



**State of New Hampshire**  
**Department of Health and Human Services**

REQUEST FOR INFORMATION  
RFI-2020-DBH-02-PSYCH

FOR

Psychiatric Residential Treatment Facility

January 22, 2020



## **1. Overview and Purpose**

### **1.1. Overview**

- 1.1.1. This Request for Information (RFI) is issued to gain a broader understanding of the opportunities, factors, feasibility and challenges involved in implementing a Psychiatric Residential Treatment Facility (PRTF) at the youth treatment space at the Sununu Youth Service Center in Manchester, New Hampshire.
- 1.1.2. The Department envisions a PRTF that offers substance use disorders treatment services, and other specialty care, through individual, family and group therapy and psychiatric services in a 24-hour 7-day a week inpatient residential treatment facility, that is not a hospital, but is under the direction of a physician.
- 1.1.3. A PRTF is the highest level of residential care before being admitted to an acute psychiatric hospital. It is anticipated the youth treatment space at Sununu Youth Service Center currently can accommodate approximately 30 beds.

### **1.2. Purpose**

- 1.2.1. A PRTF will ensure necessary treatment services are provided in a manner that is effective, organized, meaningful and impactful to children, youth and young adults, as well as their families, to alleviate the symptoms and associated challenges experienced due to their behavioral health conditions. Additionally, a PRTF will work in partnership with community-based treatment providers to ensure timely transitions back to families and communities.
- 1.2.2. The Department seeks information from subject matter experts; stakeholders, such as children, youth, young adults and their families; and providers of services (from herein collectively known as "Respondents") to identify factors that should be considered to best develop and operate a PRTF. Factors may include, but are not limited to:
  - 1.2.2.1. The timeframes needed to develop and implement a PRTF.
  - 1.2.2.2. Current and suggested daily rates for a PRFT that are all inclusive and 100% billable to Medicaid and other insurances.
  - 1.2.2.3. Your interest in being a willing partner to provide a PRTF.
  - 1.2.2.4. How to best incorporate specialized treatment needs and intensive supervision for children, youth and young adults who need a secure and therapeutic setting and who have complex mental health conditions that may include, but are



not limited to:

- 1.2.2.4.1. Substance use treatment disorders that align with the ASAM criteria.
- 1.2.2.4.2. Eating Disorders.
- 1.2.2.4.3. Chronic aggression and self-harm.
- 1.2.2.4.4. Sexualized behaviors.
- 1.2.2.5. Other treatment opportunities such as Adventure Therapy.
- 1.2.2.6. Barriers and issues for the Department to consider.

## 2. Background Information

### 2.1. The Department's vision for a PRTF in New Hampshire

- 2.1.1. The Department is actively working on expanding home and community-based services for children, youth and young adults with stakeholder input through two other Requests for Information.
- 2.1.2. Additionally, the Department continues to receive input from stakeholders on the 10-Year Mental Health Plan and Children's Behavioral Health System of Care (**See Section 3 below for Impetus for this RFI**). As a result of this valuable input, it has been identified that a PRTF is critical to the vision of the 10-Year Mental Health Plan and System of Care to include a level of care not currently available in New Hampshire.
- 2.1.3. The expansion of home and community-based services and residential services is to ensure families have all services available along the continuum of care for their children, youth and young adults who have behavioral health conditions. While the Department has expanded home and community-based services, a portion of New Hampshire's children, youth and young adults experience short-term residential treatment episodes that cannot met effectively or adequately without a PRTF.
- 2.1.4. The Department seeks to meet the needs of children, youth and young adults who have the highest levels of complex behavioral health conditions and treatment needs. Due to access issues and missing levels of care, many children, youth and young adults must access out-of-state treatment. Receiving out-of-state treatment can impede successful transition back home. Currently, approximately seventy (70) children, youth and young adults who have complex mental health conditions receive varying levels of care and services out-of-state.
- 2.1.5. The Department is actively working towards addressing behavioral health needs in a more collaborative approach that is seamless and coordinated, such as combining emergency and treatment services for substance use disorder and mental health. The Department is encouraging providers, including existing PRTFs along the continuum of



care to work together to provide a more collaborative approach for behavioral health services to meet the complex needs of children, youth and young adults.

