

Psychiatric Residential Treatment Facility (PRTF) Roles and Responsibilities Guide



**Kansas Department for Aging and
Disability Services**
August 2023

Psychiatric Residential Treatment Facility (PRTF) Roles and Responsibilities Guide

Table of Contents

PRTF WAITLIST PRE-ADMIT	8
Section Statement:.....	8
MCO	8
Parent/Legal Guardian	8
CMHC	9
PRTF	9
State Agencies.....	10
Tribal Nations*	11
Private Providers.....	11
Educational (School).....	11
Family Support	12
GUIDELINES FOR REFERRAL AND ASSESSMENT TO THE PRTF WAITLIST	13
Section Statement:.....	13
MCO	13
Parent/Legal Guardian	13
CMHC	14
PRTF	14
State Agencies.....	14
Tribal Nations*	14
Private Providers.....	15

Educational (School)	15
Family Support	15
MCO APPROVAL PROCESS	16
Section Statement:.....	16
MCO	16
CMHC	17
PRTF	17
State Agencies.....	17
Tribal Nations*	17
Private Providers.....	17
Educational (School)	18
Family Support	18
SERVICES WHILE WAITING FOR ADMISSION.....	19
Section Statement:.....	19
MCO	19
Parent/Legal Guardian.....	19
CMHC	20
PRTF	21
State Agencies:.....	21
Tribal Nations*	22
Private Providers.....	22
Educational (School)	22
Family Support	22
GUIDELINES FOR REFERRAL TO THE APPROPRIATE PRTF	23

Section Statement:.....	23
MCO	23
Parent/Legal Guardian	24
CMHC	24
PRTF	24
State Agencies.....	24
Tribal Nations*	24
Private Providers.....	25
Educational (School)	25
Family Support	25
ACCEPTANCE BY PRTF ON TO THEIR WAITLIST	26
Section Statement:.....	26
MCO	26
Parent/Legal Guardian	26
CMHC	26
PRTF	27
State Agencies.....	27
Tribal Nations*	27
Private Providers.....	27
Educational (School)	27
Family Support	27
MAINTAINING PRTF WAITLIST CONTINUED ELGIBILITY.....	28
Section Statement:.....	28
MCO	28

Parent/Legal Guardian	29
CMHC	29
PRTF	30
State Agencies.....	30
Tribal Nations*	30
Private Providers.....	30
Educational (School)	30
Family Support Services.....	31
GUIDELINES FOR REMOVAL FROM THE WAITLIST.....	32
Section statement:.....	32
MCO	32
Parent/Legal Guardian	32
CMHC	33
PRTF	33
State Agencies.....	33
Tribal Nations*	34
Private Providers.....	34
Education (School)	34
Family Support	34
DENIED BY ALL PRTF'S AND CONSIDERATIONS.....	35
Section Statement:.....	35
MCO	35
Parent/Legal Guardian	35
CMHC	35

PRTF	36
State Agencies.....	36
KDADS/KDHE/DCF.....	36
Tribal Nations*	36
Private Providers.....	36
Educational (School)*	36
Family Support	36
PRTF ADMISSION	37
Section Statement:.....	37
MCO	37
Parent/Guardian	38
CMHC	38
PRTF	38
State Agencies.....	39
Tribal Nations*	39
Private Providers.....	39
Education (Schools)*	40
Family Support	40
PRTF TRANSFER PROCESS	41
Section Statement:.....	41
MCO	41
Parent/Guardian	41
CMHC	41
PRTF	42

State Agencies.....	42
Tribal Nations*	42
Private Providers.....	42
Educational (School)	42
Family Support	42
DISCHARGE AND RE-ENTRY INTO OUTPATIENT.....	43
Section Statement:.....	43
MCO	43
Parent/legal Guardian.....	43
CMHC	43
PRTF	44
State Agencies.....	44
Tribal Nations*	44
Private Providers.....	44
Educational (School)	44
Family Support	44
PRTF Resource List	45
Acute Hospitals	45
Parent Support.....	45
IOP Programs	46
Helplines	46
Community Mental Health Centers.....	46
State Agencies.....	47
Psychiatric Residential Treatment Facilities (PRTF)	48

Psychiatric Residential Treatment Facility (PRTF) Names, location, and specialty..... 49
Acronym List 51

PRTF WAITLIST PRE-ADMIT

Section Statement:

PRTFs are a part of the continuum of care and admission should not be considered as the first step in providing a solution to children/families' issues or concerns. The child should have recently received a medical evaluation that has ruled out other medical reasons for the behaviors or concerns. Once a medical evaluation has been completed, other providers and/or programs should be considered. These might include providers of behavioral health, mental health, Intellectual/Developmentally Delayed (IDD) Services or Substance Use Disorders (SUD). Exploration for least restrictive levels of care including private practice clinicians, CMHC, CDDO, medical providers, substance use disorder providers or other mental health programs should be considered prior to admission to a PRTF.

Parties included in this phase and their roles:

It is the expectation that each entity involved in a child's life would work in collaboration as a partner with the treatment team to evaluate progress and assess for appropriate level of care, as well as how to overcome barriers, on an ongoing basis.

MCO

- Support members and partners with available resources.
- Provides outreach and collaborative effort to ensure that the least restrictive services have been reviewed and assist with connecting families/legal guardians to available resources, community partners or providers.
- Provides discussion around appropriate waivers services.

Parent/Legal Guardian

Key questions to consider: What help does my family and child need? What are barriers that keep us from the services needed? What is my role in this process?

- Parent/Legal Guardians accept responsibility for seeking services for the child/parent/and family. This includes, but not limited to, natural community supports, behavioral and mental health services; and for ensuring the child/parent/family attendance and participation in all services identified.

- Parent/Legal Guardian are encouraged to participate with your treatment team which includes but not limited to: MCO/insurance carriers, private providers, CMHCs, and community partners/programs. They will assist with the development of a treatment plan and provide guidance, direction, and support throughout the process.
- Parent/Legal Guardian are encouraged to participate in the development of a plan of care with recommendations on services that would benefit your child and family. Participation in those services is intended to promote positive outcomes for both the family and child. Your input in the development of this plan is essential to its success.
- Parent/Legal Guardians are encouraged to identify and communicate any barriers that hinder the child and family's ability to be involved in services that may benefit them. Families are encouraged to work with their treatment team to identify any needs and supports to allow participation in all appropriate services.

CMHC

- CMHC's role is to provide preventative services that will support the child and family at the least restrictive level.
- Evaluate for services and how to access the needed services, which may include medication, appropriate testing or evaluations, therapy, CBS services, and/or waiver services.
- Families who are involved with mental health services will be offered parent support.
- CMHCs will meet with the family, evaluate the needs of the family, develop a treatment plan that includes all needed services provided by the CMHC and coordinate with community providers.
- Assess for barriers and develop a plan to allow the family and child to make full use of recommended services.
- The CMHCs provide crisis services and support to families as they develop the plan of care and discuss the need for more intensive services.
- Provide a realistic review of PRTF treatment along with benefits and risks associated with this level of treatment.
 - This would include an overview of the differences between the PRTFs, such as focused treatment, location, and expertise.
 - To assist the family in identifying PRTFs that they would be willing to accept an admission when offered.

PRTF

- Advising parents/legal guardians with the need to exhaust least restrictive environments first.
 - Children who are in acute psychiatric crisis are better served in an acute psychiatric hospital setting.
- Refer parents/legal guardians to local providers and CMHC if approached about admission to the PRTF.

