



Center for Medicaid and State Operations/Survey and Certification Group

Ref: S&C-07-15

DATE: February 16, 2007

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Psychiatric Residential Treatment Facilities (PRTF) Clarification

Memorandum Summary

- Clarifies that a PRTF, as identified at 42 C.F.R. 483.352, is a separate, stand alone entity providing a range of comprehensive services to treat the psychiatric condition of residents on an inpatient basis under the direction of a physician.
- Reinforces that a PRTF resident population must meet all certification of need requirements as identified under 42 C.F.R. Part 441, Subpart D – Inpatient Psychiatric Services for Individuals Under Age 21 in Psychiatric Facilities or Programs.
- Reinforces that a PRTF is subject to survey and certification of the entire facility and must meet all requirements under Part 483, subpart G – Condition of Participation for the Use of Restraint or Seclusion in Psychiatric Residential Treatment Facilities.

Issue

There has been a recent influx of providers to become certified as PRTFs. Many of these facilities are residential treatment facilities (RTF) or residential treatment centers (RTC) that provide services to children who may need a variety of services, but who may not need the intensive services indicated for those who would be placed in a PRTF. This memo clarifies what is meant by Psychiatric Residential Treatment Facility and the nature of the services it provides for purposes of directing State surveyors.

Historical Development of Psychiatric Residential Treatment Facilities

The Social Security Amendments of 1972 amended the Medicaid statute to, among other things, allow States the option of covering inpatient psychiatric hospital services for individuals under age 21 (Psych under 21-benefit). Originally the statute required that the psych under 21-benefit be provided by psychiatric hospitals. In 1976 final regulations were published implementing the psych under 21-benefit. Section 4755 of the Omnibus Budget Reconciliation Act (OBRA '90) amended section 1905(h) of the Act to specify that the psych under 21-benefit can be provided in psychiatric hospitals that meet the definition of that term in section 1861(f) of the Act "or in another inpatient setting that the Secretary has specified in regulations."

This amendment affirmed and effectively ratified preexisting CMS policy, as articulated in subpart D of 42 C.F.R. part 441, which interpreted sections 1905(a)(16) and 1905(h) of the Act as not being limited solely to psychiatric hospital settings. OBRA '90 provided authority for CMS to specify inpatient settings in addition to the psychiatric hospital setting for the psych under 21-benefit. In 2001, CMS established PRTFs as a new category of Medicaid facility, and as an additional setting for which the psych under 21-benefit can be provided. (See interim final regulations, 66 FR 28111).

PRTF defined – what does it look like?

A PRTF is a separate, stand alone entity providing a range of comprehensive services to treat the psychiatric condition of residents on an inpatient basis under the direction of a physician. The purpose of such comprehensive services is to improve the resident's condition or prevent further regression so that the services will no longer be needed. Current regulation, §483.352, states that a PRTF means “a facility other than a hospital, that provides psychiatric services, as described in subpart D of part 441 of this chapter, to individuals under age 21, in an inpatient setting.”

A PRTF means....

1. “A facility other than a hospital...”

“Facility” means a distinct, stand alone entity providing a range of needed services to a distinct population. A PRTF is to provide a less medically intensive program of treatment than a psychiatric hospital or a psychiatric unit of a general hospital.

2. “...that provides psychiatric services, as described in subpart D of part 441 of this chapter...”

Pursuant to §483.352, the PRTF must meet all the requirements identified in subpart D, which include: State accreditation (§441.151), certification of need for the services (§441.152), the team certifying need for services (§441.153), active treatment (§441.154), components of an individual plan of care (§441.155), and the team involved in developing the individual plan of care (§441.156) (see appendix A for full language). The way a PRTF organizes itself is critical to its success in complying with federal regulations.

3. “...to individuals under age 21...”

In this case regulations at §441.151 specify that the service must be provided before the individual reaches 21, or if the individual was receiving services just prior to turning 21, and that the services must cease at the time the individual no longer requires services or the date at which the individual reaches 22. To further clarify this point regulations at §483.352 define minor as “defined under State law and, for the purpose of this subpart, includes a resident who has been declared legally incompetent by the applicable State court.”

4. “...in an inpatient setting.”

It is the intent of both the psych under 21-benefit and the PRTF regulations that to meet the level of certification of need in §441.152 “(1) ambulatory care resources do not meet the treatment

needs of the resident and that according to §441.152 “(2) proper treatment of the resident’s psychiatric condition requires services on an inpatient basis under the direction of a physician; and (3) the services can reasonably be expected to improve the resident’s condition or prevent further regression so that the services will no longer be needed.” As CMS clarified in the 2001 interim final rule (66 FR 28111); payment for inpatient psychiatric services to individuals under age 21 includes the need for room and board as well as the provision of a comprehensive package of services.

PRTF services – who does it serve?

- All PRTF residents according to regulation must need inpatient services to treat his or her psychiatric condition under the direction of a physician and the services provided must be reasonably expected to improve the resident’s condition or prevent further regression so that the services will no longer be needed.
- The psych under 21-benefit is an optional Medicaid benefit. States can determine which psychiatric conditions would fall under this benefit and for which the State will reimburse payment for services rendered. For example, such diagnoses may include paranoid schizophrenia, post-traumatic stress disorder, depression, and/or hyperactivity-attention deficit disorder. Although what psychiatric conditions are covered may differ based on State determinations, (see appendix B), the federal requirements that are established in sections 441.150 through 441.156 must be applied consistently across all States.