- 2.1.6. A PRTF located in New Hampshire would result in children, youth and young adults being able to stay in closer proximity to other continuum of care providers in New Hampshire, resulting in improved communication and continued relationships between the family, doctors, school and community connections. This would result in easier and timelier transitions from intensive treatments; to lesser levels of residential care; and to an array of home and community-based services.
- 2.1.7. Additionally, the Department seeks to provide alternatives to psychiatric hospitalization, step-up and step-down options, as described in Department's 10-Year Mental Health Plan. The PRTF is considered an alternative that will reduce hospital emergency department stays and wait lists for psychiatric treatment.

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### **3. Impetus for a PRTF in New Hampshire**

#### **3.1. 10 Year Mental Health Plan**

3.1.1. Through the 10-Year Mental Health planning process, which engaged stakeholders from across the State, the Department knows that children’s behavioral health needs are very complex and require more comprehensive treatment approaches to address care needs. The 10-Year Mental Health Plan identifies gaps in the service array for children’s behavioral health currently available in New Hampshire. This RFI seeks to identify how the PRTF will help address the identified system gaps in a manner that promotes the individualized and specialized care children, youth and young adults require.

#### **3.2. Residential and Psychiatric Hospitalization Oversight**

3.2.1. Senate Bill 14, of the 2019 New Hampshire Regular Legislative Session, requires the State to have a care management entity provide oversight for residential and psychiatric hospitalization to ensure:

3.2.1.1. Treatments align with diagnoses.

3.2.1.2. Efficient and timely transitions for children, youth, or young adults from treatment back to their families and communities.

#### **3.3. Future state for Children’s Behavioral Health in New Hampshire**

##### **3.3.1. Overview**

3.3.1.1. In 2016, the Department established the Bureau of Children’s Behavioral Health to coordinate and integrate children’s mental health services into a system of care. Today, the Bureau coordinates services to ensure behavioral health conditions can be addressed at a young age, leading to better outcomes and healthier lives for children.

3.3.1.2. The Department, through the work of the 10-Year Mental Health Plan; the Division for Children, Youth and Families (DCYF) transformation; Families First legislation; and the continued development of Children’s System of Care under RSA 135-F; seeks to develop a full, robust treatment system that ensures:

3.3.1.2.1. The necessary level of care for children, youth and young adults is provided when needed.

3.3.1.2.2. All treatment needs of children, youth and young adults are available and accessible in New Hampshire.

3.3.1.2.3. Inpatient treatment, both hospital and PRTF or residential, is episodic in nature and includes



timely and effective transitions back home and in the community.

3.3.1.2.4. High quality treatment at every level that is effective and safe.

3.3.1.2.5. Children, youth and young adults as well as their families have the support needed to be successful at home, at school and in the community.

3.3.1.2.6. Wait times for inpatient psychiatric treatment are eliminated.

### 3.4. Children's System of Care for Mental Health Core Values

3.4.1. Values and examples of implementation of these values includes but is not limited to:

3.4.1.1. **Family and Youth Driven:** Family and Youth is the core of the work. Utilizing the strengths and needs of the child and family, the provider works with the family to determine the types and mix of services and supports needed. Family and Youth have a role in decision-making regarding the treatment priorities and family goals that will be included in treatment plans. Family and youth are given a voice to assist with improving the quality of service delivery, including family and youth engagement strategies and other ways the provider can better align practice and service delivery with the core values.

3.4.1.2. **Community Based:** Services are provided at the community level with the youth and family in their home and community when possible. Providers of treatment services that are facility based (Hospital or Residential) assist the family with transitioning back home and to the community, prior to discharge, by ensuring:

3.4.1.2.1. Treatment goals and behavioral strategies are clear and able to be implemented in the home environment.

3.4.1.2.2. Community-based services and the school are:

3.4.1.2.2.1. Engaged and aware of the strengths and needs of the child and family.

3.4.1.2.2.2. Knowledgeable about the treatment plan.

3.4.1.2.2.3. Knowledgeable about strategies for continuity of treatment and



support once the child is back in the home and in the community.

3.4.1.3. **Culturally and Linguistically Competent:** Culturally and linguistically competent, with services and service delivery that reflect the cultural, racial, ethnic and linguistic differences of the populations served to facilitate access to and utilization of appropriate services and supports. Full understanding of a family's values and culture is required to develop a trusting partnership and supportive relationship with families.