State Agencies

- This would include all state agencies that provide oversight of the care and services to children who may be considered for PRTF admission.
- These would include agencies that regulate children's services, support child providers including CMHCs, PRTFs, QRTPs, private psychiatric hospitals and all other child serving agencies.
- This would include identification of any system wide barriers and support the development of policy and or processes that allow the family and child to make full use of available and recommended services.
- These agencies should be aware of PRTF guidelines/processes and the expectation for least restrictive treatment options to be utilized first.
 - KDADS- Licensing, regulations, and program oversight which would include home and community-based services, and waiver services. Facilitates the weekly reviews alternating between foster care, and non-foster care. Participates in complex case staffing's to ensure maximum benefit of services for the youth. Assist provider community in identifying and navigating challenges for delivery of all available community-based services.
 - KDHE- Medicaid guidance pertaining to roles and regulations, billing practices, non-foster care eligibility. Participates in weekly PRTF reviews. Participates in complex case staffing's to ensure maximum benefit of services for the youth.
 - DCF- Maintain Medicaid eligibility for youth in foster care and adoption. DCF participates in complex case staffing's to ensure maximum benefit of services for the youth.
 - The DCF contractor for the area the child resides in participates in weekly PRTF foster care reviews. The contractor provides up to date information related to placements during the weekly reviews.
 - KDOC- Support of state agency partners for communication related to legal/custody status and other pertinent information. Participates in complex case staffing's to ensure maximum benefit of services for the youth.
 - KSDE- Will provide guidance to school mental health collaborations regarding student educational rights to ensure continuance of educational opportunities and special education services, as appropriate. Participates in complex case staffing's to ensure maximum benefit of services for the youth. Assist provider community in identifying and navigating challenges for delivery of all available community-based services.

Tribal Nations*

- Provide collaboration related to behavioral health needs and services provision, custody status, and coordination of continued care.

Private Providers

- Provide clinical services within the clinician's scope of professional practice.
- Make referrals to agencies for other mental health related direct services clinically appropriate.
 - Examples include outpatient programs, including intensive outpatient and partial hospital programs, acute inpatient services, specialized evaluations (for example, neuropsychological assessment, assessment for neurodevelopmental disabilities etc.) and specialized treatment, for example eating disorders or substance use disorder treatment services.
 - Support referrals for waivers by providing clinical information as requested with patient/parent release of information.
 - Waiver services include SED, IDD, and other waivers.
- In collaboration with other involved professional agencies, support family and child in making full use of recommended services.
- Familiarize themselves with PRTF guidelines and processes, including the expectation for least restrictive treatment options to be utilized first.

Educational (School)

- Teachers should be an active member of the treatment team, providing information related to the child's behavior and level of functioning in the educational setting.
- Social workers/counselors support families in accessing services, such as a referral to the CMHC or other behavioral health providers.
- Work in collaboration with entities providing community-based services.

Educational Advocate

- The Education Advocate's role will be focused on the educational needs, services and barriers to the educational process for the child, if the child is in the custody of the state or homeless and unaccompanied.
- Education Advocates are officially appointed by Families Together in cooperation with the State Department of Education when appropriate.

Family Support

Other

- Other agencies that would provide care and treatment for children who have the potential for a PRTF admission, which would include FQHCs, community health departments, all other private child-services agencies.
- Advocacy groups should be aware of the PRTF processes/guidelines and the expectation for least restrictive treatment options to be utilized first.

Key guidelines/considerations for best practice:

- Explore all other viable options prior to any consideration of PRTF services.

GUIDELINES FOR REFERRAL AND ASSESSMENT TO THE PRTF WAITLIST

Section Statement:

It is important to complete a comprehensive psychiatric assessment which includes a medical history. The assessment should identify the current needs and services available and/or provided to the youth and family, ensuring that all possible least restrictive measures have been explored before PRTF consideration. This would include education on the levels in the continuum of care, appropriate HCBS waivers, as well as identifying and addressing all barriers related to the development of an appropriate plan of care.

Parties included in this phase and their roles:

MCO

- A request to the MCO for services may come from either a parent/guardian or a provider and the MCO verifies with the parent/guardian their desire to proceed with a referral to PRTF level of care. When notified of consideration of PRTF referral the MCO would need to conduct a review of claims to discover the services being provided, waiver status, and legal status. The MCO will verify a care coordinator assigned who can provide additional information and coordinate care.
 - If a child/youth has been denied the PRTF level of care within the past 63 days, they must appeal the decision or wait for the appeal process to complete before requesting again.
- The MCO can request a CBST and or PAR from the local CMHC or private provider to be completed within seven (7) calendar days of the request being submitted to the MCO.
- The MCO can collaborate with treatment team based on parent/guardian choice which could include but not limited to the care coordinator, provider, medical director, school representatives, and others who may have insight into the child's needs to inform and educate the family related to risks and benefits related to PRTF level of care.
- The MCO will send out informational materials to the parents/guardians regarding PRTFs and the Fact Sheets on PRTFs and other materials that might be helpful for their decision making.

Parent/Legal Guardian

- Parent/Legal Guardians will share current behaviors and concerns that need to be addressed and actively work with the MCO, CMHC, private provider to identify and access all recommended services.
- Parent/Legal Guardians will share all services that have been implemented prior to making their decision to pursue a PRTF.

CMHC

- CMHC will gather the youth's, parent/guardian's and support system (see below) perspective on the current situation, needs, barriers and triggers, what has been tried before (what worked and what was not helpful) and what the youth identifies as needs for the entire family. The CMHC will gather the youth's strengths, interests, identified supports and their relationships with support system.
- Support system members may include:
 - identified family
 - non-related kin and/or natural supports
 - Private provider(s)
 - Educational provider(s)
 - Foster care grantee
 - current or previous CMHC provider
 - Legal, (CASA, GAL) if applicable
 - Church or other community connections (Big Brothers/Big Sisters, 4H Groups, Girl Scouts or Boy Scouts, Afterschool programs)

PRTF

- If contacted related to admission the PRTF refer the parent or guardian back to the MCO, Private Insurance provider and or current mental health providers.
- Provide detailed information about their facility (demographics served, ages, programs, specialty services).
- Provide information and education to families to help them navigate the system and the appropriate course of action.

State Agencies

- Individual state agencies will act in an oversight role as outlined in Section A.
- Collaborate and communicate with other agencies, parents, guardians and interested parties around needs and services for identified youth and families. Facilitate appropriate assessments to determine needs and gaps in services.

Tribal Nations*

- Provide collaboration related to behavioral health needs and service provision, custody status, and coordination of continued care.

Private Providers

- Direct questions from the family about PRTF processes to the assigned MCO, and CMHC.
- Provide clinical information, including current functioning and mental health status, as requested to the MCO and CMHC.

Educational (School)

- School social worker/counselor should direct, and assist (as needed) the family to contact the assigned MCO, CMHC. Collaborate with the MCO, CMHC and the family to share information related to the current behaviors, mental health, school mental health service history, and academic status of the child.

Family Support

- Parents/family members need access to the array of educational, mental health and substance use prevention advocates, such as Families Together, Keys for Networking, Disability Rights Center similar to that listed in KSDE requirements.

