

# Psychiatric Residential Treatment Facilities (PRTF)

## General Requirements and Conditions of Participation

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# Objectives

At the completion of this presentation, you will be able to:

- Determine the structure and characteristics of a PRTF.
- Identify the regulatory requirements for PRTFs.
- Recognize key aspects of the PRTF Condition of Participation (CoP).

# What is a PRTF?

A PRTF is a provider of inpatient psychiatric services who:

- has a provider agreement with a State Medicaid Agency to provide the inpatient services benefit to Medicaid-eligible individuals under the age of 21 (psych under 21 benefit);
- provides PRTF services under the direction of a physician;
- must be accredited by The Joint Commission, CARF, CASFC, or any other state-approved accrediting organization; and
- meet requirements in 42 CFR 441.151 to 441.182, and 483.350 to 483.376

# Regulatory Authority for PRTF



- The Social Security Act (the Act) includes authorizes the CMS to enter into an agreement with the State, as well as authorizes the State Agency or other appropriate medical agency to be responsible for establishing and maintaining health standards (§§ 1864(a) and 1902(a)).
- 2001: CMS finalized PRTFs as a separate type of inpatient setting, and established Condition of Participation regulating the use of restraint or seclusion (§483.350-483.376).

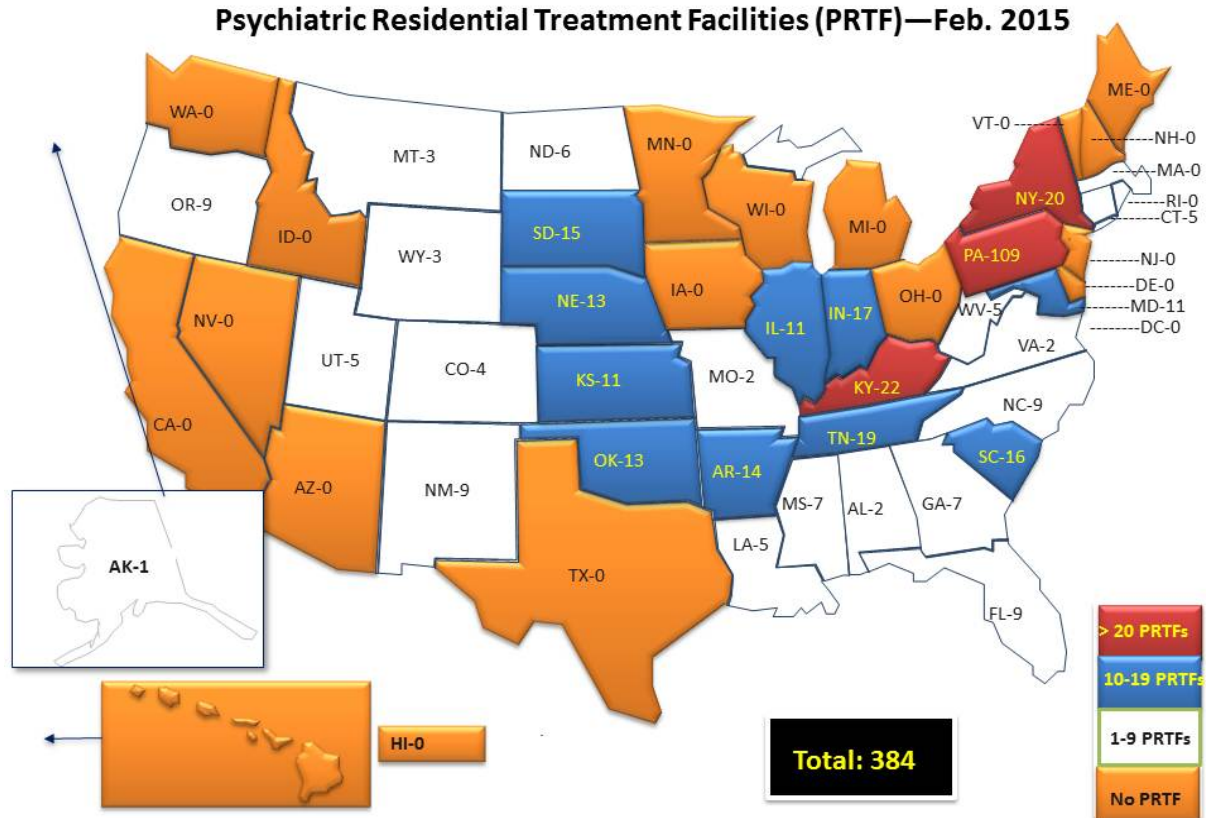
# PRTF Voluntary State Participation

PRTF services are optional State plan, under §1905(a)(16) of the Act:

- Although states may choose not to include PRTF in their state plan, but the services must be provided to all individuals in need of the services.
- Non-participating states must either provide PRTF services through another psychiatric resources within the state or through another state that participates in the PRTF program.



# PRTF Count by State



# General Requirements for PRTF

- Beneficiary & Accreditation Requirements, §441.151
- Certification of need for services, §441.152
- Team certifying need for services, §441.153
- Active treatment, §441.154
- Individual plan of care, §441.155
- Interdisciplinary team, §441.156





# Beneficiary and Accreditation Requirements §441.151 (a)(1)

PRTF services must be provided under the direction of a physician

PRTF may be provided by:

- a **psychiatric hospital** that undergoes CMS approved surveys; or
- a **hospital** with an inpatient psychiatric program
- a **psychiatric facility** that is not a hospital and is appropriately accredited.





