Psychiatric Residential Treatment Facility
Guidance Paper
November 14, 2011

Introduction

Children with a serious emotional disturbance (SED) should receive the services and supports needed to experience recovery/resiliency and live safe, healthy, productive, and successful lives in family homes, communities, and schools. In addition, children should receive these services in the least restrictive setting possible. This means that every child who needs Psychiatric Residential Treatment Facility (PRTF) treatment receives that treatment to the extent needed, and every child who does not need PRTF treatment has access to the full array of community mental health services and receives all of those services that are medically necessary.

This paper is intended to provide guidance for determining when and how a child can and should be authorized for treatment in and discharge from a PRTF. This paper includes the definition of PRTFs and describes the setting, treatment, and expected outcomes of treatment. It also includes guidance regarding the importance of working with families, screening, admissions, treatment, discharge, and appeals. The end of the paper describes current Department of Social and Rehabilitation Services (SRS) and Kansas Health Solutions (KHS) oversight and review of PRTF screens and discharges.

Definition of a PRTF

A Psychiatric Residential Treatment Facility (PRTF) is a licensed residential facility where comprehensive mental health treatment and substance abuse treatment, if indicated, are provided under the direction of a physician. PRTF admission and treatment are exclusively for children with psychiatric conditions; secondary substance abuse treatment must be provided when necessary.

The following is a list of non-psychiatric conditions. A child with any of these or other non-psychiatric condition(s) would also need to have clearly documented evidence of a co-occurring psychiatric condition for admission and treatment at a PRTF.

- Mental retardation
- Autism spectrum disorders, excluding Asperger's Disorder
- Traumatic brain injury
- Substance abuse and dependence

Treatment is provided to children up to 22 years of age who:

- Have a mental health diagnosis that meets or can be assessed to meet the criteria of a serious emotional disturbance, and occurs singularly or in combination with other co-occurring conditions; and
- Have behavioral or emotional problems due to the mental health diagnosis which require intensive active mental health treatment; and
- A clinician/screener, with the assistance of the Community Based Service Team (CBST), has identified and determined that the community based resources used and/or available do not immediately meet the treatment needs of the youth, and that the mental health problem cannot be addressed safely and adequately in the home/community. In the case of a child who has not accessed all the community based resources available in the community, the clinician/screener, with the assistance of the CBST, has determined that the mental health problem is urgent and/or chronic enough that it cannot be addressed safely and adequately in the home or community.

Psychiatric Residential Treatment Facility
Guidance Paper
November 14, 2011

Description of a PRTF

PRTFs provide intensive, focused mental health treatment to promote the successful return of the child to the community. The PRTF is expected to work actively with the family/guardian, community mental health providers, and community school (with permission of family/guardian) to provide individualized, strengths-based, culturally competent, and medically appropriate treatment to meet the individual needs of the child. Treatment promotes stability and builds toward age-appropriate functioning in the daily environment. Stability is measured by decreased frequency and duration of crisis episodes and by increased and/or stable participation in home, school and community activities, or activities that encourage and support community inclusion. Supports based on the child's needs are used to promote resiliency, develop understanding of the effects of the emotional disturbance and to promote functioning at an age-appropriate level. Specific outcomes of treatment include the youth returning to his or her family or to another less restrictive community living situation as soon as established discharge criteria is met.

Service activities available at every PRTF include the following:

- Diagnostic and assessment services;
- Development of a treatment plan;
- Psychiatric services;
- Nursing services;
- Medication management;
- Individual therapy;
- Family therapy;
- Group therapy;
- Substance abuse treatment, including individual and group interventions that focus on addiction and harmful use/abuse issues and relapse prevention, if indicated;
- Activities that support the development of age-appropriate daily living skills, including positive behavior management/support;
- Activities that support and encourages the parents' ability to re-integrate the child into the home, when indicated;
- Crisis intervention;
- Consultation with other professionals including case managers, primary care professionals, community support workers, school staff, and others;
- Educational activities; and
- Non-medical transportation services as needed to accomplish treatment objectives.

The specific service activities to be used are identified on each child's individual treatment plan including the frequency and duration of each service.