MCO APPROVAL PROCESS

Section Statement:

The MCO receives a request from the parent, legal guardian, or provider for a child/youth to be approved for PRTF treatment. The MCO will confirm medical necessity following the state established guidelines, collaborate with the provider(s) and current treatment team, request appropriate documentation (the PAR/CBST) and issue an initial approval to be added to the PRTF waitlist. This approval will need continued authorization reviews based on medical necessity.

Parties included in this phase and their roles:

MCO

- MCO accepts the request for referral from the guardian, requests Prior Authorization Request (PAR) and Community Based Services Team (CBST) from CMHC. Asks CMHC to invite MCO to the meeting.
- MCO attends the meeting with CMHC, guardian, and certifies medical necessity, makes determination of approval, coordinates with team and family.
- MCO will assign a Care Coordinator who will support the youth/family to coordinate and insure appropriate services for the child/family needs.
- The MCO will help educate the family on the PRTF's locations and the different programs that each PRTF provides.
- MCO will obtain permission from the guardians to send clinical information to the requested PRTF(s).
- MCO sends the referral information related to admission acceptance to the PRTF(s) for that specific facilities decision as to whether their child will be added or not to their waitlist.
- The MCO will obtain and provide an anticipated waitlist time for youth accepted on the waitlist.
- The MCO Care Coordinator will contact the family and work with them through the process. The Care Coordinator will communicate with the legal guardian in a timely manner regarding PRTF decisions, updates, and services plan reviews.

Parent/Legal Guardian

The parent/legal guardian will participate in the approval process by:

- Providing requested information.
- Engaging in the PAR/CBST assessments by sharing child/youth/family needs, identifying strengths and barriers to treatment.

- Participate as an active member in the treatment team and identify all available and needed services to support the youth and family.
- Please note, if you receive child support, supplemental security income, or social security disability, you may have a financial obligation for the PRTF treatment. **(Need to run this by eligibility for further review)**

CMHC

- The CMHC will conduct the PAR and/or a CBST assessment process and meetings as requested by MCO.
- The CMHC will send the PAR and/or CBST information to the MCO for determination.
- The CMHC will work in collaboration with the family and treatment team:
 - To identify services to support the youth and family during the PRTF(s) process and wait time.
 - Adding additional services identified during the evaluation and treatment plan as needed to stabilize youth and family in the community.
 - Will help educate the family on the PRTF(s) their locations and the different programs that each PRTF(s) may have.

PRTF

- The PRTF will help educate the family on their current programs and service.
- The PRTF will refer the family back to the MCO or CMHC for questions related to other PRTF(s) and the overall PRTF process.
- The PRTF will conduct a timely review of the referrals, report to the MCO acceptance or denial and a realistic estimate of wait time for admission to the facility.

State Agencies

- Overview of the process.

Tribal Nations*

- Provide collaboration related to behavioral health needs and services provision, custody status, and coordination of continued care.

Private Providers

- Provide clinical information, including information concerning current functioning and mental health status, as requested for inclusion in treatment team assessment and planning.

- The Private Provider either will conduct the PAR or will participate in the assessment through the CMHC.
- Refer to community-based supports as clinically appropriate and available in the local community.

Educational (School)

- School social worker/counselor will participate per guardian request in the evaluation and assessments of youth behaviors and educational concerns.

Family Support

- Attend with or assist the family to prepare for the evaluation of the youth for PRTF admission approval.
- To prepare and assist the family with the expectations of PRTF treatment which includes but not limited to: Therapy, treatment review meetings, visitations, home passes, and discharge planning.

SERVICES WHILE WAITING FOR ADMISSION

Section Statement:

A youth approved for a PRTF waitlist should continue to receive services. Further review of current services by the MCO and community providers should be ongoing and adjusted as needed. Identified barriers should be addressed to allow for a greater involvement in services.

Note: We believe that each group should identify their role in reporting accurate and up to date information for continued need for PRTF.

Parties included in this phase and their roles:

MCO

- MCO conducts ongoing determination for PRTF medical necessity criteria of the child/youth required for ongoing extensions of the authorizations.
- MCO will continue to educate and insure understanding of the PRTF process to the parent/guardian.
- MCO will continue to work with the parent/guardian and CMHC/private providers determine appropriate PRTF options and PRTF selection(s).
- MCO to verify and assure child/youth is offered all available and appropriate services until admitted.
- MCO will provide Service (care/case) coordination and support during wait for admission.
- MCO monitors and reports progress on the list of PRTF's who have accepted or denied youth for admission and on-going updates to the parent/legal guardian as well and other stakeholders.
- MCO will increase communication between MCO and providers on waiting list status to improve service delivery for clients during this time.
- MCO shares fact sheet on PRTF process developed by the KanCare Ombudsman with the parent/legal guardian.

Parent/Legal Guardian

- Parent/Legal Guardians will request PRTF services through the MCO.
- Parent/Legal Guardians will inform the MCO and CMHC if they have private insurance.
- Parent/Legal Guardians are encouraged to continue utilizing out-patient services while waiting for PRTF treatment.
- Parent/Legal Guardians are encouraged to Develop/Update/Review IEP to identify the child's current level of needs.

- Parent/Legal Guardians are encouraged to explore private insurance options regarding PRTF and Residential Treatment Center (RTC).
- Parent/Legal Guardians will need to inform the MCO and CMHC of other evidence-based therapy involved with family that could reduce the need for PRTF level of care.
- Parent/Legal Guardians are encouraged to actively participate in care coordination with the MCO, CMHC/private therapist.
- Parent/Legal Guardians are encouraged to monitor, track and share child’s progress/performance to assess for continued need for PRTF treatment:
 - School
 - Therapy
 - Home
 - Interactions with others
- Parent/ Legal Guardians are encouraged to access parent support services or other community support as needed.
- Parent/Legal Guardians are encouraged to look for new and work with current available community resources.
- Parent/Legal Guardians are required to sign necessary paperwork for CMHC/PRTF/MCO and other facilities as needed.
- Parent/Legal Guardians are encouraged to identify actual or potential barriers to services.
- Parent/Legal Guardians are required to provide any needed additional documentation as requested by PRTFs for determination of acceptance to waitlist.

CMHC

- Increased communication between Parent/Guardian, MCO and CMHC on waiting list status to improve service delivery for child/youth during this time.
- Coordinate with parent/guardian and MCO for follow-up Prior Authorization Request (PAR) and Community Based Services Team (CBST) meeting as needed.
- Continual evaluation and updates related to current behaviors to ensure medical necessity criteria remains for PRTF admission.
- Assess and implement a progressive care approach to ensure medically necessary services are provided as needed.
- Complete intake if needed and/or identify community service needs. (Frequency of services should be considered and increased if needed)
 - Actively work with all parties involved in the child’s behavioral health care.
 - Individual Therapy
 - Family Therapy
 - Parent Peer Support
 - Attendant Care

- Case Conference
- Medication Management
- Case Management
- Psychosocial Rehabilitation (Individual and Group)
- Serious Emotional Disturbance Waiver (SED)
 - Professional Resource Family Care (PRFC)
 - Respite
 - Parent Support and Training
 - Wrap Around services.
 - Independent Living/Skills Building
 - Attendant Care

PRTF

- Review admission request to determine if appropriate for admission and waitlist.
- Report where the child/youth is on the waitlist.
- Respond to the MCO on acceptance or denial on waitlist.
- Submit weekly report to KDADS regarding waitlist information.
- Communicate with the education provider before and after PRTF treatment.

