

Therapeutic Group Homes

Therapeutic group homes (TGHs) provide a community-based residential service in a home-like setting of no greater than ten beds, for members under the age of 21, who are under the supervision and program oversight of a psychiatrist or psychologist. TGHs are located in residential communities in order to facilitate community integration through public education, recreation and maintenance of family connections.

TGHs deliver an array of clinical and related services within the home, including psychiatric supports, integration with community resources and skill-building taught within the context of the home-like setting. The treatment should be targeted to support the restoration of adaptive and functional behaviors that will enable the child or adolescent to return to and remain successfully in his/her home and community, and to regularly attend and participate in work, school or training, at the child's best possible functional level.

Integration with community resources is an overarching goal of the TGH level of care, which is in part achieved through rules governing the location of the TGH facility, the physical space of the TGH facility, and the location of schooling for resident youth. The intention of the TGH level of care is to provide a 24-hour intensive treatment option for youth who need it, and to provide it in a location with more opportunities for community integration than can be found in other more restrictive residential placements (e.g., inpatient hospital or psychiatric residential treatment facility (PRTF)). To enhance community integration, TGH facilities must be located within a neighborhood in a community, must resemble a family home as much as possible, and resident youth must attend community schools integrated in the community (as opposed to being educated at a school located on the campus of an institution). This array of services, including psychiatric supports, therapeutic services (individual counseling, family therapy, and group therapy), and skill-building, prepares the youth to return back to their community.

The setting shall be geographically situated to allow ongoing participation of the child's family. In this setting, the child or adolescent remains involved in community-based activities and attends a community educational, vocational program or other treatment setting.

Components

Pretreatment assessment

The supervising practitioner should review the referral *Pretreatment Assessment* at admission or within 72 hours of admission and prior to service delivery.

Assessment and Treatment Planning

The supervising practitioner must complete an initial diagnostic assessment at admission or within seventy –two (72) hours of admission and prior to service delivery and must provide face to face assessment of the member at least every 28 days or more often as necessary per LAC I:42, chapter 62.

Assessments shall be completed with the involvement of the child or adolescent and the family and support system, to the extent possible. A standardized assessment and treatment planning tool must be used such as the Child and Adolescent Needs and Strengths (CANS) Comprehensive Assessment. The assessment protocol must differentiate across life domains, as well as risk and protective factors, sufficiently so that a treatment plan can be tailored to the areas related to the presenting problems of each youth and their family in order to ensure targeted treatment. The tool should also allow tracking of progress over time. The specific tools and approaches used by each program must be specified in the program description and are subject to approval by the State. The TGH must ensure that youth are receiving appropriate therapeutic care to address assessed needs on the child’s treatment plan.

Within seven days of admission, a comprehensive treatment plan shall be developed by the established multidisciplinary team of staff providing services for the member. Each treatment team member shall sign and indicate their attendance and involvement in the treatment team meeting. The treatment team review shall be directed and supervised by the supervising practitioner at a minimum of every 28 days.

Treatment

Treatment provided in the TGH or in the community should incorporate research-based approaches appropriate to the child’s needs, whenever possible. The family/guardian should be involved in all aspects of treatment and face to face meetings as much as possible. Family members should be provided assistance with transportation and video conferencing options to support their engagement with the treatment process.

The individualized, strengths-based services and supports must:

- Be identified in partnership with the child or adolescent and the family and support system, to the extent possible;

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- Be implemented with oversight from a licensed mental health professional (LMHP);
- Be based on both clinical and functional assessments;
- Assist with the development of skills for daily living, and support success in community settings, including home and school;
- Focus on reducing the behavior and symptoms of the psychiatric disorder that necessitated the removal of the child or adolescent from his/her usual living situation;
- Decrease problem behavior and increase developmentally appropriate, normative and pro-social behavior in children and adolescents who are in need of out-of-home placement. As much as possible, this work should be done with the engagement of, and in the context of the family with whom the youth will live next, such that the skills learned to increase pro-social behavior are practiced within family relationships and so can be expected to generalize to the youth's next living situation; and
- Transition the child or adolescent from TGH to home- or community-based living, with outpatient treatment (e.g., individual and family therapy).
- Care coordination is provided to plan and arrange access to a range of educational and therapeutic services.
- Psychotropic medications should be used with specific target symptoms identification, with medical monitoring and 24-hour medical availability when appropriate and relevant.

Discharge Planning

Discharge planning begins on the day of admission using the TGH treatment episode to facilitate helping the youth progress towards be able to successfully reintegrate into a family setting. Discharge planning should be guided by the family/guardian and should identify and coordinate aftercare services and supports that will help the youth maintain safe and healthy functioning in a family environment.

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The medical necessity for these rehabilitative services must be determined by and recommended by an LMHP or physician to promote the maximum reduction of symptoms and/or restoration of an individual to his/her best age-appropriate functional level.