PRTFs vs. Residential Treatment Facilities (RTFs) or Residential Treatment Centers (RTCs)

There has been a recent influx of RTFs/RTCs who request to become certified as PRTFs. RTFs or RTCs provide a mixed level of service to children who do not need the intensive services of a PRTF. To be certified as a PRTF, the facility must attest to meeting the Conditions of Participation (CoP) found at 42 C.F.R. Part 483 Subpart G, and attest that all its residents meet the certification of need requirements as identified under 42 C.F.R. Part 441, Subpart D – Inpatient Psychiatric Services for Individuals under Age 21 in Psychiatric Facilities or Programs, as discussed above.

The Social Security Act and federal regulations, expressly identify that services under the psych under 21-benefit can be provided in distinct parts found in psychiatric hospitals; however, a PRTF is not identified as a distinct part of another facility.

Any facility that wishes to be certified as a PRTF must adhere to the following:

1. Survey and Certification review of the entire facility:

Based on CMS standards and existing policy under CMS, the survey process described in the State Operations Manual (SOM), section 2714.1, states that:

The CoPs/Requirements apply to the entire certified provider/supplier and to all patients/residents being served by the certified entity, regardless of payment source unless stated otherwise in the regulations. This means that the surveyors may review the care of private pay patients/residents when surveying a Medicare/Medicaid approved provider or supplier. This policy is based on the premise that it is the provider or supplier

operation that is being approved, not just the beds of or care provided to Medicare/Medicaid beneficiaries. (The only exceptions involve regulatory distinction for Skilled Nursing Facilities, Nursing Facilities, Intermediate Care Facilities for the Mentally Retarded, and psychiatric hospitals).

2. Meet all federal requirements for a PRTF:

A. All PRTFs must meet the CoP requirements under:

- Part 483, subpart G – Condition of Participation for the Use of Restraint or Seclusion in Psychiatric Residential Treatment Facilities; and
- Providing Inpatient Psychiatric Services for Individuals Under Age 21, which includes Part 441, subpart D – Inpatient Psychiatric Services for Individuals Under Age 21 in Psychiatric Facilities or Programs.

B. All PRTFs must be accredited by organizations identified in 42 C.F.R. §441.151(a)(2)(ii).

- Joint Commission,
- The Commission on Accreditation of Rehabilitation Facilities,
- The Council on Accreditation of Services for Families and Children, or
- Any other accrediting organization with comparable standards recognized by the State.

Questions concerning this memo should be directed to Carla McGregor at 410-786-0663 or via e-mail at Carla.mcgregor@cms.hhs.gov.

Effective Date: Immediately. The SA should disseminate this information within 30 days of the date of this memorandum.

/s/

Thomas E. Hamilton

Enclosure:

Appendix A: Part 441, Subpart D – Inpatient Psychiatric Services for Individuals Under Age 21 in Psychiatric Facilities or Programs, §§ 441.150-441.156.

Appendix B: Summation by State – State level criteria for persons seeking services under the Inpatient Psychiatric Services for Individuals Under Age 21 (Psych Under 21-benefit).

cc: Survey and Certification Regional Office Management (G-5)
Medicaid Regional Office Management
State Medicaid Directors

Appendix A: Part 441, Subpart D – Inpatient Psychiatric Services for Individuals Under Age 21 in Psychiatric Facilities or Programs, §§ 441.150-441.156.

Sec. 441.150 Basis and purpose.

This subpart specifies requirements applicable if a State provides inpatient psychiatric services to individuals under age 21, as defined in Sec. 440.160 of this subchapter and authorized under section 1905 (a)(16) and (h) of the Act.

Sec. 441.151 General requirements.

(a) Inpatient psychiatric services for individuals under age 21 must be:

(1) Provided under the direction of a physician;

(2) Provided by--

(i) A psychiatric hospital or an inpatient psychiatric program in a hospital, accredited by the Joint Commission on Accreditation of Healthcare Organizations; or

(ii) A psychiatric facility that is not a hospital and is accredited by the Joint Commission on Accreditation of Healthcare Organizations, the Commission on Accreditation of Rehabilitation Facilities, the Council on Accreditation of Services for Families and Children, or by any other accrediting organization with comparable standards that is recognized by the State.

(3) Provided before the individual reaches age 21, or, if the individual was receiving the services immediately before he or she reached age 21, before the earlier of the following--

(i) The date the individual no longer requires the services; or

(ii) The date the individual reaches 22; and

(4) Certified in writing to be necessary in the setting in which the services will be provided (or are being provided in emergency circumstances) in accordance with Sec. 441.152.

(b) Inpatient psychiatric services furnished in a psychiatric residential treatment facility as defined in Sec. 483.352 of this chapter, must satisfy all requirements in subpart G of part 483 of this chapter governing the use of restraint and seclusion.

Sec. 441.152 Certification of need for services.

(a) A team specified in Sec. 441.154 must certify that--

(1) Ambulatory care resources available in the community do not meet the treatment needs of the recipient;

(2) Proper treatment of the recipient's psychiatric condition requires services on an inpatient basis under the direction of a physician; and

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

(b) The certification specified in this section and in Sec. 441.153 satisfies the utilization control requirement for physician certification in Sec. Sec. 456.60, 456.160, and 456.360 of this subchapter.