3.4.1.4. **Trauma-informed Care** (<https://store.samhsa.gov/system/files/sma14-4884.pdf>): Treatment and support services are delivered using the 6 core principles of a trauma-informed approach:

3.4.1.4.1. Safety.

3.4.1.4.2. Trustworthiness and Transparency.

3.4.1.4.3. Peer Support.

3.4.1.4.4. Collaboration and Mutuality.

3.4.1.4.5. Empowerment, Voice and Choice.

3.4.1.4.6. Cultural, Historical, and Gender Issues.

### 3.5. Department of Health and Human Services' Mission

3.5.1. The Department of Health and Human Services' Mission is to join communities and families in providing opportunities for citizens to achieve health and independence.

## 4. Program requirements and Website Links for Information:

### 4.1. Note to respondents

4.1.1. The Centers for Medicare and Medicaid Services (CMS) provides a guidance document that clarifies a PRFT. See Appendix A.

4.1.2. CMS provides basic information for PRTF and its applicable laws, regulations and compliance information on-line at: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/PRTFs>.

4.1.3. A PRFT will be subject to licensing under the Department's Health Facility Licensing. The Department may need to make licensure changes for this. CMS requires accreditation for a PRTF by national accrediting body.

4.1.4. More information on the State's System of Care for Children's Mental Health is available online at:





<http://www.gencourt.state.nh.us/rsa/html/X/135-F/135-F-mrg.htm>.

- 4.1.5. More information on the State's 10-Year Mental Health Plan is available online at <https://www.dhhs.nh.gov/dcbcs/bbh/10-year-mh-plan.htm>.

## **5. RFI Questions:**

### **5.1. Note to respondents**

- 5.1.1. An RFI is the Department's tool to seek information from entities that may include, but are not limited to subject matter experts, stakeholders and providers to obtain a holistic view of what may be needed to implement certain services.
- 5.1.2. This RFI is for informational purposes only, and is not intended to result in a contract or vendor agreement with any respondent. This RFI is not a Request for Proposals, Bids, or Applications. The State is seeking information to develop, implement, and operationalize a PRTF in New Hampshire.
- 5.1.3. This RFI does not commit the State to publish a Request for Proposals (RFP) or award a contract. The issuance of an RFP, as a result of information gathered from these responses, is solely at the discretion of the State. Should an RFP be issued, it will be open to qualified vendors, whether those vendors choose to submit a response to this RFI. This RFI is not a pre-qualification process.
- 5.1.4. Once information from this RFI is fully evaluated, and depending on funding and other factors, an RFP may be published by the Department to select a vendor for specific work to be performed, which could potentially result in a contract after the completion of the RFP scoring process. Nevertheless, the issuance of any RFP in the future does not commit the Department to award a contract.

### **5.2. Respondent Contact Information to include (full submission outlined in subsection 7.2):**

- Organization(s) name
- Organization(s) address
- Contact person responsible for responding to this RFI
- Contact person's telephone number
- Contact person's email address

### **5.3. Please provide responses to the following RFI Questions:**

- 5.3.1. The Department asks the following questions to assist in developing, implementing, and operationalizing a PRTF. The Department encourages and seeks other/any/all information that may not have been considered so far, which may include, but is not limited to, more (or less) beds; renovations that may be needed to the facility; workforce needs;





specialized training; and programming or partnerships.

- 5.3.2. Respondents may respond to some or all the questions in subsection 5.3.4 below. Responses to all questions are encouraged but not required. Responses can be brief (a few sentences) or longer (a few paragraphs).
- 5.3.3. Please ensure responses are appropriately labeled and they correctly identify the question being addressed.
- 5.3.4. Questions:
  - 5.3.4.1. How would you best provide specialized treatment and intensive supervision within one (1) facility for children, youth and young adults who need a secure and therapeutic setting and who have complex mental health conditions.
  - 5.3.4.2. What evidenced based practices (EBP) are best used for this type of programming and level of care which may include but are not limited to:
    - 5.3.4.2.1. Trauma informed Care Models.
    - 5.3.4.2.2. Adventure based, and resilience building models.
    - 5.3.4.2.3. Trauma treatment models.
    - 5.3.4.2.4. Assessment and screenings.
  - 5.3.4.3. What staffing design do you recommend to meet the intensive supervision and treatment needs of children, youth and young adults in a PRTF?
  - 5.3.4.4. How many children, youth and young adults are best served in a PRTF while still maintaining high level of quality as well as individual and staff safety?
  - 5.3.4.5. What types of population configuration are best to serve high need children, youth and young adults in a safe and effective manner, while addressing and treating each individual's unique treatment needs?
  - 5.3.4.6. Is inclusion of Medical Detox and Medical Assisted Treatment as part to of the substance use disorder treatment appropriate at this level of care? If so, how can it best be incorporated?
  - 5.3.4.7. What are the barriers to developing, implementing, and operationalizing a PRTF?
  - 5.3.4.8. How could those barriers in Question in Section 5.3.4.7 above be mitigated? What would be needed?
  - 5.3.4.9. What types of educational services best meet the needs of children, youth and young adults served within the PRTF