State Agencies:

Individual state agencies will act in an oversight role as defined below.

- Collaborate and communicate with other agencies, parents, guardians and interested parties around needs and services for identified youth and families. Facilitate appropriate assessments to determine needs and gaps in services.
 - KDADS- Licensing, regulations, and program oversight which would include home and community-based services, and waiver services. Facilitates the weekly reviews alternating between foster care, and non-foster care. Participates in complex case staffing's to ensure maximum benefit of services for the youth. Assist provider community in identifying and navigating challenges for delivery of all available community-based services.
 - KDHE- Medicaid guidance pertaining to roles and regulations, billing practices, non-foster care eligibility. Participates in complex case staffing's to ensure maximum benefit of services for the youth.

- DCF- Maintain Medicaid eligibility for youth in foster care and adoption. Participates in weekly PRTF foster care reviews. Provides up to date information related to placements during the weekly reviews.
- Participates in complex case staffing's to ensure maximum benefit of services for the youth.
- KDOC- Support of state agency partners for communication related to legal/custody status and other pertinent information. Participates in complex case staffing's to ensure maximum benefit of services for the youth.
- KSDE- Will provide guidance to school mental health collaborations regarding student educational rights to ensure continuance of educational opportunities and special education services, as appropriate. Participates in complex case staffing's to ensure maximum benefit of services for the youth. Assist provider community in identifying and navigating challenges for delivery of all available community-based services.

Tribal Nations*

- Provide collaboration related to behavioral health needs and services provision, custody status, and coordination of continued care.

Private Providers

- Direct questions from the family about PRTF processes to the assigned MCO and CMHC.
- Provide clinical information, including information about current functioning and mental health status as requested to the MCO and CMHC.

Educational (School)

- School social worker/counselor will direct, and assist (as needed) the family to contact the assigned MCO, CMHC. Collaborate with the MCO, CMHC and the family to share information related to the current behaviors, mental health, school mental health service history, and academic status of the child.

Family Support

- Actively work with all parties involved in the child's behavioral health care.
- Identify actual or potential barriers to services.

Other

Key guidelines/considerations for best practice:

- Develop a fact sheet on QRTP, YRC, JDOC and what services (if any) are available for youth if waiting for PRTF admission at one of these placements.

Accreditation or Licensure Considerations:

QRTP or YRC II after 30 days the HCBS services end.

GUIDELINES FOR REFERRAL TO THE APPROPRIATE PRTF

Section Statement:

Current providers and MCO's will assist parents and legal guardians to identify appropriate PRTF referrals based on a comprehensive review of the child's needs and behaviors, IQ, diagnosis, age range, gender, geographic location, parent preference, matching PRTF specialties to the child and family's needs.

Parties included in this phase and their roles:

MCO

- Work with guardian to identify PRTF preferences (PRTFs that the parent/guardian will accept admission to), disseminate the PAR to the identified PRTFs, obtain weekly updates from the guardian on behaviors/needs, obtain missing PAR information, track need for reauthorization/PAR, MCO determines remaining on waiting list if bed declined, track PRTF that accept and

deny, MCO to initiate Complex Case Staffing when all PRTFs deny, notify PRTFs not selected for admission of admission elsewhere,

Parent/Legal Guardian

- Parent/Legal Guardians are encouraged to communicate their preferences for specific desired PRTFs where admission would be accepted, answer any outstanding questions from the PRTF, provide requested documentation, reach out to PRTFs directly with questions, participate in Case Staffing's if requested.

CMHC

- Guide parents while determining which PRTF is appropriate, desirable to the family and admission would be accepted, answer questions, participate in Case Staffing's if requested. Refer families/guardians to formal and informal resources to gather more information and perspectives.

PRTF

- Educate parents/guardians on the PRTF programing, prompt review of PAR information and determine if a good fit within 3-5 days with all necessary information provided (or seek further information if needed to make a decision), prompt feedback on approved or denied for waitlist and reason for denial, projected timeframe for wait, provide information on where the member is on the waitlist, maintaining the waitlist, reach out to parent and MCO of admission date and time, communicate preadmissions expectations (COVID negative and what to bring to the admission).

State Agencies

- Assist with communication between providers (private providers, CMHC's, e.g.) PRTF's, state agencies, family/guardian, and schools.
- Ensure the referral process is completed in a timely manner, this includes:
 - Release of information completed and submitted to all selected PRTF's.
 - MCO has made the referral to the selected PRTF's.
 - The state will monitor the referral process during waitlist reviews.

Tribal Nations*

- Provide collaboration related to behavioral health needs and services provision, custody status, and coordination of continued care.

Private Providers

- Direct questions from the family about PRTF processes to the assigned MCO and CMHC.
- Provide clinical information, including information about current functioning and mental health status, as requested to the MCO and CMHC, for inclusion in treatment team assessment and planning.
- Refer to community-based supports and resources as clinically appropriate and available in the local community.

Educational (School)

- School social worker/counselor will direct, and assist (as needed) the family to contact the assigned MCO, CMHC. Collaborate with the MCO, CMHC and the family to share information related to the current behaviors, mental health, school mental health service history, and academic status of the child.
- School social worker/counselor will participate per guardian request in the evaluation and assessments of youth behaviors and educational concerns.

Family Support

- Helping guardian advocate for preferences, help navigate process.
- Arrange visits to the PRTF, secure funding for visits (travel, lodging, meals, childcare).
- Develop a bank of parents and youth who will agree for a fee to describe their experience with different PRTFs, like 3 each. Facilitate access.
- The role of family support should be/could be to help families understand the phases, the end as well as where they are in the process, that they are the client, the payer really with their insurance provide.
- Publish a one-page document that describes for each PRTF, a brief descriptor of what is offered, outcomes of the program, methodologies, rules for family involvement, home visits, telephone calls, safety precautions as well as lodging, calculating travel expenses, telephone expenses, etc.

ACCEPTANCE BY PRTF ON TO THEIR WAITLIST

(Note: Acceptance onto the waitlist does not guarantee admission, but should be considered when defining roles of individual parties below)

Section Statement:

The PRTF receives a referral from the MCO requesting the youth be considered for their waitlist. The PRTF will review and determine acceptance or denial to their waitlist.

Parties included in this phase and their roles:

MCO

- Can assist in identifying resources and supports during waitlist time.
- Assist with obtaining all additional documentation requested by PRTF.

Parent/Legal Guardian

- Parent/Legal Guardian are encouraged to indicate which PRTFs they'd like to be referred to – family should only indicate PRTFs which they are willing to send child to. Guardian is notified of acceptance and either accepts or declines placement (parent has already provided a list of those acceptable PRTFs and does not accept or decline in this stage. Youth should not be referred to a PRTF that was not identified as acceptable by the parent.) Continue to communicate with providers the needs of the child.
- Parent/Legal Guardian will provide any additional documentation as requested for review of acceptance to the waitlist.
- Parent/Legal Guardians participation is required in continued involvement and attendance with appointments with medical and behavioral health providers.

CMHC

- Provides all recommended services from the treatment plan that are provided by the CMHC. These may include crisis intervention and outpatient services, and SED waiver services.
- Provides updates to MCO as to progress toward improvement in behaviors or continued medical necessity being met.
- Continually reviews treatment plan to ensure all clinically indicated services have been identified and added to the treatment plan.