# Certification of Need for Services §441.152

A treatment team must certify that:

- Ambulatory care resources available in the community do not meet treatment needs of the beneficiary.
- Proper treatment of the beneficiary's psychiatric condition requires services on an inpatient basis under the direction of a physician.
- The services can reasonably be expected to improve the beneficiary's condition or prevent further regression, so that the services will no longer be needed.

# Active Treatment §441.154

Inpatient psychiatric services must involve “active treatment,” which means implementation of a professionally developed and supervised individual plan of care that is:

- Developed and implemented no later than 14 days after admission; and
- Designed to achieve the beneficiary’s discharge from inpatient status at the earliest possible time



# Individual Plan of Care §441.155

“Individual plan of care” means a written plan developed for each beneficiary, to improve his or her condition.

The individual plan of care must be:

- Based on a diagnostic evaluation that includes examination of the medical, psychosocial, and behavioral aspects of the beneficiary’s situation.
- Developed by a treatment team in consultation with the beneficiary, and his or her parents, legal guardians, or others in whose care he or she will be released after discharge

# Individual Plan of Care §441.155 (cont.)

The individual plan of care must also:

- State treatment objectives and prescribe an integrated program of therapies, activities, and experiences designed to meet the objectives
- Include discharge plans and after care resources such as community services to ensure continuity of care with the beneficiary's family, school, and community upon discharge



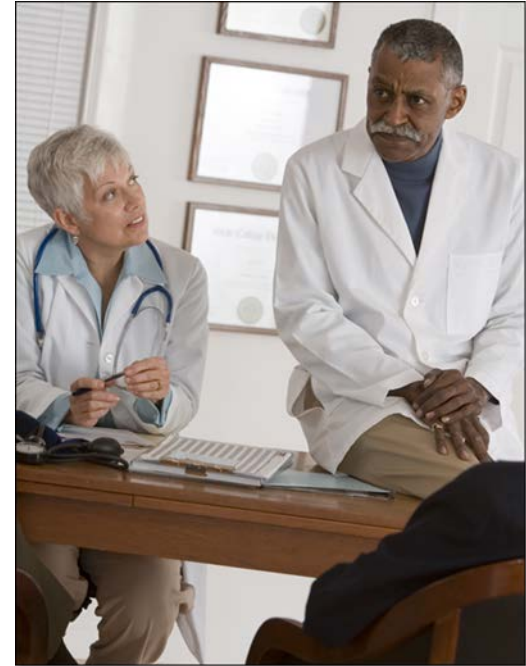
# Interdisciplinary Team Requirements §441.156

- The individual plan of care under §441.155 must be developed by an interdisciplinary treatment team of physicians and other personnel.
- The team selection should be based on education and experience, preferably including competence in child psychiatry.



# Interdisciplinary Team Requirements §441.156 (cont.)

- the team must be capable of:
  - Assessing the beneficiary's immediate and long-range therapeutic needs, developmental priorities, and personal strengths and liabilities;
  - Assessing the potential resources of the beneficiary's family;
  - Setting treatment objectives; and
  - Prescribing therapeutic modalities to achieve the plan's objectives.



# Composition of the Interdisciplinary Treatment Team

The team **must include**, at a minimum, **either**:

- A board-eligible or board-certified psychiatrist;
- A clinical psychologist who has a doctoral degree and a physician licensed to practice medicine or osteopathy; **or**
- 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



# Composition of the Interdisciplinary Treatment Team

The team **must** also include **one** of the following:

- A psychiatric social worker.
- A registered nurse with specialized training [in mental health] or one year's experience in treating mentally ill individual.
- 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.
- 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

# Other Requirements Under the CoP

- §483.356, Protection of Residents
- §483.358, Orders for the use of restraint or seclusion
- §483.362-364, Monitoring of the resident in restraint or seclusion
- §483.366, Notification of parent(s) or legal guardian(s)
- §483.368, Application of time out
- §483.370, Post intervention debriefings
- §483.372, Medical treatment for injuries resulting from an emergency safety intervention
- §483.374, Facility reporting
- §483.376, Education and training

# PRTF Stakeholders

There are a number of “participants” involved in operating and overseeing PRTFs. They include:

- The PRTF
- State Survey Agency (SA)
- State Medicaid Agency (SMA)
- Centers for Medicare & Medicaid Services – both Central Office (CO) and Regional Office (RO)
- State Protection & Advocacy Agency (P&A)

# Summary

Remember these key points regarding the general requirements for PRTFs:

- PRTFs serve residents under 21 years in an inpatient, psychiatric setting.
- PRTF services must be provided under the direction of a physician in the least restrictive, safe, and appropriate environment.
- Individual plans of care must state treatment objectives, prescribe appropriate interventions, and include post-discharge plans.
- The interdisciplinary team develops the plan of care within 14 days of the admission and reviews it every 30 days.
- Key aspects of the CoP require monitoring, staff training, notification, issuing orders, and reporting injuries.

# Questions



# Contact Information



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