that will assist them to stay on track educationally while meeting their individual educational and treatment needs?

- 5.3.4.10. What partnerships would be needed to ensure comprehensive treatment services as well as robust enrichment programming that may include activities, sports, games, and adventure-based activities for children, youth and young adults while receiving treatment services at the PRTF?
- 5.3.4.11. How can Peer Support be incorporated into the programming for children, youth and young adults as well as their families?
- 5.3.4.12. How can the voices of children, youth and young adults and their families be incorporated into programming design and quality assurance processes?
- 5.3.4.13. How would you collaborate with hospitals, residential and community treatment providers as well as the care management entity to transition children, youth and young adults to and from the PRTF?
- 5.3.4.14. How can a no reject, no eject policy best be incorporated into the PRTF? It is required that all children be served when assessed for this level of care.
- 5.3.4.15. What are the workforce needs to operate a PRTF?
- 5.3.4.16. What types of costs and resources need to be considered when starting to develop a PRTF such as, but not limited to: hiring, capital cost, phased approach, Information Technology Systems?
- 5.3.4.17. Operationally, explain what it would cost and why? Additionally,
  - 5.3.4.17.1. What is the current daily rate(s) for this level of care? Is this an all-inclusive rate? If so, what does it include?
  - 5.3.4.17.2. What is an adequate, all-inclusive rate? What costs not covered by the daily rate should be considered such as, but not limited to, evaluation and EBP, fidelity cost?
  - 5.3.4.17.3. Provide any other information that would be helpful to the Department to understand operational costs and how to reimburse costs for services.
- 5.3.4.18. What is the time needed to effectively develop and implement a PRTF from inception to when doors open for



services? (Respondents may use a work plan or other visual/tool to explain. However, it is not required, but may be helpful.)

- 5.3.4.19. Is the treatment space at the Sununu Youth Service Center in Manchester New Hampshire adequate for a PRTF? (The Department will host a Respondent site visit. See Section 6.2 RFI Timetable and Section 6.5 Respondent Site Visit.)
- 5.3.4.20. Of the following two (2) options, please explain why you believe one or the other would be more beneficial to children, youth and young adults as well as their families. Please explain why and detail any advantages or disadvantages.
  - 5.3.4.20.1. A state managed facility whereby a private contractor provides the direct treatment and care to residents.
  - 5.3.4.20.2. A facility leased to a private contractor where the contractor manages the facility and provides direct treatment and care to residents.
- 5.3.4.21. What other opportunities, challenges, issues, or factors should be considered by the Department, such as but not limited to: population based; density of population not conducive to this level of care because of low admission rates and utilization; location issues (centralized to the State vs border towns to other states)?
- 5.3.4.22. What is your interest and willingness to collaborate with the Department to provide a PRTF and what role are you willing or able to play?



## 6. Notices

### 6.1. Point of Contact or Designee

6.1.1. The point of contact for this RFI relative to the submission of requested information, from the RFI issue date is:

State of New Hampshire  
Department of Health and Human Services  
Catherine Cormier, Procurement Coordinator  
Contracts & Procurement  
Brown Building  
129 Pleasant Street  
Concord, NH 03301  
Email: Catherine.cormier@dhhs.nh.gov  
Phone: (603) 271-9076

6.1.2. Other state personnel are NOT authorized to discuss this RFI before the submission deadline, other than a State-determined designee. The State will not be held responsible for oral responses to Respondents regardless of source.