PRTF

- Evaluate information, request additional information if needed, accept, or deny referral, (if denied) provide recommendations for more appropriate options, communicate acceptance/possible waitlist information.

State Agencies

- State agencies meet weekly to review PRTF waitlists.
 - Ensure timely decision by PRTF's related to acceptance or denial from waitlists.
 - To assist in addressing and removing any barriers to the decision-making process.
- State agencies may participate in complex case staffing's as needed.
- State agencies involved with court involved youth to coordinate waitlist communication.

Tribal Nations*

- Provide collaboration related to behavioral health needs and services provision, custody status, and coordination of continued care.

Private Providers

- Continue to provide services as clinically indicated.
- Refer for SED waiver when appropriate.

Educational (School)

- School social worker/counselor will coordinate with other support service providers. Schools want to be kept in the loop in order to best support student and school system. Should IEP be reviewed if appropriate? Any other educational evaluation?

Family Support

- Vital to have support during this time, supporting safety plan. Supporting family in continuing to communicate needs.

MAINTAINING PRTF WAITLIST CONTINUED ELGIBILITY

Section Statement:

All parties will communicate and participate in a continuous review and evaluation of current/needed services, participation in services, and barriers to services to ensure that medical necessity continues to be met. Assessment of the youth and parent/guardian progress should be central in all decisions made.

Parties included in this phase and their roles:

MCO

- Educating the family on possible ramifications if they turn down a bed for admission.
- Supporting members and partners with available resources. Discuss adding services as appropriate or as needed.
- The MCO should educate families on the importance of utilizing all available community mental health services during the timeframe on the waitlist.
- The MCO should also educate the families on the ramifications of not participating in community-based services that are available.
- The MCO should offer continued education on the services offered at the PRTF and the importance of family involvement during the admission stay. It is important to stress the positive effects of family involvement on the therapeutic process before and during the admission.
- Provides outreach and collaborative effort to ensure that the least restrictive services have been reviewed and assist with connecting families/legal guardians to available resources, community partners or providers. Discussion around appropriate waivers services.
- MCO will communicate with other PRTFs selected as possible admission of an admission to another PRTF or removal from the list due to no longer meeting medical necessity.
- The MCO will have ongoing evaluation of current services.
- The MCO will be available for a peer-to-peer consultation as per guidelines.

Parent/Legal Guardian

Parent/Legal Guardians participation is required to work with the treatment team to identify the needs of the child and family in their care. They will work together to identify barriers that hinder their involvement in treatment services, develop plans to overcome these barriers to meet the needs of the family.

- Reaching out to natural community supports for assistance in identifying and deciding what services they want to have provided to their child during the wait_time.
- Schools/education
- Religious organizations
- Family/friends
- Community run organizations.
- Family run organizations

CMHC

- Complete clinical evaluation. Identify medically necessary services. Connect family to the services that are recommended and available, and how to access the needed services. In accordance with the PAR policy.
 - Waiver services
 - Non-waiver services
 - Outpatient services (Individual therapy, family therapy with or without patient present, CBS services, etc.)
 - Recommended testing and evaluations
 - Other external community services
- The CMHC should continue to evaluate for, offer, provide, and educate the families on the importance of utilizing all available community mental health services during the time on the waitlist.
- The CMHC should offer continued education on the services offered at the PRTF and the requirement of family involvement during the admission stay.
- The CMHC will educate the family related to the on-going criteria for eligibility for PRTF placements. The goal remains to reduce symptoms, so the youth does not require a PRTF level of care.

PRTF

Will maintain a PRTF specific waitlist with continual review of the youth on the list to allow for as soon as possible admission related to level of care needed, symptoms and behaviors.

- Provide timeframes for admissions to treatment team.
- PRTF will communicate with MCO as to continued need for PRTF Level of Care.
- Contact MCO if there are obstacles to scheduling admissions.

State Agencies

- The state agencies ensure that all PRTF waitlists are reviewed for all necessary documentation and processes on a regular basis.
 - Ensure that all appropriate community services are being provided and utilized.
 - Identify and address barriers.
 - Ensure reevaluation continued need.

Tribal Nations*

- Provide collaboration related to behavioral health needs and services provision, custody status, and coordination of continued care.

Private Providers

- Collaborate with CMHC and MCO involved in the care of the child and family to receive and understand information about the availability of community mental health services, as well as the indications for those services.
- Share information about external community services with child and family as clinically appropriate.

Educational (School)

Evaluating general education and mental health needs that can be addressed in school -

- IEP
- Social work/counseling
- Any other related services identified and available to aid the child.
- Making sure schools are involved in the treatment planning process.

Family Support Services

Connecting the family to support services, see examples below:

- Parenting classes
- Parents Together
- Keys for Networking
- Families Together
- NAMI
- Local groups that CMHC providers are aware of, or that local community has.
- United Way

Family supports will assist the family with evaluation reviews, clarify for the family how the wait listing process works, and attend community treatment team and school meetings with the family to assure maximum services are delivered by highly trained staff.

GUIDELINES FOR REMOVAL FROM THE WAITLIST

Section statement:

The process of being removed from the waitlist is the result of several different events as highlighted in the roles. The decision to remove a youth from the waitlist is a collaborative decision involving the parent/guardian, MCO, providers and the state.

Parties included in this phase and their roles:

MCO

- Will communicate to all involved parties if child is removed from the waitlist and communicate reason for removal. (i.e. CMHC, private provider if they are the PAR requester, legal guardian)
- Youth no longer meets medical necessity. Examples of possible denials
 - decrease in behaviors/symptoms.
 - not utilizing available and recommended services
 - Youth has been diverted to a lower level of care/treatment.
- Recommended community-based services are utilized which are serving to stabilize and support improvements in youth's behavior.
- Child turns 18 with no guardian and not currently in high school and no PRTF will admit.
- Youth are declined admission to all PRTF's. Process for managing the care of these youth.
 - Youth has been denied admission from all the PRTF's and will move to Complex Case Staffing status.
- Parent/guardian who deny an offered bed risk being removed from an individual's PRTFs waitlist. This is determined by each individual PRTF review team.
 - Denial of an offered bed will require review by the MCO and KDADS to determine eligibility to remain on the waitlist.

Parent/Legal Guardian

- Parent/Legal Guardian is required to communicate their request of the youth be to be removed from the waitlist.
- Parent/Legal Guardian is encouraged to recognize community-based services being utilized and are serving to stabilize and support improvements in youth's behavior and PRTF is no longer needed.
- If a child turns 18 without a guardian most PRTFs will remove the youth from their individual waitlist.
- Youth are declined admission to all PRTF's.

- Parent/guardians are encouraged to work with MCO and community providers to develop a comprehensive treatment plan to best meet the youth's needs.
- Parent/guardians are encouraged to work with the MCO to determine if other appropriate treatment options are available.

CMHC

- Continue to educate the family and youth on how to access and the benefits of community-based services (Intensive Out-patient services, Crisis Stabilization Units, respite care, professional resource family care, etc.)
- Recommended community-based services are utilized which are serving to stabilize and support improvements in the youth's behavior.
- Treatment team has determined that the youth has demonstrated improvement to remain in the community setting.
- Supporting documentation requested by MCO of medical necessity to make determination or evidence of continued medical necessity has not been provided to MCO in a timely manner.
- CMHCs has not completed a requested PAR every sixty days and provided the updated information to the MCO.
- CMHC will participate in treatment planning to determine medical necessity of the youth and plans to support youth in the community if medical necessity is not met.

