h. Conduct staff training on clinical topics.
2. Lead clinician must be qualified for the role through significant IDD/behavioral health experience, and/or have completed National Association for the Dually Diagnosed (NADD) clinician certification; specific qualifications of lead clinician to be described in the Specialty PRTF Program Description;
3. Treatment staff (which may include psychologists, Licensed Behavior Analysts, or Licensed Mental Health Professional (LMHP) and other qualified licensed therapists with behavior analysis training) shall have the capability to complete a functional behavioral analysis and/or incorporate behavior analytic practices when needed into the treatment approach; and
4. Enhanced (as defined in Specialty PRTF Program Description) level of nursing staff coverage, given the recognition that people with IDD experience a higher rate and level of medical issues that affect their health, adaptive functioning, and at times behavioral/emotional presentations.

Additional detail of the specialty PRTF's staffing model shall be included in the Specialty PRTF Program Description, subject to OBH approval.

The specialty PRTF shall develop and continuously update a plan for staff recruitment, hiring, and retention that shall be included in the "Specialty PRTF Program Description." The specialty PRTF shall develop and implement a plan for staff training that ensures competencies to deliver effective care to the target population, inclusive of training components for all staff types. At a minimum, the plan should address:

- 1. Prevalence rates of behavioral health conditions for individuals with IDD;

CHAPTER 2: BEHAVIORAL HEALTH SERVICES**SECTION 2.2: BED BASED SERVICES****PAGE(S) 20**

2. Prevalence and role of trauma in individuals with IDD;
3. Recognizing signs and symptoms of behavioral health conditions in people with IDD;
4. Adjusting communication styles to facilitate understanding;
5. Supporting health and wellness aspects of positive adjustment;
6. Common medical conditions impacting behavioral presentation in individuals with IDD; and
7. Effective de-escalation techniques.

Additional detail of the specialty PRTF's staff training plan shall be included in the Specialty PRTF Program Description, subject to OBH approval.

Level 3.7 Medically Monitored High Intensity Inpatient Treatment – Adolescent

This is a PRTF ~~level-of-care~~LOC for co-occurring disorder treatment that provides 24 hours of structured activities per week including, but not limited to:

1. Psychiatric and substance use assessments;
2. Diagnosis treatment; and
3. Habilitative and rehabilitation services.

These services are provided to individuals with co-occurring psychiatric and substance disorders, whose disorders are of sufficient severity to require an inpatient ~~level-of-care~~LOC.

All facilities are licensed by LDH in accordance with LAC 48:I.Chapter 90 and must be accredited prior to enrollment by an LDH approved national accrediting body: CARF, COA or TJC. - Denial, loss of, or any negative change in accreditation status must be reported to their contracted MCOs in writing immediately upon notification by the accreditation body.

CHAPTER 2: BEHAVIORAL HEALTH SERVICES**SECTION 2.2: BED BASED SERVICES****PAGE(S) 20**

It also provides a planned regiment of 24-hour professionally directed evaluation, observation and medical monitoring of addiction and mental health treatment in an inpatient setting. -They feature permanent facilities, including residential beds, and function under a defined set of policies, procedures and clinical protocols. -Appropriate for members whose subacute biomedical and emotional, behavior or cognitive problems are so severe that they require co-occurring capable or enhanced inpatient treatment, but who do not need the full resources of an acute care general hospital. -In addition to meeting integrated service criteria, co-occurring disorder treatment providers must have experience and preferably licensure and/or certification in both addictive disorders and mental health.- Children/adolescents receiving services in a PRTF program must have access to education services, including supports to attend public school if possible, or in-house educational components or vocational components if serving adolescents. Educational/vocational expenses are not Medicaid expenses. In addition, supports to attend public school outside of the PRTF are not considered activities provided by and in the PRTF and on the active treatment plan, and may not be reimbursed by Medicaid.- However, supports to attend in-house education/vocational components may be reimbursed by the PRTF utilizing Medicaid funding to the extent that it is therapy to support education in a PRTF (e.g., OT, PT, ST. etc.). Medicaid funding for the education itself is not permitted. Medicaid will pay for the therapies associated with the education provided in-house while the child is in a PRTF.