### 6.2. RFI Timetable

Request for Information Timetable		
Item	Action	Date
1.	Release RFI and Question period opens	January 22, 2020
2.	Register for site visit	January 28, 2020
3.	Respondent site visit	January 29, 2020
4.	Respondent site visit back up date if inclement weather for the initially scheduled visit	January 31, 2020
5.	Question period closes	February 5, 2020
6.	Response to questions published	February 11, 2020
7.	RFI submissions due	February 24, 2020 3:00 pm

*The State reserves the right to modify these dates at its sole discretion.*

### 6.3. Respondent Questions and Answers

6.3.1. All questions about this RFI, including but not limited to requests for clarification, additional information or any changes to the RFI must be made in writing, citing the RFI page number and part or subpart, and submitted to the Procurement Coordinator identified in Subsection 6.1.

6.3.2. The Department may consolidate or paraphrase questions for efficiency and clarity. Questions that are not understood will not be answered.



Statements that are not questions will not receive a response.

- 6.3.3. The Department will not acknowledge receipt of questions.
- 6.3.4. The questions may be submitted by e-mail; however, the Department assumes no liability for assuring accurate and complete e-mail transmissions.
- 6.3.5. Questions must be received by the deadline given in Subsection 6.2, RFI Timetable.

#### **6.4. Department Answers**

- 6.4.1. The Department intends to issue responses to properly submitted questions by the deadline specified in Subsection 6.2, RFI Timetable. Oral answers given are non-binding. Written answers to questions submitted will be posted on online at (<http://www.dhhs.nh.gov/business/rfp/index.htm>). This date may be subject to change at DHHS' discretion.

#### **6.5. Respondent Site Visit**

- 6.5.1. The Department will host a walk-through of the youth treatment space at the Sununu Youth Service Center, 1056 North River Road, Manchester, New Hampshire, 03104.
- 6.5.2. The walk-through is optional and is for Respondents who intend to provide the Department with information about the adequacy of the treatment space for a PRFT.
- 6.5.3. Interested Respondents shall contact the point of contact in Section 6.1 to register for the walk-through, by the date in Section 6.2 RFI Timetable. Upon registration, Respondents will receive more information about the walk-through.
- 6.5.4. Respondents will be accompanied by the Procurement Coordinator listed in Subsection 6.1, as well as representatives from the Department
- 6.5.5. Cell phones will not be allowed on the walk-through due to confidentiality.
- 6.5.6. All attending will be required to sign in and show identification.
- 6.5.7. The walk through will start with a briefing meeting and a debriefing meeting to take any questions at the final location.
- 6.5.8. The date for the walk-through is listed in Section 6.2, RFI Timetable with a backup date, should there be inclement weather on the initial date.

#### **6.6. RFI Amendment**

- 6.6.1. The Department reserves the right to amend this RFI, as it deems appropriate prior to the submission deadline on its own initiative or in response to issues raised through Respondent questions. The amended



language will be posted on the Department Internet site.

#### **6.7. Information Submissions**

- 6.7.1. Information submitted in response to this RFI must be received no later than the date specified in Subsection 6.2. RFI responses must be addressed for delivery to the Point of Contact listed in Subsection 6.1. Responses must be marked with RFI-2020-DBH-01-PSYCH.
- 6.7.2. Delivery of the Respondent's submission shall be at the Respondent's expense. The time of receipt shall be considered when a Respondent's submission has been officially documented by the Department, as having been received at the e-mail addresses designated in Subsection 7.1.1.3. The State accepts no responsibility for mislabeled e-mail.

#### **6.8. Property of Department**

- 6.8.1. All material property submitted and received in response to this RFI will become the property of DHHS and will not be returned to the Respondent. The Department reserves the right to use any information presented in any submission provided that its use does not violate any copyrights or other provisions of law.

#### **6.9. RFI Response Withdrawal.**

- 6.9.1. Prior to the Closing Date for receipt of submission, a submission may be withdraw by submitting a written request for its withdrawal to the Sole Point of Contact identified in subsection 6.1.