Sec. 441.153 Team certifying need for services.

Certification under Sec. 441.152 must be made by terms specified as follows:

(a) For an individual who is a recipient when admitted to a facility or program, certification must be made by an independent team that--

- (1) Includes a physician;
- (2) Has competence in diagnosis and treatment of mental illness, preferably in child psychiatry; and
- (3) Has knowledge of the individual's situation.

(b) For an individual who applies for Medicaid while in the facility of program, the certification must be--

- (1) Made by the team responsible for the plan of care as specified in Sec. 441.156; and
- (2) Cover any period before application for which claims are made.

(c) For emergency admissions, the certification must be made by the team responsible for the plan of care (Sec. 441.156) within 14 days after admission.

Sec. 441.154 Active treatment.

Inpatient psychiatric services must involve "active treatment," which means implementation of a professionally developed and supervised individual plan of care, described in Sec. 441.155 that is--

- (a) Developed and implemented no later than 14 days after admission; and
- (b) Designed to achieve the recipient's discharge from inpatient status at the earliest possible time.

Sec. 441.155 Individual plan of care.

(a) "Individual plan of care" means a written plan developed for each recipient in accordance with Sec. Sec. 456.180 and 456.181 of this chapter, to improve his condition to the extent that inpatient care is no longer necessary.

(b) The plan of care must--

(1) Be based on a diagnostic evaluation that includes examination of the medical, psychological, social, behavioral and developmental aspects of the recipient's situation and reflects the need for inpatient psychiatric care;

(2) Be developed by a team of professionals specified under Sec. 441.156 in consultation with the recipient; and his parents, legal guardians, or others in whose care he 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

(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 recipient's family, school, and community upon discharge.

(c) The plan must be reviewed every 30 days by the team specified in Sec. 441.156 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 recipient's overall adjustment as an inpatient.

(d) The development and review of the plan of care as specified in this section satisfies the utilization control requirements for--

(1) Recertification under Sec. Sec. 456.60(b), 456.160(b), and 456.360(b) of this subchapter; and

(2) Establishment and periodic review of the plan of care under Sec. Sec. 456.80, 456.180, and 456.380 of this subchapter.

Sec. 441.156 Team developing individual plan of care.

(a) The individual plan of care under Sec. 441.155 must be developed by an interdisciplinary team of physicians and other personnel who are employed by, or provide services to patients in, the facility.

(b) Based on education and experience, preferably including competence in child psychiatry, the team must be capable of--

(1) Assessing the recipient's immediate and long-range therapeutic needs, developmental priorities, and personal strengths and liabilities;

(2) Assessing the potential resources of the recipient's family;

(3) Setting treatment objectives; and

(4) Prescribing therapeutic modalities to achieve the plan's objectives.

(c) The team must include, as a minimum, either--

(1) A Board-eligible or Board-certified psychiatrist;

(2) A clinical psychologist who has a doctoral degree 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 certified by the State or by the State psychological association.

(d) The team must also include one of the following:

(1) A psychiatric social worker.

(2) A registered nurse with specialized training or one year's experience in treating mentally ill individuals.

(3) An occupational therapist who is licensed, if required by the State, and who has specialized training or one year of experience in treating mentally ill individuals.

(4) A psychologist who has a master's degree in clinical psychology or who has been certified by the State or by the State psychological association.

Appendix B: Summation by State – State Level Criteria for Persons Seeking Services under the Inpatient Psychiatric Services for Individuals Under Age 21 (Psych under 21-benefit).

| State | Criteria – Psych under 21-benefit* | Department | Source of Information |
|----------------------|---|---|---|
| Alabama | Must have at least one of the following: 1. Inappropriate performance of ADLs 2. Impaired safety 3. Impaired thought process 4. Inpatient treatment required due to lack of community services, toxic drug effects, need for highly restrictive environment. | State Medicaid Agency | Medicaid Administrative Code 41 Rule No. 560-X-41.09 Inpatient Review Criteria, Statutory Authority; State Plan, Attachments 3.1-A,P. 7.16 and 4.19-B, p.8; 42 CFR, Part 441, Subpart D |
| Alaska | The following must be satisfied: a. Ambulatory care resources available in community do not meet treatment needs b. Condition requires treatment on inpatient basis (<u>condition defined by DSM-IV Axis V or admission of 50 or less on GAF</u>) c. Services can be expected to improve or prevent further regression | Division of Health Care Services | Alaska State Statutes 47.07020(b); http://health.hss.state.ak.us/dpa/ |
| Arizona | EPSDT | AZ Dept. of Economic Security; Div. of Developmental Disabilities; Regional Behavioral Health Authority | Policy and Procedures Manual Division of Developmental Disabilities Ch. 300 Interface with other agencies/programs |
| Arkansas | EPSDT | Department of Health and Human Services; Division of Medical Services | http://www.hrsa.gov/reimbursement/states/Arkansas-Medicaid-Covered-Services-htm |
| California | <i>Children's System of Care Initiative:</i> DSM disorder-other than substance abuse and developmental disorders. | Dept. of Mental Health Services; Children & Family Program Policy. | CSOC services have been established in California Statute within the Welfare and Institutions Code, Section 5600.3 |
| Colorado | 8.765.4.A The client shall: 1. Be under 21 2. Be certified by an independent team 3. Have classified Diagnosis from DSM IV Text Revision, 4 th edition. 4. Have a <u>DSM Axis 5 GAF score of 40 or less</u> 5. Be assessed using current valid Colorado Client Assessment Record (CCAR). | Department of Health Care and Policy and Financing | 8.765.4 PRTF Client Eligibility Vol 8. of the Medical Assistance Program State Rules 10 CCR 2505-10 (CCR stands for Code of Colorado Regulations). |
| Connecticut | EPSDT | Dept of Mental Hlth and Addiction Serv. | Behavioral Health Partnership Oversight Committee: www.cga.ct.gov/ph/BHPOC |
| Delaware | Psych under 21-benefit is not currently part of State plan ** | | |
| District of Columbia | EPSDT | District of Columbia Department of Health/Mental Health/Behavioral Health Services | Department of Health doc. http://app/doh.dc.gov/services/adminstration_offices |