Working with families

Service and treatment provided to children by PRTFs or Community Mental Health Centers (CMHCs) always involves vital work with family/guardian. CMHCs, PRTFs, Juvenile Justice Authority (JJA), SRS, KHS, and parent/family advocacy organizations will work with families to help them understand:

- Discharge planning begins at the time of admission and will include the family;
- A child's case will be kept open at the sending CMHC unless it is known the child will go to another CMHC at discharge;
- All children receiving treatment in a PRTF are discharged when discharge criteria are met;

- Children can be discharged from a PRTF before the screening authorized period ends;
- Families are expected to actively participate in treatment at the PRTF;
- Families have appeal rights through KHS, SRS, and Office of Administrative Hearings;
- Families are expected to engage in community based services and work with the community mental health provider to schedule needed services;
- Children will receive the mental health services that are medically necessary;
- PRTF admission criteria, are solely based on clinical need; and
- Funding will not be a reason to divert a child from PRTF admission.

Family Rights & Responsibilities

PRTF and CMHC staff will provide to families contact information for parent/family advocacy organizations that can help families understand their rights and responsibilities. These organizations include but are not limited to the following:

Keys for Networking, Inc.
2348 SW Topeka Blvd.
Topeka, KS66611
Phone: 785-233-8732
Toll free (in Kansas only): 1 (800) 499-8732
www.keys.org

Families Together
313 N. Seneca Suite 114
Wichita, KS67203
Toll Free (KS Parents only): 1 (888) 815-6364
Phone: (316) 945-7747
Fax: (316) 263-0031
www.familiestogetherinc.org

NAMI Kansas
610 SW 10th Ave; Ste 203
Topeka, KS66612-1673
Phone: (785) 233-0755
Toll Free: 1 (800) 539-2660
Fax: (785) 233-4804
www.namikansas.org

Disability Rights Center of Kansas (DRC)
635 SW Harrison St., Suite 100
Topeka, KS66603-3726
Phone: (785) 273-9661
Toll Free: 1 (877) 776-1541
Toll Free TDD: 1 (877) 335-3725
Fax: (785) 273-9414
www.drckansas.org

These advocacy organizations, as well as PRTF, SRS, JJA, KHS, and CMHC staff, will work with families to clearly understand their choices, rights, and responsibilities, which include those listed below. Please note that the rights explained below are not meant to supplant laws, regulations or legal guidance. The intent of including this list is to provide a general guide for service providers to understand generally the rights of families/guardians. This means there may be situations when a right listed below does not apply to a specific family/guardian or situation. This is especially true for children in state custody, when the state has the final authority regarding treatment decisions, or cases when parental rights are severed as the result of abuse. Specific points that may not apply generally are designated with an asterisk (*).

Parent/guardian rights to information

- Request verbal and/or written explanations of service options
- Request decisions in writing regarding service denials*
- Seek the advice and direction of resources and agencies outside of the CMHC/PRTF
- Use the services of parent/family advocacy organizations

- Include family, friends, advocates and outside resources in meetings as advisors, note takers and witnesses

Parent/guardian rights to the child

- Maintain legal guardianship of the child even when in out of home treatment*
- Have information regarding physical whereabouts of the child*
- Have information regarding services and medications given to the child*

Parent/guardian rights to services

- Choose their child's service provider of mental health services (if Medicaid, from a state approved list)*
- Choose services for their child that are available and medically necessary*
- Request screening for admission to out of home treatment*
- Participate in decisions regarding out of home treatment (respite, acute, state hospital alternative, psychiatric residential treatment)*
- Participate in decisions regarding length of stay, date of discharge, and services delivered in out of home treatment*
- Coordinate and schedule services and meetings with service providers at times and places convenient for the child/family.
- Ask questions and receive answers regarding services, medications, side effects, purpose of services, and expected outcomes*
- Remove child from services when they choose. Parents/guardians need to keep in mind agency procedures and give agencies appropriate time to prepare for discharge, and that discharging their child from services early or against agency policy is considered discharging against medical advice*

Parent/guardian rights to appeals and grievances

- Appeal actions and decisions made by the CMHC through KHS
- Appeal actions and decisions made by KHS or SRS through the Office of Administrative Hearings
- File grievances with SRS and KHS
- Request assistance from parent/family advocacy organizations

In order to provide the child with the best service at the right time and the right place, we encourage families to:

- Actively participate/engage in services and treatment as available and appropriate, especially family therapy
- Work with service providers to schedule needed services
- Share needs with mental health providers and other information relevant to treatment of child/family
- Participate in all meetings, including treatment planning and discharge planning meetings
- Ask questions, especially when something is not understood
- Provide information to others when asked or when it is clear someone does not understand the child or family
- Put in writing concerns, needs, and wants

- If there is a concern or question, communicate it starting at the local level. If a parent/guardian has a concern or question about what a service provider is doing or not doing, it is expected that the parent/guardian address that concern or question with the service provider first. Then if assistance is needed make contact with others for help.