#### **6.10. Public Disclosure**

- 6.10.1. Any information submitted as part of a response to this RFI may be subject to public disclosure under RSA 91-A.
- 6.10.2. Insofar as a Respondent seeks to maintain the confidentiality of its confidential commercial, financial or personnel information, the Respondent must clearly identify in writing the information it claims to be confidential and explain the reasons such information should be considered confidential. This must be done by separate letter identifying by page number and RFI section number the specific information the Respondent claims to be exempt from public disclosure pursuant to RSA 91-A:5.
- 6.10.3. Each Respondent acknowledges that the Department is subject to the Right-to-Know Law New Hampshire RSA Chapter 91-A. The Departments shall maintain the confidentiality of the identified confidential information insofar as it is consistent with applicable laws or regulations, including but not limited to New Hampshire RSA Chapter 91-A. In the event the Department receives a request for the information identified by a Respondent as confidential, the Department shall notify the Respondent and specify the date the Department intends to release the requested information. Any effort to prohibit or enjoin the release of the information shall be the Respondent's responsibility and at the



Respondent's sole expense. If the Respondent fails to obtain a court order from a court of competent jurisdiction enjoining the disclosure, the Department may release the information on the date the Department specifies in their notice to the Respondent without incurring any liability to the Respondent.

#### **6.11.Non-Commitment**

6.11.1. Notwithstanding any other provision of this RFI, this RFI does not commit the Department to publish an RFP or award a Contract. The Department reserves the right to, at any time, cancel this RFI and to solicit new or additional information under a new RFI process.

#### **6.12.Liability**

6.12.1. Respondents agree that in no event shall the State be either responsible for or held liable for any costs incurred by a Respondent in the preparation or submittal of or otherwise in connection with their submission.

#### **6.13.Request for Additional Information or Materials**

6.13.1. During the period from date of RFI Response submission to the date of RFP publication, if that should occur, the Department may request from any Respondent additional information or materials needed to clarify information presented as part of their submission. Such a request will be issued in writing.

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## 7. RFI Response Submission Outline and Requirements

### 7.1. Presentation and Identification

#### 7.1.1. Overview

- 7.1.1.1. Respondents are asked to examine all documentation and other requirements.
- 7.1.1.2. The Department requests that submissions conform to all instructions, conditions and requirements included in the RFI.
- 7.1.1.3. Submissions should be received by the date and time specified in the RFI Timetable, Subsection 8.2 Submissions must be addressed to the Point of Contact and marked with **RFI-2020-DBH-02-PSYCH** for the RFI. Submissions must be emailed to the DHHS Contracts unit at the following email addresses:
  - 7.1.1.3.1. To: DHHS-contracts@dhhs.nh.gov
  - 7.1.1.3.2. Cc'd: Catherine.cormier@dhhs.nh.gov

#### 7.1.2. Presentation

- 7.1.2.1. One (1) electronic copy sent to the email listed in 7.1.1.3.1 and 7.1.1.3.2.
- 7.1.2.2. Responses marked with the same number and format as the questions in Subsection 6.3.
- 7.1.2.3. Font size of 10 or larger.
- 7.1.2.4. Front cover labeled with:
  - 7.1.2.4.1. Name of company / organization
  - 7.1.2.4.2. RFI-2020-DBH-02-PSYCH

### 7.2. Outline and Detail

- 7.2.1. The Transmittal Cover Letter – The Respondent must submit a Transmittal Cover Letter in the following manner:
  - 7.2.1.1. On the Respondent's organization's letterhead.
  - 7.2.1.2. Identify the name, title, telephone number, and e-mail address of the person who will serve as the Respondent's representative for all matters relating to the RFI.
- 7.2.2. Table of Contents - The required elements of the Submission must be numbered sequentially and represented in the Table of Contents.
- 7.2.3. Executive Summary – The Respondent must submit an executive summary to:
  - 7.2.3.1. Provide the Department with an overview of the



Respondent's organization,

- 7.2.3.2. Demonstrate the Respondent's understanding of the potential solutions described in this RFI and any anticipated problems associated with each potential solution.
- 7.2.3.3. Demonstrate the Respondent's overall design of the potential solution(s).
- 7.2.3.4. Demonstrate the Respondent's familiarity with the potential solution elements, and the Respondent's solutions to the problems presented.

7.2.4. Answers to RFI Questions

- 7.2.4.1. The Respondent is asked to respond to only those questions for which they would like to provide an answer. All answers should include all the applicable items requested in Subsection 5.3.
- 7.2.4.2. Responses must be in the same sequence and format as listed in Subsections 5.3.

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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](mailto: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--



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- (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.