* References to **EPSDT** means Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) of Individuals under age 21 (42 C.F.R. Part 441 – Subpart B).

** DHHS, CMS source: Medicaid At-A-Glance 2005. (See <http://www.cms.hhs.gov/medicaid/stateplans>).

| State | Criteria – Psych under 21-benefit* | Department | Source of Information |
|-----------|---|--|---|
| Florida | Minimum criteria: 1. Services can be expected to improve or prevent further regression 2. <u>DSM IV diagnosis</u> 3. A serious impairment in functioning compared to others of the same age due to psychiatric diagnosis, in one or more major life roles (school, family, interpersonal relations, self-care) 4. Child must be in good physical health | Agency for Health Care Administration | Medicaid Statewide Inpatient Psychiatric Program (SIPP) Services for Individuals Under 18-RFP |
| Georgia | Psych under 21-benefit is not currently part of State plan ** | | |
| Hawaii | Psych under 21-benefit is currently part of State plan – however no information readily available. | | |
| Idaho | Children placed in residential treatment shall meet the CMH (community mental health) eligibility criteria of serious emotional disturbance (SED) | Department of Health and Welfare | Core Services Publication http://www.healthandwelfare.idaho.gov |
| Illinois | EPSDT | Dept of Children and Family Services | Section 95. Illinois Public Aid Code |
| Indiana | EPSDT | Indiana Family and Social Services Association | http://www.in.gov/fssa/disability/medicaid/serv.html Online Publication |
| Iowa | 85.3(3) Certification of need of care: 1. Determined by an Independent Team 2. Ambulatory Care services within community not sufficient 3. Care requires supervision by physician 4. Condition is expected to improve or be prevented from further regressing | Department of Human Services | IAC 1/4/06 Chapter 85. Services in Psychiatric Institutions http://www.dhs.state.ia.us/policyanalysis/PolicyManual/Pages/Manual_Documents?Rules/441-85.pdf |
| Kansas | EPSDT | Dept of Social and Rehabilitation Services | Kansas Health Policy Authority Summary of State Plan Amendment Revisions 06.19.06 |
| Kentucky | EPSDT | Cabinet for Health and Family Services | Directory of Services for Children and Youth with Special Health Care, Educational, and Vocational Rehabilitation Needs. Revised May 2005 |
| Louisiana | Psych under 21-benefit is currently part of State plan – however no information readily available. | | |
| Maine | EPSDT | Department of Health and Human Services | Maine Medical Assistance Manual Psychiatric Facility Services 46.03.1 |
| Maryland | Presence of disorder from the DSM-IV-TR codes on applicable Axes(I-V) | Mental Hygiene Administration | Department of Health and Mental Hygiene MD Per- Susan Steinberg SSteinberg@dhmh.md.us |

* References to **EPSDT** means Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) of Individuals under age 21 (42 C.F.R. Part 441 – Subpart B).

** DHHS, CMS source: Medicaid At-A-Glance 2005. (See <http://www.cms.hhs.gov/medicaid/stateplans>).

| State | Criteria – Psych under 21-benefit* | Department | Source of Information |
|----------------|---|--|---|
| Massachusetts | Diagnosis based on DSM-IV | Department of Mental Health | Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series 1999 |
| Michigan | Local Community Mental Health Service Provider (CMHSP) will screen the client and certify the need for inpatient psychiatric admissions prior to admission for all Medicaid clients | Department of Human Services | Medicaid Manual Chapter III pg 43 |
| Minnesota | Psych under 21-benefit is currently part of State plan – however no information readily available. | | |
| Mississippi | EPSDT | State Medicaid Agency | Division of Medicaid State of Mississippi Provider Policy Manual |
| Missouri | Local Psychiatric Diversion Screening Team will assess a child's need and determine the treatment plan. Team has representative members from all community agencies who work with the youth. Court order must place child in psychiatric hospital for evaluation and treatment. | Department of Social Services | Child Welfare Manual Section 4:Out-Of-Home Care Ch.4: Selection of placement resource and placement options. Effective Date: July 16, 2003 Pg:14 |
| Montana | DSM-IV diagnosis | Department of Public Health and Human Services | First Health Services of Montana Provider Manual III. Acute Inpatient. |
| Nebraska | Participate in EPSDT screening either six months prior to the initiation of MH/SA services or within eight weeks after the initiation of services. | Department of Health and Human Services | http://mentalhealth.samhsa.gov/Publications/allpubs/State_Med/Nebraska.pdf |
| Nevada | EPSDT referral | Department of Health and Human Services | http://mentalhealth.samhsa.gov/Publications/allpubs/State_Med/Nevada.pdf |
| New Hampshire | Psych under 21-benefit is currently part of State plan – however no information readily available. | | |
| New Jersey | 10.75-1.4 Beneficiary Eligibility: a. Medicaid/NJ FamilyCare beneficiaries under 21, those non-Medicaid/NJ FamilyCare children who enrolled in the Partnership for Children | Department of Medical Assistance and Health Services | Eligibility and Service Manuals Ch. 10-75. http://www.hrsa.gov/reimbursement/states/New-Jersey/Eligibility |
| New Mexico | EPSDT | Department of Health and Human Services | Resources for Recovery National Program Office www.resourcesforrecovery.org http://www.rwjf.org/files/publications/otherPolicyBriefFinal.pdf |
| New York | EPSDT | Office of Mental Health | Policy Brief |
| North Carolina | EPSDT | Department of Health and Human Services | Online Publication of DHHS #05-06 http://info.dhhs.state.nc.us/olm/manuals/dma/fcm/manMA3230.htm#P15_270 |
| North Dakota | EPSDT | Department of Human Services | Medicaid Bulletin Issue 56, September 2004 http://www.nd.gov/humanservices/services/medicalserv/Medicaid/docs/Medicaid-bulletin-200409.pdf |

