

Kansas Psychiatric Residential Treatment Facility (PRTF)

Medical Necessity Criteria

STATEMENT:

A child or youth (referred to here as 'child') needs a PRTF level of care when their psychiatric symptoms cause danger to themselves or others and intensive community services have failed to keep the child and others safe and have failed to improve their psychiatric condition or prevent regression.

EXCLUSIONS

(Any one of the following:)

- Acutely suicidal or homicidal, acutely psychotic (unless the PRTF has the capacity to provide care in such situations, for example, 1:1 staffing, crisis management, 24/7 nursing and physician coverage), OR
- Acute substance use issues, OR
- Acute medical issues.

ADMISSION CRITERIA

(Child must meet A-E boxes below)

- A- Child must be under the age of 22.
- B- Child's current signs and symptoms meet criteria for a DSM diagnosis not solely due to Intellectual or Developmental Disability (IDD) and/or alcohol or drug use.
- C- Community resources have been determined to not meet the current treatment needs of the child in the past 30 days, as evidenced by meeting ONE of the boxes (1-2) below:
 - 1. The child's Community-Based Services Team (CBST) or current treatment team believes that available intensive community services have been tried without sufficient success for at least 30 days, by meeting BOTH boxes (a-b) below:
 - a. Child has participated in intensive community services for at least 30 days, including ALL of the following:
 - Psychotherapies, such as individual, family and group psychotherapy
 - Psychiatric medication treatment
 - Rehabilitative services, such as SED waiver services, Psychosocial Rehab, Community Psychiatric Support and Treatment, etc.
 - b. Intensive community services have not produced substantive improvement in the child's behaviors and/or psychiatric symptoms.
 - 2. The child's psychiatric and/or psychosocial condition prohibit the child from utilizing community services, by meeting ONE of the boxes below:

- Multiple inpatient admissions prohibit child from utilizing consistent community services.
 - Child has moved to different areas which makes utilizing consistent outpatient services problematic
 - Child's behaviors/psychiatric condition are so severe that they prohibit child from utilizing consistent community services.
 - The families, schools, or community's efforts to manage the child's behaviors have exhausted all available and accessible resources.
- D- In the past 60 days, the child's behaviors have caused **multiple episodes of acute risk of substantial harm to self or others**, or the child has been unable to care for their own physical health and safety so as to create a danger to their life, as evidenced by meeting TWO or more of the below boxes in the past 60 days:
- Aggressive or assaultive behavior causing substantial harm to self, others, animals, or property, unresponsive to adult de-escalation or direction
 - Unable to maintain behavioral control for more than 48 hours that may cause acute risk of substantial harm to self or others or substantial dysfunction in the community
 - Pervasive rejection of adult requests, directions, and rules that puts the child or others at risk for substantial harm or dysfunction in the home, school or community
 - Hostile, threatening or intimidating behavior resulting in fear response in others
 - Delusions/hallucinations/psychotic symptoms causing substantial dysfunction in daily living
 - Fire setting/repeated property destruction
 - Chronic non-suicidal, injurious behaviors
 - Chronic suicidal and/or homicidal ideas, plans and/or behaviors
 - Repeated arrests or confirmed illegal activity related to the psychiatric diagnosis that could place self/others at risk for substantial harm
 - Poor impulse control that does/could result in substantial harm to self or others and is unresponsive to adult intervention
 - Runaway that places self at risk for substantial harm
 - High-risk sexually inappropriate or abusive behavior
 - Support system unable or unavailable to manage intensity/safety regarding eating disorder symptoms
 - Substance use that exacerbates other psychiatric symptoms
- E- PRTF services can be reasonably expected to improve the child's chronic condition or prevent further regression so that services will no longer be needed, as evidenced by meeting at least ONE of the boxes below:
- PRTF treatment is expected to increase the child's capacity to form therapeutic relationships and collaborate in their treatment, OR
 - PRTF treatment is expected to increase the child's capacity to collaborate with their parents, teachers, coaches and other adults in their life, OR

- PRTF treatment is expected to increase the child's capacity to relate with peers in safe, satisfying and meaningful ways.

*** Children who reside in a QRTP or are in JDOC custody would not be subject to all the above criteria as many of the described services are not available to these children.