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(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); <a href="http://health.hss.state.ak.us/dpa/">http://health.hss.state.ak.us/dpa/</a>
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	<a href="http://www.hrsa.gov/reimbursement/states/Arkansas-Medicaid-Covered-Services-htm">http://www.hrsa.gov/reimbursement/states/Arkansas-Medicaid-Covered-Services-htm</a>
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 <sup>th</sup> 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: <a href="http://www.cga.ct.gov/ph/BHPOC">www.cga.ct.gov/ph/BHPOC</a>
Delaware	Psych under 21-benefit is <b>not</b> currently part of State plan **		
District of Columbia	EPSDT	District of Columbia Department of Health/Mental Health/Behavioral Health Services	Department of Health doc. <a href="http://app/doh.dc.gov/services/administration_offices">http://app/doh.dc.gov/services/administration_offices</a>

\* 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>).

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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 <b>not</b> 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 <a href="http://www.healthandwelfare.idaho.gov">http://www.healthandwelfare.idaho.gov</a>
Illinois	EPSDT	Dept of Children and Family Services	Section 95. Illinois Public Aid Code
Indiana	EPSDT	Indiana Family and Social Services Association	<a href="http://www.in.gov/fssa/disability/medicaid/serv.html">http://www.in.gov/fssa/disability/medicaid/serv.html</a>  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 <a href="http://www.dhs.state.ia.us/policyanalysis/PolicyManual/Pages/Manual_Documents?Rules/441-85.pdf">http://www.dhs.state.ia.us/policyanalysis/PolicyManual/Pages/Manual_Documents?Rules/441-85.pdf</a>
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 <a href="mailto:SSteinberg@dhmh.md.us">SSteinberg@dhmh.md.us</a>

\* 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>).  
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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	<a href="http://mentalhealth.samhsa.gov/Publications/allpubs/State_Med/Nebraska.pdf">http://mentalhealth.samhsa.gov/Publications/allpubs/State_Med/Nebraska.pdf</a>
Nevada	EPSDT referral	Department of Health and Human Services	<a href="http://mentalhealth.samhsa.gov/Publications/allpubs/State_Med/Nevada.pdf">http://mentalhealth.samhsa.gov/Publications/allpubs/State_Med/Nevada.pdf</a>
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.  <a href="http://www.hrsa.gov/reimbursement/states/New-Jersey/Eligibility">http://www.hrsa.gov/reimbursement/states/New-Jersey/Eligibility</a>
New Mexico	EPSDT	Department of Health and Human Services	Resources for Recovery National Program Office <a href="http://www.resourcesforrecovery.org">www.resourcesforrecovery.org</a> <a href="http://www.rwjf.org/files/publications/otherPolicyBriefFinal.pdf">http://www.rwjf.org/files/publications/otherPolicyBriefFinal.pdf</a>
New York	EPSDT	Office of Mental Health	Policy Brief
North Carolina	EPSDT	Department of Health and Human Services	Online Publication of DHHS #05-06 <a href="http://info.dhhs.state.nc.us/olm/manuals/dma/fcm/manMA3230.htm#P15_270">http://info.dhhs.state.nc.us/olm/manuals/dma/fcm/manMA3230.htm#P15_270</a>
North Dakota	EPSDT	Department of Human Services	Medicaid Bulletin Issue 56, September 2004 <a href="http://www.nd.gov/humanservices/services/medicalserv/Medicaid/docs/Medicaid-bulletin-200409.pdf">http://www.nd.gov/humanservices/services/medicalserv/Medicaid/docs/Medicaid-bulletin-200409.pdf</a>

\* 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>).  
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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	<a href="http://mentalhealth.samsha.gov/Publications/allpubs/State_Med/Oklahoma.pdf">http://mentalhealth.samsha.gov/Publications/allpubs/State_Med/Oklahoma.pdf</a>
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 <b>not</b> 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	<a href="http://www.vermont.gov">www.vermont.gov</a>
Virginia	Psych under 21-benefit is <b>not</b> 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: <a href="https://secure.wvmi.org/Priorauth/priorauth/PRTF_Children_under21.pdf">https://secure.wvmi.org/Priorauth/priorauth/PRTF_Children_under21.pdf</a>
Wisconsin	Psych under 21-benefit is currently part of State plan – however no information readily available.		
Wyoming	Psych under 21-benefit is <b>not</b> 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--



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- (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.