PRTF Screening

A family or guardian may request a PRTF admission for their child through the CMHC. The CMHC, SRS including child welfare case management providers, or JJA custodial case managers may request a PRTF admission through KHS. When a request for admission to a PRTF is made, the CMHC completes a PRTF screen to determine the medical necessity for admission and treatment.

A clinician from a CMHC completes the PRTF screen with the support of the Community Based Service Team (CBST), which includes the family, child welfare case management providers, JJA custodial case managers, and mental health providers. Occasionally, the CBST may include a medical director or use information or recommendations from a medical director. Ultimately, the final determination of the screen is made by the screener.

Only in very rare circumstances, when it is clinically obvious a child will not be approved for PRTF admission, may a CMHC decline a family or guardian's request to complete a screen. In cases when a CMHC does not complete a screen or request from KHS the authorization to complete a screen, the CMHC will put in writing the decision to not complete a screen and provide the family/guardian with contact information for the agencies to which they may appeal the decision and family/child advocacy organizations that can provide information and guidance.

All screening decisions including a decision to decline providing a screen may be appealed or grieved through KHS or SRS.

Alternative Community Based Service Plan

Children screened for PRTF admission who the screener has determined can be safely and effectively served with community services are expected to be served in the community. Within the specified timeframes (defined below) these children and their families are to receive all medically necessary community mental health services. The full array of community based mental health services includes:

- Crisis Intervention
- Attendant Care
- Targeted Case Management
- Family Therapy (including In-Home Family Therapy)
- Medication Management
- Community Psychiatric Support and Treatment
- Psychosocial Rehabilitation – individual and group
- SED Waiver Services including: Wraparound Facilitation, Professional Resource Family Care, Parent Support & Training, Respite Care, and Attendant Care
- PRTF Community Based Alternative (CBA) Grant Services: Community Transition Supports, Employment Preparation and Support, and Independent Living/Skills Building, in addition to all the SED Waiver Services listed above.

For more information about these services, visit the "Family Center" at www.kidstraining.org

Psychiatric Residential Treatment Facility
Guidance Paper
October 21, 2011

PRTF Admission

Children screened for PRTF admission that cannot be safely, effectively, and immediately served with community services are to be approved for admission. The screener will indicate on the PRTF screening form the specific reason(s) the child has been authorized for admission to a PRTF and document information that supports and/or validates the admission decision.

Reasons for approving PRTF admission include, but are not limited to, one or more of the following:

- Clinical evidence of suicidal and/or homicidal ideation or aggressive behavior related to mental illness in the past thirty (30) days that requires intensive psychiatric treatment;
- Behavioral health issues that are unmanageable in community-based services and require 24 hour 7 day a week intensive, coordinated clinical and supportive intervention;
- A history of inadequate follow through on elements of a treatment plan related to risk factors, including failure to take medications as prescribed, follow a crisis plan, or maintain family integration; or
- CMHC being unable to deliver needed/appropriate services. A CMHC must give notice to KHS or SRS when unable to deliver needed/appropriate services.

Treatment Team/Planning

When a child is admitted to a PRTF, a treatment plan will be developed within 14 days. The PRTF treatment plan will detail active treatment including age appropriate, realistic and measurable goals related to the reason(s) for admission identified in the screen and specific services to be provided including frequency, duration, when and by whom. During treatment, frequent and effective communication among CMHC, PRTF, the family/guardian, and other necessary parties will occur so that the treatment team is always updated on the child's progress towards those treatment goals, and to assure that timely and successful discharge planning occurs. The utilization and treatment reviews are appropriate times to do this since that process is focused on whether continued treatment is medically necessary to reach the agreed upon treatment goals.

- Treatment teams must include at a minimum the family or custodial representative, the PRTF team, and the responsible CMHC. Other people relevant to the child's success in the community must also be included as needed; this may include school, spiritual community, neighbors, relatives, family friends, and advocates as the family chooses.
- For children in state custody, the placing agency (child welfare case management providers/JJA custodial case managers) will be expected to work closely as a member of the treatment team to assist in coordinating the return of the child to the community.
- Planned visits, phone conferences, tele-video, and other methods are expected to be used to ensure consistent and timely involvement of all necessary parties.
- Good clinical judgment should dictate the frequency of CMHC and other party involvement in treatment team meetings, but meetings must occur at least every 30 days as required by licensing standards. A treatment team meeting should occur at least two weeks prior to discharge, so appointments for needed community supports can be scheduled.