CONTINUED SERVICE CRITERIA

(Child must meet A-E boxes below within the last two weeks)

- A- Child must be under the age of 22
- B- Child's current signs and symptoms meet criteria for a DSM diagnosis not solely due to Intellectual or Developmental Disability (IDD) and/or alcohol or drug use.
- C- There is a substantial chronic risk of harm to self or others, or the child is unable to care for his or her own physical health and safety so as to create a danger to the lives of self, others or animals, not manageable at a lower level of care, as evidenced by meeting at least ONE of the boxes below in the past two weeks in any setting (e.g., facility, home, and community):
 - Aggressive or assaultive behavior causing harm to self, others, animals, or property
 - Hostile, threatening or intimidating behavior resulting in fear response in others
 - Poor or intrusive boundaries resulting in anger response in others and requiring frequent staff intervention
 - Requires intensive staff interventions to co-regulate and/or contain emotional dysregulation and prevent substantial harm to self or others
 - Requires external controls to prevent impulsiveness that would put self or others at risk of substantial harm
 - Requires external controls to care for his/her own physical health and safety and prevent significant illness or injury
 - Treatment-rejecting behavior that would represent a barrier to treatment in the community
 - Pervasive rejection of adult requests, directions, and rules that puts the child or others at risk for substantial harm or dysfunction in the home, school or community
 - Pervasive suicidal or homicidal ideation and/or action that puts the child or others at risk for substantial harm
 - Delusions/hallucinations/psychotic symptoms impacting daily living
 - The psychiatric medication regimen is still being adjusted to address symptoms, side effects, and manageability in the community that cause risk of harm or otherwise prevent successful return to the community
- D- PRTF services can be reasonably expected to produce clinically significant improvement in the child's chronic condition or prevent further regression so that services will no longer be

needed, and positive impacts of continued stay outweigh the negative impacts, including separation of the child and family.

- E- Clinical best practices are being provided with sufficient intensity to address the child's treatment needs and meet regulatory requirements.
- F- Prior to discharge, the PRTF team has collaborated directly with community providers to facilitate successful transition of care.

----- **END of PRTF MEDICAL NECESSITY CRITERIA** -----

DISCHARGE CONDITIONS -- This is for guidance purposes only

Continued PRTF level of care is generally needed until 1 or more of the following occurs (A or B below):

- A- Treatment of the child's chronic behavioral health condition no longer requires PRTF level of care under the direction of a physician due to adequate stabilization or improvement as indicated by ALL of the following (1-3 below):

- 1. Risk status is acceptable as indicated by ALL of the boxes below:
(Time periods are minimums and may be longer as specified in the treatment plan by the CBST and PRTF treatment team.)
 - For at least two weeks, child has not made a suicide plan or act of serious self-harm.
 - For at least two weeks, thoughts of suicide, homicide, or serious harm to self or to another are absent or are manageable at a lower level of care.
 - For at least two weeks, the child has been cooperative, and defiance, threats, aggression and property destruction have been absent or would be manageable at a lower level of care.
 - For at least two weeks, the child has responded to limits, challenges and setbacks by using coping skills or by asking adults for support within a reasonable period of time.
 - For at least two weeks, the child has stayed emotionally regulated, has stayed safe when emotionally dysregulated, or the level of emotional dysregulation could be managed at a lower level of care.
 - For at least two weeks, the child has made safe decisions or has exhibited no more risky impulsiveness than the community could sustainably manage.
 - For at least four weeks, the child has demonstrated safety during onsite visits and off-site passes with family or has exhibited no more risky behavior than the family could sustainably manage.
 - Child and supports understand the nature of the child's psychiatric condition, as well as the follow-up treatment and crisis plan.
 - The child would be safe in the community if accessing usual intensive community services.