Appendix A

(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); <a href="http://health.hss.state.ak.us/dpa/">http://health.hss.state.ak.us/dpa/</a>
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	<a href="http://www.hrsa.gov/reimbursement/states/Arkansas-Medicaid-Covered-Services-htm">http://www.hrsa.gov/reimbursement/states/Arkansas-Medicaid-Covered-Services-htm</a>
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 <sup>th</sup> 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: <a href="http://www.cga.ct.gov/ph/BHPOC">www.cga.ct.gov/ph/BHPOC</a>
Delaware	Psych under 21-benefit is <b>not</b> currently part of State plan **		
District of Columbia	EPSDT	District of Columbia Department of Health/Mental Health/Behavioral Health Services	Department of Health doc. <a href="http://app/doh.dc.gov/services/administration_offices">http://app/doh.dc.gov/services/administration_offices</a>

\* 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>).

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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 <b>not</b> 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 <a href="http://www.healthandwelfare.idaho.gov">http://www.healthandwelfare.idaho.gov</a>
Illinois	EPSDT	Dept of Children and Family Services	Section 95. Illinois Public Aid Code
Indiana	EPSDT	Indiana Family and Social Services Association	<a href="http://www.in.gov/fssa/disability/medicaid/serv.html">http://www.in.gov/fssa/disability/medicaid/serv.html</a>  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 <a href="http://www.dhs.state.ia.us/policyanalysis/PolicyManual/Pages/Manual_Documents?Rules/441-85.pdf">http://www.dhs.state.ia.us/policyanalysis/PolicyManual/Pages/Manual_Documents?Rules/441-85.pdf</a>
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 <a href="mailto:SSteinberg@dhhm.md.us">SSteinberg@dhhm.md.us</a>

\* 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>).

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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	<a href="http://mentalhealth.samhsa.gov/Publications/allpubs/State_Med/Nebraska.pdf">http://mentalhealth.samhsa.gov/Publications/allpubs/State_Med/Nebraska.pdf</a>
Nevada	EPSDT referral	Department of Health and Human Services	<a href="http://mentalhealth.samhsa.gov/Publications/allpubs/State_Med/Nevada.pdf">http://mentalhealth.samhsa.gov/Publications/allpubs/State_Med/Nevada.pdf</a>
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.  <a href="http://www.hrsa.gov/reimbursement/states/New-Jersey/Eligibility">http://www.hrsa.gov/reimbursement/states/New-Jersey/Eligibility</a>
New Mexico	EPSDT	Department of Health and Human Services	Resources for Recovery National Program Office <a href="http://www.resourcesforrecovery.org">www.resourcesforrecovery.org</a> <a href="http://www.rwjf.org/files/publications/otherPolicyBriefFinal.pdf">http://www.rwjf.org/files/publications/otherPolicyBriefFinal.pdf</a>
New York	EPSDT	Office of Mental Health	Policy Brief
North Carolina	EPSDT	Department of Health and Human Services	Online Publication of DHHS #05-06 <a href="http://info.dhhs.state.nc.us/olm/manuals/dma/fcm/manMA3230.htm#P15_270">http://info.dhhs.state.nc.us/olm/manuals/dma/fcm/manMA3230.htm#P15_270</a>
North Dakota	EPSDT	Department of Human Services	Medicaid Bulletin Issue 56, September 2004 <a href="http://www.nd.gov/humanservices/services/medicalserv/Medicaid/docs/Medicaid-bulletin-200409.pdf">http://www.nd.gov/humanservices/services/medicalserv/Medicaid/docs/Medicaid-bulletin-200409.pdf</a>

\* 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>).

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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	<a href="http://mentalhealth.samsha.gov/Publications/allpubs/State_Med/Oklahoma.pdf">http://mentalhealth.samsha.gov/Publications/allpubs/State_Med/Oklahoma.pdf</a>
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 <b>not</b> 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	<a href="http://www.vermont.gov">www.vermont.gov</a>
Virginia	Psych under 21-benefit is <b>not</b> 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: <a href="https://secure.wvmi.org/Priorauth/priorauth/PRTF_Children_under21.pdf">https://secure.wvmi.org/Priorauth/priorauth/PRTF_Children_under21.pdf</a>
Wisconsin	Psych under 21-benefit is currently part of State plan – however no information readily available.		
Wyoming	Psych under 21-benefit is <b>not</b> 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>).