



ACCESS AND UTILIZATION  
MANAGEMENT  
845 CHURCH STREET N.  
SUITE 208  
CONCORD, NC 28026

## PBH UM/ACCESS Communication Bulletin

### Communication Bulletin FY-0910-UM-08

**To:** PBH Children's Mental Health Psychiatric Residential Treatment Facility (PRTF) Providers

**From:** Craig Hummel, MD PBH Medical Director

**Date:** January 14, 2010

**RE:** PRTF Description of the Service & Continued Stay Criteria Update

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PBH has clarified the Description of the Service and Continued Stay Criteria identified in the Psychiatric Residential Treatment Facility (PRTF) Services Definitions (Clinical Coverage Policy 8D-1 Psychiatric Residential Treatment Facilities for Children under the age of 21 Original Effective Date: December 1, 2001 Revised Date: May 1, 2007) to ensure maximization of therapeutic benefit for children and adolescents receiving this service as well as ensuring consumers are receiving the most appropriate level of clinical care.

According to the PRTF Service Definition Description of the Service, "Psychiatric Residential Treatment Facilities (PRTFs) provide non-acute inpatient facility care for recipients who have a mental illness and/or substance abuse/dependency and need 24-hour supervision and **specialized interventions.**"

PBH Required **Therapy Standards** for Specialized Interventions:

1. Individual Therapy once weekly **at a minimum** or more as specified in the Person Centered Plan based on medical necessity and consistent with the consumer's treatment goals.
2. Family Therapy 2 times a month **at a minimum** or more as specified in the Person-Centered Plan based on medical necessity and consistent with the consumer's treatment goals. If the treatment goal is family reunification then Family Therapy sessions should increase as needed to support successful transition to the family or an alternate family setting (i.e., foster care).
3. Group Therapy can be provided as an adjunct to treatment services but should not be used as the sole means for addressing a consumer's treatment goals especially if it is indicated in the Person Centered Plan that the consumer's needs would be better met with individual and/or family therapy.
4. Therapy services should be provided by a licensed professional (Ph.D/Psy.D, LPA, LPC, LCSW, LCAS, CCS or LMFT) or by a provisionally licensed professional practicing under the direct supervision of a Licensed Professional. If services are provided by a provisionally licensed professional, supervision should be documented as outlined under 10A NCAC 27G .0104.
5. If the organization provides Residential Services for a specialized population (e.g., Substance Abuse, Trauma Focused-Attachment, Autism/Asperger's, Dual Diagnosis, Chronic Illness-Diabetes), then all staff providing therapy should have documented training with that population. Likewise, specialized therapy services should be provided by the appropriate licensed professional (ex: CCS, LCAS or CSAC for Substance Abuse) at the facility site. Therapy should be geared toward the consumer's needs as outlined in the Person Centered Plan.

According to the PRTF Service Definition Continued Stay Criteria, **ALL** of the following criteria are necessary for continuing treatment at this level of care:

- a. The child/adolescent's condition continues to meet admission criteria at this level of care.
- b. The child/adolescent's treatment does not require a more intensive level of care, and no less intensive level of care would be appropriate.
- c. Treatment planning is individualized and appropriate to the individual's changing condition with realistic and specific goals and objectives stated. Treatment planning should include active family or other support systems involvement, along with social, occupational and interpersonal assessment unless contraindicated. The expected benefits from all relevant treatment modalities are documented. The treatment plan has been implemented and updated, with consideration of all applicable and appropriate treatment modalities.
- d. All services and treatment are carefully structured to achieve optimum results in the most time efficient manner possible consistent with sound clinical practice.
- e. If treatment progress is not evident, then there is documentation of treatment plan adjustments to address such lack of progress.
- f. Care is rendered in a clinically appropriate manner and focused on the child/adolescent's behavioral and functional outcomes.
- g. An individualized discharge plan has been developed which includes specific realistic, objective and measurable discharge criteria and plans for appropriate follow-up care. A timeline for expected implementation and completion is in place but discharge criteria have not yet been met.
- h. Child/adolescent is actively participating in treatment to the extent possible consistent with his/her condition, or there are active efforts being made that can reasonably be expected to lead to the child/adolescent's engagement in treatment.
- i. Unless contraindicated, family, guardian, and/or custodian is actively involved in the treatment as required by the treatment plan, or there are active efforts being made and documented to involve them.
- j. When medically necessary, appropriate psychopharmacological intervention has been prescribed and/or evaluated.
- k. There is documented active discharge planning from the beginning of treatment.
- l. There is a documented active attempt at coordination of care with relevant outpatient providers when appropriate.

PBH's expectations are that each of the above criteria are documented monthly via reauthorization requests supporting continued stay at the PRTF level of care. These areas may be documented in the clinical comments of the Treatment Authorization Request (TAR).

Enforcement of expected therapy standards and documented continued stay criteria will be effective February 15<sup>th</sup>, 2010.

The clarification of the Description of the Service specifically in relation to therapy standards as well as enforcement of documented criteria for continued stay as identified in the PRTF Service Definition is based on the authority granted to PBH under the Memorandum of Agreement between the North Carolina Department of Health and Human Services Division of Medical Assistance and Piedmont Behavioral Healthcare Area Authority (PBH).

If you have questions or comments about this or any other issue, please contact the Utilization Management Department at 704-743-2100.