PRTF

- The PRTF will communicate to the MCO interactions with or refusals from parent/ guardian related to offer of possible admission.
- The PRTF will communicate changes or updates to youth on the waitlist to the MCO in a reasonable time frame.

State Agencies

- State agency will monitor the waitlist and become involved in decisions to remove a youth from the waitlist as necessary.

KDADS

- Maintain an accurate and up to date list provided by the MCO's.
- Facilitate the continued review of all youth included on the waitlist
- Parent/guardian who decline an available bed for a youth will be reviewed by the MCO and KDADS for the rationale and reasons to determine continued need for PRTF admission.
- Help facilitate communication with community providers.

KDHE

- Provide input as needed.

DCF

- Provide input as needed.
- Help facilitate communication with MCO's and foster care contractors.

Tribal Nations*

- Provide collaboration related to behavioral health needs and services provision, custody status, and coordination of continued care.

Private Providers

- Provide clinical information, including information that may support determination of medical necessity, in a timely manner, and as clinically appropriate.

Education (School)

- Supportive educational services for the child will be continued to be provided as indicated.

Family Support

- Connecting the family-to-family support, Parents Together, NAMI, local groups that CMHC providers are aware of, or that local community has – United Way (utilize 211)

DENIED BY ALL PRTF'S AND CONSIDERATIONS

Section Statement:

When a youth is declined by all in state PRTF's continued review by all involved parties is necessary to determine care that meets the needs of the youth and family. We should ensure that all appropriate PRTF's have been considered and requests have been made to review for possible admission. All current services available to the client and family need to be evaluated for effectiveness and determination of any barriers to treatment. The treatment team then can consider more intense staffing or complex case staffing to ensure all resources and options have been exhausted. All staffing's should include the appropriate and needed parties to assist in the development in a treatment plan.

Parties included in this phase and their roles:

MCO

- Coordination of care is a collaborative effort based on the child and parent/guardian's needs and should include all parties that will be involved in obtaining the needed services for the child.
- Increase Community based Services and explore barriers for the parent/guardians to utilizing those services.
- Advocacy for Applicable Waiver(s)
- Shall explore services that may fall outside of the Medicaid benefit plan that could fall under Early and Periodic Screening, and Diagnostic Treatment (EPSDT) and serve the youth's needs.
- Determine need of complex staffing, appropriate staff for the case and schedule appointments.

Parent/Legal Guardian

- Parent/Legal Guardian is informed of the denial to all appropriate in-state PRTFs by MCO.
- Parent/Legal Guardians participation is required in meeting with the treatment team to review all current services and devised a treatment plan to include any additional services needed to support youth and family.

CMHC

- CMHC will participate with treatment team to review all current services and devised a treatment plan to include any additional services needed to support youth and family.

- Continue coordination of care with an in-depth look at solution focused options on how to best meet the needs of the youth and family in the current setting.
- Advocate for Applicable Waiver(s)

PRTF

- Re-evaluate if requested.

State Agencies

KDADS/KDHE/DCF

- Will participate in complex case staffing's as indicated related to the needs of the youth to ensure appropriate treatment is provided to the family and youth.
- Work to identify and share additional programming, services, and treatment options available to the family and youth.

Tribal Nations*

- Provide collaboration related to behavioral health needs and services provision, custody status, and coordination of continued care.

Private Providers

- Continue to provide treatment services as clinically appropriate.
- Direct questions from the family about PRTF processes to the assigned MCO and CMHC.
- Provide clinical information, including information about current functioning and mental health status, as requested to the MCO and CMHC, for inclusion in treatment team assessment and planning.
- Refer to community-based supports and resources as clinically appropriate and available in the local community.

Educational (School)*

- Has the IEP/504 Plan been re-evaluated to determine if additional supports are needed?

Family Support

- Family should be provided community resource information.

PRTF ADMISSION

Section Statement:

Youth is admitted to the PRTF.

Parties included in this phase and their roles:

MCO

- Verify that the Member has an open and active Authorization for the PRTF level of Care.
- Upon receipt of the notification from the PRTF of the admission make sure authorization is current for the entered PRTF LOC
- The pre-admission authorization is linked to the admitting facility with the start date of admission.
- MCO will then approve days for the initial authorization.
 - Varies per MCO (PCN included)
- Verify if there is a Primary Insurance involved.
 - Follow the PRTF Rate Assurance Policy
- If Medicaid is primary, letter of approval is sent to the PRTF facility with auth number and the number of days they are approved for. Letter is sent to the parent/guardian.
- MCO makes sure the assigned Case Manager (CM) is aware of the youth is admitting into the PRTF; the assigned CM will attend the Treatment Plan Review meetings with the PRTF.
- MCO will wait for a continued stay review fax for additional days needed for treatment.
This continues during the duration of the stay.
- PRTF Waitlist is updated to reflect the youth admitted into the PRTF.
 - Each assigned Service Coordinator (SC) CM should notify the other PRTF facilities that the youth has admitted into the PRTF.
- Universal WL
 - MCO's receive notification when the eligibility changes.
- Certificate of Need (?) Still working on it, waiting on the state's decision
- Notify CMHC/CCBHC youth has admitted and coordinate treatment review meetings.

Parent/Guardian

- Be informed around what the treatment means/entails:
 - Engage in process.
 - Attend meetings.
 - Participate in therapy as recommended by the treatment plan.
 - Complete needed documentation including releases.
 - Coordinate and participate in passes as appropriate.
 - Participate in discharge planning discussion at the beginning/admission to start to explore transitions.
 - Be honest with your child.
 - Bring health records, KBH, dental/vision info/records, immunization, current meds.
- Encourage them to follow the guidelines set by each PRTF for your child's safety and your protection of property.
- Look for additional resources while child is in PRTF:
 - Identify community partners and resources available for the entire family.
- What is the rationale and purpose of this phase?
 - Improve outcomes and quality of care.
 - Continuity of care
 - Collaboration
 - Setting up families and youth for success
 - Avoid readmission and successful transition.
 - Teaching families and youth to advocate for their needs.

CMHC

- CMHC(s) are to participate in the PRTF Treatment Plan Review (TPR) meetings to assist in the coordination of care and discharge planning.
- Provide needed information to support the treatment of the youth.

PRTF

- Verify authorization is current (and that the youth still needs a bed).
- Call the family to schedule admission date and time.
- If the youth is covered by a primary or private insurance, PRTF will call to verify eligibility and benefits and identify next steps.

- Child and family arrive at day of admission.
- Complete applicable paperwork and assessments.
- Notify the MCO of admission into the PRTF.
- Notify KDHE of admission through 2126 form.
- Notify the local education placement of admission.
- Treatment starts.
- Verify participants and contact information for biweekly treatment team meetings (i.e., MCO, CMHC, parent/guardian, case manager, etc.)

State Agencies

KDADS

- Maintain an accurate and up to date list provided by the MCO's.

KDHE

- KDHE: 2126 form submitted to the state.
- Eligibility should change at that time.

DCF

- Will participate in treatment plans as needed to ensure appropriate treatment is provided to the family and youth.
- Assist with identifying individuals who will participate in treatment and discharge planning.
- Verify MS-2126 admission information matches the information on the 5120 ACK and process PRTF coding in KEES to update in KMMS.