Admission Guidelines

Individuals in this ~~level of care~~LOC may have co-occurring addiction and mental health disorders that meet the eligibility criteria for placement in a co-occurring-capable program or difficulties with mood, behavior or cognition related to a substance use or mental disorder, or emotional behavioral or cognitive symptoms that are troublesome, but do not meet the Diagnostic and Statistical Manual for Mental Disorders (DSM) criteria for mental disorder.- Admission guidelines for PRTF services are:

1. Acute intoxication and/or withdrawal potential – none or minimal/stable withdrawal risk;
2. Biomedical conditions and complications – moderate to severe conditions (which require 24-hour nursing and medical monitoring or active treatment but not the full resource of an acute care hospital);
3. Emotional, behavioral or cognitive conditions and complications – moderate to severe conditions and complications. -These symptoms may not be severe enough to meet diagnostic criteria but interfere or distract from recovery efforts (for example, anxiety/hypomanic or depression and/or cognitive symptoms, which may

CHAPTER 2: BEHAVIORAL HEALTH SERVICES**SECTION 2.2: BED BASED SERVICES****PAGE(S) 20**

include compulsive behaviors, suicidal or homicidal ideation, with a recent history of attempts but no specific plan, or hallucinations and delusions without acute risk to self or others) are interfering with abstinence, recovery and stability to such a degree that the individual needs a structured 24-hour, medically monitored (but not medically managed) environment to address recovery efforts;

4. Readiness to change – member is in need of intensive motivating strategies, activities and processes available only in a 24-hour structured medically monitored setting (but not medically managed);
5. Relapse, continued use or continued problem potential – member is experiencing an escalation of relapse behaviors and/or acute psychiatric crisis and/or reemergence of acute symptoms and is in need of 24-hour monitoring and structured support; and
6. Recovery environment – environment or current living arrangement is characterized by a high risk of initiation or repetition of physical, sexual or emotional abuse or substance use so endemic that the patient is assessed as unable to achieve or maintain recovery at a less intensive ~~level or care~~ LOC.

Screening/Assessment/Treatment Plan Review

A triage screening must be completed to determine eligibility and appropriateness (proper patient placement) for admission and referral. ~~-(The MCO ensures that pre-certification requirements are met).~~

A comprehensive bio-psychosocial assessment must be completed within seven days, which substantiates appropriate patient placement. ~~-~~ The assessment must be reviewed and signed by a qualified professional. The following sections must be completed prior to seven days of admission:

1. Medical;
2. Psychological;
3. Alcohol; and
4. Drug.

CHAPTER 2: BEHAVIORAL HEALTH SERVICES**SECTION 2.2: BED BASED SERVICES****PAGE(S) 20**

An individualized, MDT plan, must be completed which includes problem formulation and articulation of short-term, measurable treatment goals and activities designed to achieve those goals. This plan should be developed in collaboration with the member and meet the following criteria:

1. The treatment plan is reviewed/updated in collaboration with the member, as needed, or at a minimum of every 30 days;
2. Discharge/transfer planning must begin at admission; and
3. Referral arrangements made prior to discharge.

Provider Qualifications**Agency**

To provide PRTF ~~level of care~~LOC services, agencies must meet the following requirements:

1. Licensed as a PRTF by LDH per LAC 48: I. Chapter 90;
2. Physician directed and meet the requirements of 42 CFR §441.151, including requirements referenced therein to 42 CFR 483 subpart G;
3. Arrange for and maintain documentation that prior to employment (or contracting, volunteering, or as required by law) individuals pass criminal background checks, including sexual offender registry checks, in accordance with all of the below:
 - a. The ~~Psychiatric Residential Treatment Facilities~~PRTFs licensing regulations established by ~~the Louisiana Administrative Code (LAC)~~ 48:I.Chapter 90, which includes those for owners, managers, and administrators any applicant for employment, contractor, volunteer and other person who will provide services to the residents prior to that person working at the facility;
 - b. La. R.S. 40:1203.1 et seq. associated with criminal background checks of un-licensed workers providing patient care;
 - c. La. R.S. 15:587, as applicable; and