- Child can participate in needed monitoring (eg, verify absence of plan for harm).
- The CBST and PRTF treatment team have identified the services needed to meet the child's needs in the community, and have scheduled appointments for within 2 weeks after discharge.
- 2. Functional status is acceptable as indicated by ONE or more of the boxes below:
 - With appropriate support, child is capable of collaborating with adults, attending school, and participating in recommended community treatment.
 - The child's family/support system has demonstrated on passes that they are capable of managing the child's behavior and are willing to participate in community services as recommended by the CBST and PRTF treatment team.
- 3. Medical needs are manageable as indicated by ALL of the boxes below:
 - Adverse medication effects are absent or manageable at a lower level of care.
 - Medical comorbidity absent or manageable at a lower level of care.
 - Substance withdrawal absent or manageable at a lower level of care.
 - Medication regimen is appropriate for and sustainable in the community, without interfering with the child's ability to function.
- B- Residential care no longer appropriate due to the child's and family's progress in treatment or withdrawal of consent, as indicated by ONE or more of the boxes below:
 - Child deterioration requires higher level of care.
 - Guardian no longer consents to treatment.
 - CBST and PRTF treatment team agree that the negative impacts of continued stay, including separation of the child and family, outweigh the benefits of the PRTF stay.
 - CBST and PRTF treatment team agree that PRTF services can no longer be reasonably expected to produce clinically significant improvement in the child's chronic condition or prevent further regression so that services will no longer be needed.

DISCHARGE PLANNING -- This is for guidance purposes only.

Discharge planning needs may include (A through F below):

- A- Decision and planning regarding next level of care includes:
 - Plan for monitoring for dangerous ideation or behavior if necessary
 - Plan for assisting child with self-care if necessary
- B- Follow-up plan is developed with input from CBST and PRTF treatment team, community providers, child and child's supports
- C- Preparation of the child for transition to lower level of care should include sufficient lead time (eg, setting discharge date 2 weeks or more in advance) and also includes:
 - Preparation of the child to participate in community treatment (attend therapy, groups, med management, etc.; take medication as prescribed)

- Preparation of the child to collaborate with their parents, meaning that they are able to accept structure, direction, guidance, support and care
- Preparation of the child to attend school successfully
- Preparation of the child to relate with peers safely and enjoyably
- Review of the crisis plan with the child and supports
- D- Preparation of child's family, providers, school and community for the child's transition to lower level of care should include sufficient lead time (i.e. setting discharge date 2 weeks or more in advance) and also includes:
 - 1. Ensure sufficient knowledge of (including written instructions for parents and others):
 - Child's illness
 - Medication
 - Risk factors for relapse
 - Warning signs of relapse
 - 2. Ensure sufficient ability to:
 - Manage the child's psychiatric symptoms
 - Practice approaches to help the child to improve at home
 - 3. Ensure sufficient resilience, self-regulation and skill to keep the child safe and emotionally regulated.
 - 4. Review of the crisis plan with the child and supports.
- E- Follow-up appointments have been scheduled to occur within 2 weeks of discharge, including:
 - Psychotherapies, such as individual, family and group psychotherapy
 - Psychiatric medication treatment
 - Medical care visit (eg, primary care)
 - Rehabilitative services, such as SED waiver services, Psychosocial Rehab, Community Psychiatric Support and Treatment, etc.
- F- Prior to discharge, the PRTF team has collaborated directly with community providers to facilitate successful transition of care.
 - The PRTF team has communicated directly with the outpatient team to create a reasonable plan to support the child and family in the child's transition home.
 - The PRTF medical provider has communicated directly with the outpatient medical provider to continue the medication regimen.
 - The PRTF therapist has communicated directly with the outpatient team to describe the child and family's response to therapy and potential future goals and modalities.
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- F- Referrals for community assistance and support, including:
 - Self-help or support groups for child, family, and caregivers
 - Community services for housing, financial, or transportation needs
- G- Discharge medications, supplies, and information, including;
 - Psychotropic medications
 - Medications for comorbid medical conditions

- List of discharge medications to community providers with rationale, response and adverse effects

DISCHARGE DESTINATION – for guidance purposes only

Usual

- Acute outpatient care

Alternate

- Intensive outpatient program: appropriate if around-the-clock behavioral care is not necessary, and needed type and frequency of treatment are available in intensive outpatient program but not in office or clinic setting.
- Partial hospital program: appropriate if around-the-clock behavioral care is not necessary, and support is available to provide any needed monitoring of child's condition when partial hospital program is closed.
- Qualified Residential Treatment Programs (QRTP)
- Day Treatment programs