Tribal Nations*

- Provide collaboration related to behavioral health needs and services provision, custody status, and coordination of continued care.

Private Providers

- Provide clinical information, including information about past and current functioning and treatment approaches, and mental health status, as requested, to the PRTF.

- Discuss their role with the family while child is in PRTF treatment.
- Part of the discharge planning

Education (Schools)*

Family Support

- Foster Care agency family support will attend:
 - Treatment Team meetings
 - Have current clinical information.
 - Begin to identify discharge placement plan.
 - Coordinate visitation restrictions
 - Court expectations
 - Family therapy needs.
 - Potential placement is involved in the discharge planning.
 - Single point of contact for transition
 - Agency will ensure universal packet is available and up to date upon discharge.
 - Agency will ensure the focus admission is for treatment.
 - Discharge planning will include placement consideration when discharged.
 - Records request

PRTF TRANSFER PROCESS

Section Statement:

The parent/guardian and/or PRTF may request a transfer after identifying a treatment need that is outside the scope of the current PRTF which could be better served through another PRTF. Additionally, the youth may have met maximum benefits for treatment from that program, continues to meet medical necessity, and are needing different treatment options. It is important that all involved in the care of the youth work towards continued treatment and eventual successful discharge of the youth. It is important to note that transfers can be difficult to achieve, and various transition timelines may occur. Reassessment of the youth may be needed before admission to a new PRTF.

Parties included in this phase and their roles:

MCO

- Act in a facilitative role and support collaboration between the parties involved in the request and decision making. The MCO will update the team on the status of the transfer acceptance or denials.
- If transfer request is unsuccessful, a safe discharge plan must be in place.
- Once a transfer request is received, the MCO will distribute the transfer request documentation to the identified PRTFs and provides updates to the parent/caregiver as well as the originating PRTF as to the status of the request.

Parent/Guardian

- Request a transfer as youth's needs are not being met in current PRTF.
- Work with the PRTF and the MCO by signing consents and treatment forms, actively plan for alternative care.
- If transfer request is unsuccessful, working towards a safe discharge plan is recommended.

CMHC

- The CMHC will work with the PRTF in alternative care for the youth and assessments when requested.
- If transfer request is unsuccessful, a safe discharge plan must be in place.

PRTF

- Each PRTF can initiate a transfer request. The originating PRTF will complete whatever documentation is required by the MCO and/or the new PRTF and submit it to the MCO with the rationale for the transfer request.
- If transfer request is unsuccessful, a safe discharge plan must be in place.

State Agencies

- The state agencies have a responsibility to monitor the request in the best interest of the child and the family. Provide oversight and guidance to support the process.

Tribal Nations*

- Provide collaboration related to behavioral health needs and services provision, custody status, and coordination of continued care.

Private Providers

- Provide clinical information, including information about past and current functioning and treatment approaches, and mental health status, as requested to the MCO and PRTFs involved.

Educational (School)

- Collaboration between the PRTF and the school team as needed to support and assess academic progress.

Family Support

- Support the family and the treatment team.
- Discuss the Concerns of the Parent
- Participate in Meeting/s with the current PRTF to discuss concerns.
- Review Documents Needed
- Explanation of Forms
- Pros and Cons of proceeding with the transfer request vs staying at the current PRTF.
- Transferring to another (Analyzing Available Options), returning to community-based services that work as planned with (Assistance from Peer Support, Supporting the Parent with the Community Team)

Other – If they have TPL and are active payor, the TPL and PRTF should consult.

DISCHARGE AND RE-ENTRY INTO OUTPATIENT

Section Statement:

The purpose of discharge planning should be to provide a coordinated effort in continuity of community care after the PRTF treatment interventions are coming to an end. Discharge planning should begin immediately at admission to prepare for aftercare. Discharge planning should be a collaborative effort between the guardian, MCO, PRTF treatment team, and outpatient team including educational advocates, family supports, private/community providers, and interested parties. The discharge plan will identify appropriate follow-up and provide available resources to the youth and family in a timely manner.

Parties included in this phase and their roles:

MCO

- Coordinate and collaborate with all stakeholders in the PRTF discharge planning process and setting up aftercare resources.
- Advocate that no child discharges without aftercare resources in place including connection with all appropriate community providers to access available services.

Parent/legal Guardian

- Active participation and engagement in the discharge planning. A commitment to engage and support the youth to participate in the after-care services and seek advocacy for the youth and family needs.

CMHC

- Offer multiple services to support the youth and family as the youth transitions back into the community: coordinate and provide medication and outpatient therapy services needed as soon as possible and assist the family in applying for other appropriate programs, and waivers.
- The CMHC will complete a treatment plan with the family and include information for crisis services (including 988, and the Family Mobile Crisis Helpline - 833-441-2240) and additional community supports.

(Align timeframes for service with provision requirements CCBHC)

PRTF

- The PRTF will create the discharge plan in accordance with other stakeholders in the youth's care to assure best level of care post-discharge. Obtain appropriate releases of information to communicate with school, providers, family, and other natural supports in the community. The discharging PRTF will, when possible, work with community partners and/or parents to ensure all appropriate discharge appointments are scheduled prior to discharge.
- The PRTF will complete a treatment plan with the family and include information for crisis services (including 988, and the Family Mobile Crisis Helpline - 833-441-2240) and additional community supports.

State Agencies

- Provide consultation and support to all stakeholders in the discharge process.

Tribal Nations*

- Provide collaboration related to behavioral health needs and services provision, custody status, and coordination of continued care.

Private Providers

- Provide clinically appropriate treatment services within scope of practice and as requested by patient and family as a component of the aftercare plan.
- Coordinate with other team members and share clinically relevant information as requested and clinically appropriate.
- Refer to CMHC and other local resources as appropriate.
- Refer for state waivers as clinically appropriate.

Educational (School)

- Support the youths needs in the school setting and comply with the discharge plan to set the student up for school success behaviorally.

Family Support

- Family Support programs and networking opportunities should be explored in each local community.

Other – Physical healthcare providers should be provided information on the youth's discharge and status.

PRTF Resource List

Acute Hospitals

- Crittenton
[Psychiatric Inpatient Hospitalization | Saint Luke's Health System \(saintlukeskc.org\)](http://saintlukeskc.org)
- Heartland
[Children & Adolescent Treatment | Heartland Behavioral Health Services](#)
- Camber KC - Camber Hays – Camber Wichita
[Children's Mental Health Treatment in Kansas City - Camber Children's Mental Health \(cambermentalhealth.org\)](http://cambermentalhealth.org)
- Marillac
[Child & Adolescent Psychiatry |The University Of Kansas Health System](#)
- Research Psychiatric Center
[Research Psychiatric Center | HCA Midwest](#)
- Stormont Vail
[Child and Adolescent Behavioral Health Programs - Stormont Vail Health](#)

- Ascension Via Christi
[Ascension Via Christi St. Francis | Ascension](#)

Parent Support

- Keys for Networking
[Home | Keys for Networking, Inc.](#)
- Families Together
[Families Together, Inc. | \(famielsttogetherinc.org\)](http://famielsttogetherinc.org)
- Victory Village
[Victory Village Christian Academy](#)
- Carpenter Place
www.carpenterplace.org

IOP Programs

Kids TLC

- [Intensive Outpatient Program for Children - KidsTLC](#)

Mirror, Inc.