* References to **EPSDT** means Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) of Individuals under age 21 (42 C.F.R. Part 441 – Subpart B).

** DHHS, CMS source: Medicaid At-A-Glance 2005. (See <http://www.cms.hhs.gov/medicaid/stateplans>).

| State | Criteria – Psych under 21-benefit* | Department | Source of Information |
|----------------|--|---|---|
| Ohio | EPSDT Also known as Healthchek | Department of Job and Family Services | Publication of Ohio legal rights services, January 2006 |
| Oklahoma | EPSDT | Department of Health and Human Services | http://mentalhealth.samsha.gov/Publications/allpubs/State_Med/Oklahoma.pdf |
| Oregon | EPSDT | Department of Human Services, Mental Health, and Disability Services | Oregon Administrative Rule 309-031-0200 Mental Health and Developmental Disability Services Division Administrative Rules OAR 309-031-0200 through 309-031-0255 |
| Pennsylvania | EPSDT | Department of Public Welfare | Pennsylvania Code- Ch.1241 |
| Rhode Island | EPSDT | Department of Human Services | Provider Update July 2002, vol 1117 |
| South Carolina | EPSDT | Department of Human Services | South Carolina State Subsidy Plan |
| South Dakota | Psych under 21-benefit is not currently part of State plan ** | | |
| Tennessee | EPSDT | Department of Mental Health & Developmental Disabilities Office of Managed Care | TennCare Medicaid Brief Chapter 1200-13-13 Manual for Mental Health Coverage to Uninsured Tennesseans January 2006 |
| Texas | EPSDT determines Medical Necessity | Department of Health and Human Services | Texas Administrative Code Title 25 Ch. 38, Rule 38.4 Children with Special Health Care Needs Services Programs (CSHCN). |
| Utah | CHEC screening, also known as EPSDT | Department of Health | Scope of Services (Article III) section of Utah's contract with Prepaid Mental Health Plans |
| Vermont | EPSDT | Department of Health; Agency of Human Services | www.vermont.gov |
| Virginia | Psych under 21-benefit is not currently part of State plan ** | | |
| Washington | Psych under 21-benefit is currently part of State plan – however no information readily available. | | |
| West Virginia | PRTFs are long term treatment facilities that treat clients with, severe, complex symptoms, of a significant duration, that have not responded to other level of care. These admissions require pre-approval. They require an MCM-1 and other supportive documentation such as psychiatric evaluations, psychosocial evaluations, social summaries, progress reports, MDT notes, or any documentation that would support why the client needs long term psychiatric residential treatment. | | Source: https://secure.wvmi.org/Priorauth/priorauth/PRTF_Children_under21.pdf |
| Wisconsin | Psych under 21-benefit is currently part of State plan – however no information readily available. | | |
| Wyoming | Psych under 21-benefit is not currently part of State plan ** | | |

* References to **EPSDT** means Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) of Individuals under age 21 (42 C.F.R. Part 441 – Subpart B).

** DHHS, CMS source: Medicaid At-A-Glance 2005. (See <http://www.cms.hhs.gov/medicaid/stateplans>).

Appendix A: Part 441, Subpart D – Inpatient Psychiatric Services for Individuals Under Age 21 in Psychiatric Facilities or Programs, §§ 441.150-441.156.

Sec. 441.150 Basis and purpose.

This subpart specifies requirements applicable if a State provides inpatient psychiatric services to individuals under age 21, as defined in Sec. 440.160 of this subchapter and authorized under section 1905 (a)(16) and (h) of the Act.

Sec. 441.151 General requirements.

(a) Inpatient psychiatric services for individuals under age 21 must be:

(1) Provided under the direction of a physician;

(2) Provided by--

(i) A psychiatric hospital or an inpatient psychiatric program in a hospital, accredited by the Joint Commission on Accreditation of Healthcare Organizations; or

(ii) A psychiatric facility that is not a hospital and is accredited by the Joint Commission on Accreditation of Healthcare Organizations, the Commission on Accreditation of Rehabilitation Facilities, the Council on Accreditation of Services for Families and Children, or by any other accrediting organization with comparable standards that is recognized by the State.