CHAPTER 2: BEHAVIORAL HEALTH SERVICES**SECTION 2.2: BED BASED SERVICES****PAGE(S) 20**

- d. Any other applicable state or federal law.
4. Providers shall not hire individuals failing to meet criminal background check requirements and regulations.— Individuals not in compliance with criminal background check requirements and regulations shall not be utilized on an employment, contract nor volunteer basis. Criminal background checks performed over 90 days prior to the date of employment will not be accepted as meeting the criminal background check requirement. Results of criminal background checks are to be maintained in the individual's personnel record;
5. The provider must review the ~~Department of Health and Human Services' Office of Inspector General (DHHS) OIG) List of Excluded Individuals and Entities (LEIE)~~, CNA Registry, and the LDH State Adverse Actions website prior to hiring or contracting any employee or contractor that performs services that are compensated with Medicaid/Medicare funds, including but not limited to licensed and unlicensed staff, interns and contractors. Once employed, the lists must be checked once a month thereafter to determine if there is a finding that an employee or contractor has abused, neglected or extorted any individual or if they have been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or ~~the Department of Health and Human Services' Office of Inspector General~~DHHS OIG. The provider is prohibited from knowingly employing or contracting with, or retaining the employment of or contract with, anyone who has a negative finding placed on the Louisiana State Adverse Action List or CNA Registry, or who have been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or ~~the Department of Health and Human Services' Office of Inspector General~~DHHS OIG;
6. Providers are required to maintain results in personnel records that checks have been completed. The OIG maintains the LEIE on the OIG website (<http://exclusions.oig.hhs.gov>) and LDH maintains the CNA Registry (<https://ldh.la.gov/health-standards-section/cnadsw-registry>) and the LDH Adverse Action website is located at <https://adverseactions.ldh.la.gov>;
7. Arrange for and maintain documentation that all persons, prior to employment, are free from ~~Tuberculosis (TB)~~ in a communicable state via skin testing (or chest exam if recommended by physician) to reduce the risk of such infections in members and

CHAPTER 2: BEHAVIORAL HEALTH SERVICES**SECTION 2.2: BED BASED SERVICES****PAGE(S) 20**

staff. Results from testing performed over 30 days prior to date of employment will not be accepted as meeting this requirement;

8. Establish and maintain written policies and procedures inclusive of drug testing staff to ensure an alcohol and drug-free workplace and a workforce free of substance use. (See Appendix D);
9. Maintain documentation that all direct care staff, who are required to complete First Aid and ~~cardiopulmonary resuscitation (CPR)~~ training, complete ~~American Heart Association (AHA)~~ recognized training within 90 days of hire, which must be renewed within a time period recommended by the AHA. (See Appendix D); and
10. Maintain documentation of verification of staff meeting educational and professional requirements, licensure (where applicable), as well as completion of required trainings for all staff.

Emergency Preparedness Regulations

As required by CMS Emergency Preparedness Final Rule effective November 16, 2016, PRTFs must comply with Emergency Preparedness regulations associated with 42 CFR §441.184 in order to participate in the Medicare or Medicaid program (Link to CMS Emergency Preparedness Regulation Guidance and Resources: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/index.html>). Regulations must be implemented by November 15, 2017. They include safeguarding human resources, maintaining business continuity and protecting physical resources.

Facilities should incorporate the following four core elements of emergency preparedness into their plans and comply with all components of the Rule:

1. **Risk assessment and emergency planning** – CMS requires facilities to perform a risk assessment that uses an “all-hazards” approach prior to establishing an emergency plan;
2. **Communication plan** – CMS requires facilities to develop and maintain an emergency preparedness communication plan that complies with both federal and state laws. –Patient care must be well coordinated within the facility, across healthcare providers, and with state and local public health departments and emergency management agencies and systems to protect patient health and safety in the event of a disaster;

CHAPTER 2: BEHAVIORAL HEALTH SERVICES**SECTION 2.2: BED BASED SERVICES****PAGE(S) 20**

3. **Policies and procedures** – CMS requires that facilities develop and implement policies and procedures that comply with federal and state law, and that support the successful execution of the emergency plan and risks identified during the risk assessment process; and
4. **Training and testing** – CMS requires that facilities develop and maintain an emergency preparedness training and testing program that complies with federal and state law, and that is updated at least annually.