Continued Stay Criteria

Thirty (30) day treatment reviews will be conducted during treatment team meetings to determine if the child continues to meet medical necessity. If the child has not discharged after 90 days, a screen for continued stay must be completed, and additional screens completed every 60 days thereafter. Extension screens may be requested up to 30 days prior to the end of an authorization, and should be

requested far enough in advance to make placement arrangements should the child be diverted from continued stay.

The child will be authorized for continued treatment at the PRTF when:

- Discharge criteria has not been met;
- The child's treatment does not require a more intensive level of care, and no less intensive level of care is appropriate;
- The child and their family, guardian, and/or custodian are engaged in treatment, or efforts are being made to engage them in treatment;
- If treatment progress is not evident, there is documentation of treatment plan adjustments to address the lack of progress; and
- If other reasons emerge for treating the child beyond that identified in the screen, such reasons have been discussed and agreed to by the treatment team.

Criteria for Discharge

Children admitted to PRTFs continue active treatment until the treatment team determines the child can be safely, effectively and immediately served with community services, at which time they are to be discharged.

Criteria for discharge are met when an adequate continuing care plan has been established and one or more of the following has been determined by the treatment team:

- Established discharge criteria have been met to the extent that the child can be safely and effectively served with community mental health services;
- Family or guardian requests discharge; or
- A change in the child's status warrants discharge to a different level of service.

To ensure that discharge occurs as soon as possible and that appropriate review of treatment goals and progress toward discharge occurs, discharge planning must begin at the time of admission and contain the following components:

- Include all necessary parties (PRTF, CMHC, family, child welfare case management provider, JJA custodial case manager, etc.);
- Be driven by child's needs not the availability of resources;
- The treatment team continually evaluates progress and defines needed supports and services that will sustain improvements and incorporates these into the discharge plan;
- When the child is discharging to a family home, include a plan for immediate family placement upon discharge;
- An effective community reintegration plan that specifies what services are to be provided, when, and by whom/what provider; and
- At time of discharge, dates and provider(s) of the services will be documented for the following services: intake appointment, medication appointment, and other identified services by the treatment team (individual therapy, group therapy, case management, respite, attendant care, substance abuse etc.). The CMHC liaison will coordinate scheduling these appointments (or as agreed upon by the treatment team).

Planning for discharge

A treatment team/discharge planning meeting should occur two (2) weeks prior to discharge. During the treatment team meeting, treatment recommendations should be made, and the meeting must include the CMHC and other mental health providers empowered to make appointments and offer available services. Treatment recommendations should:

- Address family's concerns and choices regarding services;
- Be thorough and specific, including frequency and duration, especially if tighter than SRS expectations detailed below;
- Consider what services have and have not worked from the child's treatment history; and
- Consider all community based mental health services and substance use services when indicated.

In cases involving children who are in state custody, the child welfare case management provider or JJA custodial case manager starts work on completing the intake/referral packet at this time, and requests for appointments are made so that needed services are provided immediately upon discharge. The intake/referral will consist of a single standard intake/referral packet accepted by all CMHCs.

In cases when the services will be provided by a CMHC other than the CMHC of responsibility, it is important that the receiving CMHC is also involved in discharge planning. The CMHC should contact the CMHC liaison from the other CMHC to begin coordination of appointments and request their participation in the treatment team meeting.

When the discharge placement is not known two (2) weeks before discharge, the treatment team should meet as soon as possible, with the understanding that the discharge time frame is short. Prior to the treatment team meeting, the PRTF and CMHC CBS directors must discuss the case, the possibility of discharge, and realistic availability of services in the given time frame. The treatment team, if necessary, must discuss the possibility of a limited longer stay if a safe and adequate community reintegration plan cannot be put into place that will meet the child's treatment needs. When discharge cannot occur prior to the authorization period ending, KHS and SRS central office should be notified so that SRS can determine action.

All parties have the responsibility to communicate clearly and educate other team members about any concerns regarding the child's discharge, and assist other team members in making sure all concerns are communicated and understood. In some instances a referral to KHS Care Coordination may be warranted, but especially when a member of the treatment team has a concern about the discharge needs of the child/family being met and when those needs are complex/complicated.