- [Mirror Inc](#)

Lilac Center

- <https://www.lilaccenter.org/>

Renewing Counseling Center

- <https://www.usd230.org/>

- Sunflower House

- [Home - Sunflower House](#)

Helplines

- 988-Suicide and Crisis Lifeline

- [988 Suicide & Crisis Lifeline \(ks.gov\)](#)

- Family Mobile Crisis Helpline-833-441-2240-Services are available for all Kansans 20 years old or younger, including anyone in foster care or formerly in foster care.

- [Home | Family Crisis Center, Inc. | Supporting Victims of Domestic and Sexual Violence in Central Kansas \(familycrisiskansas.com\)](#)

Community Mental Health Centers

- Association of CMHCs of Kansas, Inc.

- [Association of Community Mental Health Centers of Kansas, Inc. | Association of Community Mental Health Centers of Kansas, Inc. \(acmhck.org\)](http://www.acmhck.org)

State Agencies

- KDHE
[KDHE, KS | Official Website www.kdhe.ks.gov](http://www.kdhe.ks.gov)
- Medicaid
[About Medicaid & CHIP | KDHE, KS](#)
 - Aetna
[Aetna Medicare Supplement Plans \(aetna-medicareplans.com\)](http://aetna-medicareplans.com)
 - Aetna (PCN) Children's Mercy Pediatric Care Network
[Pediatric Care Network \(cmics.org\)](http://cmics.org)
 - Sunflower
[Kansas Medicaid Plan | KanCare Health Plan from Sunflower Health Plan](#)
 - United
[Medicaid health insurance plans | UnitedHealthcare \(uhc.com\)](http://UnitedHealthcare (uhc.com))
- KDADS
[Kansas Department for Aging and Disability Services \(KDADS\) - Home \(ks.gov\)](#)
- DCF
[Kansas Department for Children and Families - Home \(ks.gov\)](#)
- KDOC
[News & Announcements — \(ks.gov\)](#)
- KSDE
[Home \(ksde.org\)](http://ksde.org)

Psychiatric Residential Treatment Facilities (PRTF)

- Florence Crittenton
[Florence Crittenton Services | \(flocritkansas.org\)](http://flocritkansas.org)
- Pathway Family Services
[Pathway Family Services | Kansas Residential Treatment & Foster Care \(pathwayfs.org\)](http://pathwayfs.org)
- Lake Mary
[Lakemary - Hope for a Brighter Future](#)
- Camber KC
[Children's Mental Health Treatment in Kansas City - Camber Children's Mental Health \(cambermentalhealth.org\)](http://cambermentalhealth.org)
- Camber Hays
[Children's Mental Health Treatment in Hays - Camber Children's Mental Health \(cambermentalhealth.org\)](http://cambermentalhealth.org)
- St. Francis
[Psychiatric Residential Treatment Facility • Saint Francis Ministries](#)
- Ember Hope
www.emberhope.org
- Kids TLC
[Mental & Behavioral Health | Autism | Family Support - KidsTLC](#)
- Prairie View
[Turning Point | Prairie View](#)

Psychiatric Residential Treatment Facility (PRTF) Names, location, and specialty.

Facility Name	Location	Female Adolescent Beds	Male Adolescent Beds	Pre-Ad	Total Licensed Beds	Populations served	Barriers
1. Florence Crittenton	Topeka	18	0	0	18	Girls ages 13-18	Single rooms; direct care staffing a chronic challenge
2. KVC-Kansas City	Kansas City	18	18	12 (6 Female 6 Male)	48	Ages 6-18	Single rooms IDD challenges
3. KVC-Hays	Hays	Flexible	Flexible	Flexible	18	Ages 6-18 coed	Down therapists; single rooms, building not a great fit
4. Lakemary Center	Paola	Flexible	Flexible	Flexible	65	IDD clients	Staffing and need for a quarantine area
5. TFI-Pathways	Topeka	Flexible	Flexible	Flexible	49		COVID – freeze on admissions, staff left due to covid clients
6. Prairie View	Newton	Flexible	Flexible	0	29	Ages: Males 10-12 Females 10-17	New Unit needs a medical provider and nursing staff
7. Saint Francis	Salina	11	21	10-male only	42	Sexual behavior Human trafficking Autism/sensory	Although full, down in therapists and direct care staff
8. KidsTLC	Olathe	Flexible	Flexible	Flexible	111	Ages 6-18* (*in or eligible for high school enrollment) Attachment/Developmental Trauma -High-Moderate Functioning ASD/Developmental Disabilities -Mild - Severe Disruptive, Impulse Control, Conduct Disorders -W/without Substance-Related Disorders	Staffing; Nursing; Acuity of children resulting in one on ones and single rooms; some programs are just being developed
9. Ember Hope	Newton	12	0	0	12	Non-Custody youth only Ages 12-18 Limited radius 150 miles	In-person family participation.

10. Ember Hope	Newton	10	0	0	10	Foster Care Ages 12-18 Limited radius 150 miles	Must have Foster Family willing to participate.
Total					402		

Acronym List

C

- CASA-Court Appointed Special Advocate
- CBS-Community Based Services
- CBST-Community Based Services Team
- CDDO-Community Development Disability Organization
- CM-Case Manager
- CMHC-Community Mental Health Center
- COVID- Coronavirus Disease

D

- DCF- Kansas Department for Children and Families

E

- EPSDT- Early and Periodic Screening, and Diagnostic Treatment

G

- GAL-Guardian Ad Litem

H

- HCBS- Home Community Based Services

I

- IDD- Intellectual and Developmental Disabilities
- IEP- Individualized Education Plan/Program

- IOP- Intensive Outpatient Program
- IQ- Intelligence Quotient

J

- **JDOC- Joint Defense Operations Center**

K

- KBH- KAN Be Healthy
- KDADS- Kansas Department of Aging and Disability Services
- KDHE- Kansas Department of Health and Environment
- KDOC-Kansas Department of Corrections
- KEES-Kansas Eligibility Enforcement System
- KMMS-Kansas Modular Medicaid System
- KSDE- Kansas State Department of Education

L

- LOC- Level of Care

M

- MCO-Managed Care Organization
- MS-2126 Form-This form is used by KDHE to notify SRS offices of admissions, discharges, deaths or hospital leaves for Medicaid recipients or applicants.

N

- NAMI-National Alliance on Mental Illness

P

- PAR- Prior Authorization Request
- PRFC-Professional Resource Family Care
- PRTF- Psychiatric Residential Treatment Facility
- Peer-to-peer- Patients doctor justifying a medical order or prescription to the insurance company's medical doctor when a claim is denied.
- PCN-Pediatric Care Network (Aetna)

Q

- QRTP- Qualified Residential Treatment Facilities

R

- ROI-Release of Information
- RTC-Residential Treatment Center

S

- SED- Sever Emotional Disturbance
- SC-Service Coordinator
- SUD- Substance Use Disorder

T

- TLP-Transitional Living Program
- TPR-Treatment Plan Review

U

- **United Way (211)**

W

- WL-Waitlist

Y

- YRC-Youth Residential Care
 - YRC II- A youth Residential Care facility that is a 24-hour group home.
-
- 5120 ACK- Acknowledgement of Referral Instructions

*(No SME review to Tribal Nations sections)

*(No SME input to PRTF Admission and Denied Sections)