The PRTF shall also meet the state requirements of LAC 48:1 Chapter 90 §9083 Safety and Emergency Preparedness.

Staff

All experience requirements are related to paid experience. -Volunteer work, college work/study or internship related to completion of a degree cannot be counted as work experience. -If experience is in a part-time position, the staff person must be able to verify the amount of time worked each week. -Experience obtained while working in a position for which the individual is not qualified may not be counted as experience.

Staff who provide services in a PRTF setting must:

1. Pass criminal background check through the Louisiana ~~Department of Public Safety~~DPS, State Police prior to employment;
2. Employees and contractors must not be excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or ~~the Department of Health and Human Services' Office of Inspector General~~DHHS OIG;
3. Direct care staff must not have a finding on the Louisiana State Adverse Action List;
4. Pass a TB test prior to employment;
5. Pass drug screening tests as required by agency's policies and procedures;

CHAPTER 2: BEHAVIORAL HEALTH SERVICES**SECTION 2.2: BED BASED SERVICES****PAGE(S) 20**

6. Complete ~~American Heart Association (AHA)~~ recognized First Aid and CPR training. ~~Psychiatrists, APRNs/physician assistants~~ RNs and LPNs are exempt from this training. (See Appendix D); and
7. Complete all required training appropriate to the approved program description.

Staffing Requirements

The facility must have qualified professional medical, nursing and other support staff necessary to provide services appropriate to the bio-psychosocial needs of individuals being admitted to the program.

The provider must ensure that:

1. There is a licensed physician, medical director – licensed physician(s) on site as needed for management of psychiatric/medical needs ~~with~~ 24 hour on-call availability;
2. There is a licensed psychologist available as needed;
3. There is licensed nursing staff present – One ~~full-time equivalent~~ (FTE) Supervisor (APRN/~~nurse practitioner~~ (NP)/RN), 24 hour on-call availability;
4. There is one FTE RN/LPN available on duty on site at all times;
5. There is a licensed or certified clinician or counselor with direct supervision by an LMHP, or unlicensed professional under supervision of a clinical supervisor; ~~caseloads~~ not to exceed eight members;
6. The clinical supervisor is available for clinical supervision when needed and by telephone for consultation;
7. An LMHP is available on site 40 hours per week;
8. The facility shall maintain, in accordance with LAC 48:1 Chapter 90:
 - a. A minimum ratio of one staff person for four residents (1:4) between the hours of 6 a.m. and 10 p.m. The staff for purposes of this ratio shall consist

CHAPTER 2: BEHAVIORAL HEALTH SERVICES**SECTION 2.2: BED BASED SERVICES****PAGE(S) 20**

- of direct care staff (i.e. ~~licensed practical nurse (LPN)~~, MHS, MHP, LMHP, etc.); and
- b. A minimum ratio of one staff person for six residents (1:6) between 10 p.m. and 6 a.m. Staff shall always be awake while on duty. The staff for purposes of this ratio shall consist of direct care staff (i.e. LPN, mental health services (MHS), mental health professional (MHP), LMHP, etc.).
9. There is clerical support staff available – ~~one~~¹ to ~~two~~² FTE per day shift;
10. There is an activity/~~occupational therapist~~^{OT} – one FTE;
11. There is a care coordinator – one FTE per day shift, and/or duties may be assumed by clinical staff;
12. A peer specialist is recommended;
13. Physicians, who are available 24 hours a day by telephone.- (A physician assistant may perform duties within the scope of their practice as designated by physician). An APRN may perform duties within the scope of their practice;
14. Licensed, certified or registered clinicians provide a planned regimen of 24-hour, professionally directed evaluation, care and treatment services for members and their families; and
15. A MDT- of appropriately trained clinicians, such as physicians, nurses, counselors, social workers and psychologists, is available to assess and treat the individual and to obtain and interpret information regarding the member's needs. The number and disciplines of team members are appropriate to the range and severity of the individual's problems.

Allowed Provider Types and Specialties

1. PT 96 ~~Psychiatric Residential Treatment Facility~~^{PRTE}, PS 8U Substance Use or Addiction.