In the case of a child being discharged against medical advice, the PRTF and/or CMHC need to take all necessary steps to explain to the family and the rest of the treatment team why discharge is not appropriate or unsafe. Referral to KHS Care Coordination and a child/family advocacy organization (when appropriate) should be made in these instances. Ultimately, the family or guardian may request discharge at any time.

Immediate Provision of Community Services

It is expected that children discharged from a PRTF and children screened for PRTF admission but not admitted receive all medically necessary community mental health services.

Immediate provision of services is defined as, but not limited to, the following:

- Crisis services should be provided at any time they are needed.
- An appointment for Medication Management scheduled within 25 days of discharge so prescriptions can be filled within 30 days. Keep in mind family history with keeping appointments, rescheduling, etc. and plan accordingly.
- Children and families will be offered a face-to-face service the same day or the day after discharge. If they decline this immediate service, the child/family will receive at least one face-to-face mental health rehabilitation/support service within 7 days of discharge.
- Receive a therapeutic intervention by a Licensed Mental Health Professional (LMHP or private mental health provider of their choice) within 3 days of discharge. An intake will include a therapeutic intervention. In every possible case, the request for this service needs to be made by the family/guardian (with assistance from the CMHC) 10 days before provision of the service, or 7 days before discharge.
- Targeted Case Management will be provided within 4 days of discharge.

The intake appointment will be scheduled prior to discharge, unless discharge location is not known. However, the completion of an intake in a timely manner shall not delay the provision of needed services.

If CMHCs do not meet the time frames above, the reason will be documented in the chart.

Appeals and Grievances

An appeal is a request for review of a specific action while a grievance is an expression of dissatisfaction about any matter. Whether it is an appeal or grievance, KHS and SRS will work to make sure appeal rights are upheld and that grievances are investigated and resolved quickly. While the appeal is pending, if the child or family is in crisis due to the child's mental health needs, appropriate services must be provided to support the child and family. While the appeal is pending for discontinuation of a service, the service may continue to be provided; however, if the decision of the appeal is upheld the family may be financially responsible for those services.

The child's family or guardian may appeal any screening determination (denial of admission) and discharge decisions including decisions to deny conducting a screen. Persons may appeal decisions to Kansas Health Solutions, Office of Administrative Hearings, and/or Social and Rehabilitation Services. Child welfare case management providers may appeal to Kansas Health Solutions, but should not appeal to the Office of Administrative Hearings. Child welfare case management provider appeals of Kansas Health Solutions decisions are to be made directly to Social and Rehabilitation Services.

In addition, any involved party may make a grievance regarding any of the appealable actions and other actions or circumstances through KHS or SRS. Persons appealing or grieving should not worry about what to call their concern (terminology of an appeal versus a grievance), but should contact KHS or SRS so appropriate action can be taken to resolve the concern. KHS and SRS will help the family/guardian reach the appropriate contact person so their concern can be appropriately addressed. It is expected

that every CMHC, PRTF, SRS, and KHS staff person involved be able to provide the family/guardian and others with the necessary contact information below to make an appeal or grievance:

Medicaid Mental Health Grievances:
Kansas Health Solutions
Josie Torrez, Ombudsman
Email: Jtorrez@khs-ks.org
Phone: 1-866-547-0222

Appeals related to PRTF Screens:
Kansas Health Solutions
Appeal Requests are to be made to the Kansas Health Solutions Call Center
Phone: 1-800-466-2222
Fax: 785-232-5172
Mail: Kansas Health Solutions
ATTN: Call Center
534 S. Kansas Avenue, Suite 510
Topeka, Kansas 66603

Mental Health Grievances, Complaints, or Appeals:
SRS
Mental Health Services
915 SW Harrison St., 9th Floor S
Topeka, KS 66612
Phone: (785) 296-3471
Fax: (785) 296-6142

Appeals of KHS or SRS Decisions:
Office of Administrative Hearings
1020 S. Kansas Ave.
Topeka, KS 66612-1327
Phone: (785) 296-2433
Fax: (785) 296-4848

Current Oversight

KHS care coordinators and SRS central office staff are currently reviewing the results of all PRTF diversion screens and discharges to determine if children and families are receiving the community services they need and if services are provided in a timely manner. When care coordinators and SRS central office staff discover children and families are not receiving needed community mental health services, they will ask the family if they believe they need a PRTF Screen. When the family indicates that they need a PRTF screen the care coordinator will make arrangements for that to occur. If it appears that the parents and children are not engaging in available community services, the care coordinator or SRS central office staff will politely and respectfully inform the family of the need to engage in community services when made available, and refer the family to a family/parent advocacy organization.