(3) Provided before the individual reaches age 21, or, if the individual was receiving the services immediately before he or she reached age 21, before the earlier of the following--

(i) The date the individual no longer requires the services; or

(ii) The date the individual reaches 22; and

(4) Certified in writing to be necessary in the setting in which the services will be provided (or are being provided in emergency circumstances) in accordance with Sec. 441.152.

(b) Inpatient psychiatric services furnished in a psychiatric residential treatment facility as defined in Sec. 483.352 of this chapter, must satisfy all requirements in subpart G of part 483 of this chapter governing the use of restraint and seclusion.

Sec. 441.152 Certification of need for services.

(a) A team specified in Sec. 441.154 must certify that--

(1) Ambulatory care resources available in the community do not meet the treatment needs of the recipient;

(2) Proper treatment of the recipient's psychiatric condition requires services on an inpatient basis under the direction of a physician; and

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

(b) The certification specified in this section and in Sec. 441.153 satisfies the utilization control requirement for physician certification in Sec. Sec. 456.60, 456.160, and 456.360 of this subchapter.

Sec. 441.153 Team certifying need for services.

Certification under Sec. 441.152 must be made by terms specified as follows:

(a) For an individual who is a recipient when admitted to a facility or program, certification must be made by an independent team that--

- (1) Includes a physician;
- (2) Has competence in diagnosis and treatment of mental illness, preferably in child psychiatry; and
- (3) Has knowledge of the individual's situation.

(b) For an individual who applies for Medicaid while in the facility of program, the certification must be--

- (1) Made by the team responsible for the plan of care as specified in Sec. 441.156; and
- (2) Cover any period before application for which claims are made.

(c) For emergency admissions, the certification must be made by the team responsible for the plan of care (Sec. 441.156) within 14 days after admission.

Sec. 441.154 Active treatment.

Inpatient psychiatric services must involve "active treatment," which means implementation of a professionally developed and supervised individual plan of care, described in Sec. 441.155 that is--

- (a) Developed and implemented no later than 14 days after admission; and
- (b) Designed to achieve the recipient's discharge from inpatient status at the earliest possible time.

Sec. 441.155 Individual plan of care.

(a) "Individual plan of care" means a written plan developed for each recipient in accordance with Sec. Sec. 456.180 and 456.181 of this chapter, to improve his condition to the extent that inpatient care is no longer necessary.

(b) The plan of care must--

(1) Be based on a diagnostic evaluation that includes examination of the medical, psychological, social, behavioral and developmental aspects of the recipient's situation and reflects the need for inpatient psychiatric care;

(2) Be developed by a team of professionals specified under Sec. 441.156 in consultation with the recipient; and his parents, legal guardians, or others in whose care he 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

(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 recipient's family, school, and community upon discharge.

(c) The plan must be reviewed every 30 days by the team specified in Sec. 441.156 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 recipient's overall adjustment as an inpatient.

(d) The development and review of the plan of care as specified in this section satisfies the utilization control requirements for--

(1) Recertification under Sec. Sec. 456.60(b), 456.160(b), and 456.360(b) of this subchapter; and

(2) Establishment and periodic review of the plan of care under Sec. Sec. 456.80, 456.180, and 456.380 of this subchapter.

Sec. 441.156 Team developing individual plan of care.

(a) The individual plan of care under Sec. 441.155 must be developed by an interdisciplinary team of physicians and other personnel who are employed by, or provide services to patients in, the facility.

(b) Based on education and experience, preferably including competence in child psychiatry, the team must be capable of--

(1) Assessing the recipient's immediate and long-range therapeutic needs, developmental priorities, and personal strengths and liabilities;

(2) Assessing the potential resources of the recipient's family;

(3) Setting treatment objectives; and

(4) Prescribing therapeutic modalities to achieve the plan's objectives.

(c) The team must include, as a minimum, either--

(1) A Board-eligible or Board-certified psychiatrist;

(2) A clinical psychologist who has a doctoral degree 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 certified by the State or by the State psychological association.

(d) The team must also include one of the following:

(1) A psychiatric social worker.

(2) A registered nurse with specialized training or one year's experience in treating mentally ill individuals.

(3) An occupational therapist who is licensed, if required by the State, and who has specialized training or one year of experience in treating mentally ill individuals.

(4) A psychologist who has a master's degree in clinical psychology or who has been certified by the State or by the State psychological association.

Appendix B: Summation by State – State Level Criteria for Persons Seeking Services under the Inpatient Psychiatric Services for Individuals Under Age 21 (Psych under 21-benefit).

| State | Criteria – Psych under 21-benefit* | Department | Source of Information |
|----------------------|---|---|---|
| Alabama | Must have at least one of the following: 1. Inappropriate performance of ADLs 2. Impaired safety 3. Impaired thought process 4. Inpatient treatment required due to lack of community services, toxic drug effects, need for highly restrictive environment. | State Medicaid Agency | Medicaid Administrative Code 41 Rule No. 560-X-41.09 Inpatient Review Criteria, Statutory Authority; State Plan, Attachments 3.1-A,P. 7.16 and 4.19-B, p.8; 42 CFR, Part 441, Subpart D |
| Alaska | The following must be satisfied: a. Ambulatory care resources available in community do not meet treatment needs b. Condition requires treatment on inpatient basis (<u>condition defined by DSM-IV Axis V or admission of 50 or less on GAF</u>) c. Services can be expected to improve or prevent further regression | Division of Health Care Services | Alaska State Statutes 47.07020(b); http://health.hss.state.ak.us/dpa/ |
| Arizona | EPSDT | AZ Dept. of Economic Security; Div. of Developmental Disabilities; Regional Behavioral Health Authority | Policy and Procedures Manual Division of Developmental Disabilities Ch. 300 Interface with other agencies/programs |
| Arkansas | EPSDT | Department of Health and Human Services; Division of Medical Services | http://www.hrsa.gov/reimbursement/states/Arkansas-Medicaid-Covered-Services-htm |
| California | <i>Children's System of Care Initiative:</i> DSM disorder-other than substance abuse and developmental disorders. | Dept. of Mental Health Services; Children & Family Program Policy. | CSOC services have been established in California Statute within the Welfare and Institutions Code, Section 5600.3 |
| Colorado | 8.765.4.A The client shall: 1. Be under 21 2. Be certified by an independent team 3. Have classified Diagnosis from DSM IV Text Revision, 4 th edition. 4. Have a <u>DSM Axis 5 GAF score of 40 or less</u> 5. Be assessed using current valid Colorado Client Assessment Record (CCAR). | Department of Health Care and Policy and Financing | 8.765.4 PRTF Client Eligibility Vol 8. of the Medical Assistance Program State Rules 10 CCR 2505-10 (CCR stands for Code of Colorado Regulations). |
| Connecticut | EPSDT | Dept of Mental Hlth and Addiction Serv. | Behavioral Health Partnership Oversight Committee: www.cga.ct.gov/ph/BHPOC |
| Delaware | Psych under 21-benefit is not currently part of State plan ** | | |
| District of Columbia | EPSDT | District of Columbia Department of Health/Mental Health/Behavioral Health Services | Department of Health doc. http://app/doh.dc.gov/services/administration_offices |

* References to **EPSDT** means Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) of Individuals under age 21 (42 C.F.R. Part 441 – Subpart B).

** DHHS, CMS source: Medicaid At-A-Glance 2005. (See <http://www.cms.hhs.gov/medicaid/stateplans>).

| State | Criteria – Psych under 21-benefit* | Department | Source of Information |
|-----------|---|--|---|
| Florida | Minimum criteria: 1. Services can be expected to improve or prevent further regression 2. <u>DSM IV diagnosis</u> 3. A serious impairment in functioning compared to others of the same age due to psychiatric diagnosis, in one or more major life roles (school, family, interpersonal relations, self-care) 4. Child must be in good physical health | Agency for Health Care Administration | Medicaid Statewide Inpatient Psychiatric Program (SIPP) Services for Individuals Under 18-RFP |
| Georgia | Psych under 21-benefit is not currently part of State plan ** | | |
| Hawaii | Psych under 21-benefit is currently part of State plan – however no information readily available. | | |
| Idaho | Children placed in residential treatment shall meet the CMH (community mental health) eligibility criteria of serious emotional disturbance (SED) | Department of Health and Welfare | Core Services Publication http://www.healthandwelfare.idaho.gov |
| Illinois | EPSDT | Dept of Children and Family Services | Section 95. Illinois Public Aid Code |
| Indiana | EPSDT | Indiana Family and Social Services Association | http://www.in.gov/fssa/disability/medicaid/serv.html Online Publication |
| Iowa | 85.3(3) Certification of need of care: 1. Determined by an Independent Team 2. Ambulatory Care services within community not sufficient 3. Care requires supervision by physician 4. Condition is expected to improve or be prevented from further regressing | Department of Human Services | IAC 1/4/06 Chapter 85. Services in Psychiatric Institutions http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual_Documents?Rules/441-85.pdf |
| Kansas | EPSDT | Dept of Social and Rehabilitation Services | Kansas Health Policy Authority Summary of State Plan Amendment Revisions 06.19.06 |
| Kentucky | EPSDT | Cabinet for Health and Family Services | Directory of Services for Children and Youth with Special Health Care, Educational, and Vocational Rehabilitation Needs. Revised May 2005 |
| Louisiana | Psych under 21-benefit is currently part of State plan – however no information readily available. | | |
| Maine | EPSDT | Department of Health and Human Services | Maine Medical Assistance Manual Psychiatric Facility Services 46.03.1 |
| Maryland | Presence of disorder from the DSM-IV-TR codes on applicable Axes(I-V) | Mental Hygiene Administration | Department of Health and Mental Hygiene MD Per- Susan Steinberg SSteinberg@dhmh.md.us |

* References to **EPSDT** means Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) of Individuals under age 21 (42 C.F.R. Part 441 – Subpart B).

** DHHS, CMS source: Medicaid At-A-Glance 2005. (See <http://www.cms.hhs.gov/medicaid/stateplans>).

| State | Criteria – Psych under 21-benefit* | Department | Source of Information |
|----------------|---|--|---|
| Massachusetts | Diagnosis based on DSM-IV | Department of Mental Health | Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series 1999 |
| Michigan | Local Community Mental Health Service Provider (CMHSP) will screen the client and certify the need for inpatient psychiatric admissions prior to admission for all Medicaid clients | Department of Human Services | Medicaid Manual Chapter III pg 43 |
| Minnesota | Psych under 21-benefit is currently part of State plan – however no information readily available. | | |
| Mississippi | EPSDT | State Medicaid Agency | Division of Medicaid State of Mississippi Provider Policy Manual |
| Missouri | Local Psychiatric Diversion Screening Team will assess a child's need and determine the treatment plan. Team has representative members from all community agencies who work with the youth. Court order must place child in psychiatric hospital for evaluation and treatment. | Department of Social Services | Child Welfare Manual Section 4:Out-Of-Home Care Ch.4: Selection of placement resource and placement options. Effective Date: July 16, 2003 Pg:14 |
| Montana | DSM-IV diagnosis | Department of Public Health and Human Services | First Health Services of Montana Provider Manual III. Acute Inpatient. |
| Nebraska | Participate in EPSDT screening either six months prior to the initiation of MH/SA services or within eight weeks after the initiation of services. | Department of Health and Human Services | http://mentalhealth.samhsa.gov/Publications/allpubs/State_Med/Nebraska.pdf |
| Nevada | EPSDT referral | Department of Health and Human Services | http://mentalhealth.samhsa.gov/Publications/allpubs/State_Med/Nevada.pdf |
| New Hampshire | Psych under 21-benefit is currently part of State plan – however no information readily available. | | |
| New Jersey | 10.75-1.4 Beneficiary Eligibility: a. Medicaid/NJ FamilyCare beneficiaries under 21, those non-Medicaid/NJ FamilyCare children who enrolled in the Partnership for Children | Department of Medical Assistance and Health Services | Eligibility and Service Manuals Ch. 10-75. http://www.hrsa.gov/reimbursement/states/New-Jersey/Eligibility |
| New Mexico | EPSDT | Department of Health and Human Services | Resources for Recovery National Program Office www.resourcesforrecovery.org http://www.rwjf.org/files/publications/otherPolicyBriefFinal.pdf |
| New York | EPSDT | Office of Mental Health | Policy Brief |
| North Carolina | EPSDT | Department of Health and Human Services | Online Publication of DHHS #05-06 http://info.dhhs.state.nc.us/olm/manuals/dma/fcm/manMA3230.htm#P15_270 |
| North Dakota | EPSDT | Department of Human Services | Medicaid Bulletin Issue 56, September 2004 http://www.nd.gov/humanservices/services/medicalserv/Medicaid/docs/Medicaid-bulletin-200409.pdf |

* References to **EPSDT** means Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) of Individuals under age 21 (42 C.F.R. Part 441 – Subpart B).

** DHHS, CMS source: Medicaid At-A-Glance 2005. (See <http://www.cms.hhs.gov/medicaid/stateplans>).

| State | Criteria – Psych under 21-benefit* | Department | Source of Information |
|----------------|--|---|---|
| Ohio | EPSDT Also known as Healthchek | Department of Job and Family Services | Publication of Ohio legal rights services, January 2006 |
| Oklahoma | EPSDT | Department of Health and Human Services | http://mentalhealth.samsha.gov/Publications/allpubs/State_Med/Oklahoma.pdf |
| Oregon | EPSDT | Department of Human Services, Mental Health, and Disability Services | Oregon Administrative Rule 309-031-0200 Mental Health and Developmental Disability Services Division Administrative Rules OAR 309-031-0200 through 309-031-0255 |
| Pennsylvania | EPSDT | Department of Public Welfare | Pennsylvania Code- Ch.1241 |
| Rhode Island | EPSDT | Department of Human Services | Provider Update July 2002, vol 1117 |
| South Carolina | EPSDT | Department of Human Services | South Carolina State Subsidy Plan |
| South Dakota | Psych under 21-benefit is not currently part of State plan ** | | |
| Tennessee | EPSDT | Department of Mental Health & Developmental Disabilities Office of Managed Care | TennCare Medicaid Brief Chapter 1200-13-13 Manual for Mental Health Coverage to Uninsured Tennesseans January 2006 |
| Texas | EPSDT determines Medical Necessity | Department of Health and Human Services | Texas Administrative Code Title 25 Ch. 38, Rule 38.4 Children with Special Health Care Needs Services Programs (CSHCN). |
| Utah | CHEC screening, also known as EPSDT | Department of Health | Scope of Services (Article III) section of Utah's contract with Prepaid Mental Health Plans |
| Vermont | EPSDT | Department of Health; Agency of Human Services | www.vermont.gov |
| Virginia | Psych under 21-benefit is not currently part of State plan ** | | |
| Washington | Psych under 21-benefit is currently part of State plan – however no information readily available. | | |
| West Virginia | PRTFs are long term treatment facilities that treat clients with, severe, complex symptoms, of a significant duration, that have not responded to other level of care. These admissions require pre-approval. They require an MCM-1 and other supportive documentation such as psychiatric evaluations, psychosocial evaluations, social summaries, progress reports, MDT notes, or any documentation that would support why the client needs long term psychiatric residential treatment. | | Source: https://secure.wvmi.org/Priorauth/priorauth/PRTF_Children_under21.pdf |
| Wisconsin | Psych under 21-benefit is currently part of State plan – however no information readily available. | | |
| Wyoming | Psych under 21-benefit is not currently part of State plan ** | | |

* References to **EPSDT** means Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) of Individuals under age 21 (42 C.F.R. Part 441 – Subpart B).

** DHHS, CMS source: Medicaid At-A-Glance 2005. (See <http://www.cms.hhs.gov/medicaid/stateplans>).