Less intensive levels of treatment must have been determined to be unsafe, unsuccessful or unavailable. The child under the age of 21 must require active treatment provided on a 24-hour basis with direct supervision/oversight by professional behavioral health staff that would not be able to be provided at a less restrictive level of care.

Allowed Mode(s) of Delivery

- On-site

Provider Responsibilities

The provider must comply with all responsibilities as outlined in the licensing regulations (LAC Title 48 Part 1, Chapter 62).

- TGHs provide a twenty-four (24) hours/day, seven (7) days/week, structured and supportive living environment.
- Although the psychologist or psychiatrist does not have to be on the premises when the member is receiving covered services, the supervising practitioner must assume accountability to direct the care of the member at the time of admission and during the entire TGH stay; and assure that the services are medically appropriate.
- The psychiatrist or psychologist/medical psychologist must provide twenty-four (24) hour, on-call coverage seven (7) days a week.

Staffing schedules must reflect overlap in shift hours to accommodate information exchange for continuity of youth treatment, adequate numbers of staff reflective of the tone of the home, appropriate staff gender mix and the consistent presence and availability of professional staff on nights and weekends, when parents are available to participate in family therapy and to provide input on the treatment of their child.

The TGH is required to coordinate with the child's or adolescent's community resources, including schools with the goal of transitioning the youth out of the program to a less restrictive care setting

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for continued, sometimes intensive, services as soon as possible and appropriate. Discharge planning begins upon admission, with concrete plans for the child to transition back into the community beginning within the first week of admission with clear action steps and target dates outlined in the treatment plan. The treatment plan must include behaviorally measurable discharge goals.

Provider Qualifications

Agency

Facilities that operate as TGHs must be licensed by the Louisiana Department of Health (LDH), in accordance with LAC 48:1, Chapter 62, to provide community-based residential services in a home-like setting of no greater than ten beds, and under the supervision and oversight of a psychiatrist or licensed psychologist, to children under the age of 21. A TGH must be accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA), or The Joint Commission (TJC). Denial, loss of, or any negative change in accreditation status must be reported in writing immediately upon notification to the managed care entities with which the agency contracts or is being reimbursed.

NOTE: Facilities must apply for accreditation and pay accreditation fees prior to being contracted or reimbursed by a Medicaid managed care entity, and must maintain proof of accreditation application and fee payment. Agencies must attain full accreditation within 18 months of the initial accreditation application date.

TGHs may not be IMDs. Each organization owning TGHs must ensure that in no instance, does the operation of multiple TGH facilities constitute operation of an IMD. All new construction, newly acquired property or facilities or new provider organizations must comply with facility bed limitations not to exceed ten beds. Existing facilities may not add beds if the bed total would exceed ten beds in the facility. Any physical plant alterations of existing facilities must be completed in a manner to comply with the ten bed per facility limit (i.e., renovations of existing facilities exceeding ten beds must include a reduction in the bed capacity to ten beds).

TGH staff must be supervised by a licensed mental health professional (LMHP) with experience in evidence-based treatments and operating within their scope of practice license. LMHP staff also provide individual, family, and group therapy. Staff includes paraprofessional and bachelor's level staff (who provide integration with community resources, skill building and peer support services) and master's level staff (who provide individual, group, and family interventions) with degrees in social work, counseling, psychology or a related human services field, with oversight

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by a psychologist or psychiatrist. The human service field is defined as an academic program with a curriculum content in which at least 70 percent of the required courses are in the study of behavioral health or human behavior. A TGH must provide the minimum amount of active treatment hours established by the Department, and performed by qualified staff per week for each child, consistent with each child's treatment plan and meeting assessed needs.

Facilities that operate as TGHs must:

- Arrange for and maintain documentation that prior to employment (or contracting, volunteering, or as required by law) individual's pass the enhanced criminal background checks, including sexual offender registry checks, in accordance with all of the below:
 - The Therapeutic Group Homes (licensing regulations established by the Louisiana Administrative Code (LAC) 48:I.Chapter 62, which includes those for owners, managers, and administrators; and all employees or non-employees, including independent contractors, consultants, students, volunteers, trainees, or any other associated person, who performs paid or unpaid work with or for the TGH;
 - La. R.S. 40:1203.1 et seq. associated with criminal background checks of un-licensed workers providing patient care;
 - La. R.S. 15:587, as applicable; and
 - Any other applicable state or federal law.

Note: The enhanced criminal background check described in LAC 48:1, Chapter 62, §6210 is now required for each TGH, pursuant to the federal Family First Prevention Services Act (Public Law 115-123 enacted February 9, 2018) on child care institutions and Act 243 of the 2019 Regular Session of the Louisiana Legislature. This new enhanced criminal background check process encompasses the state requirements in R.S. 40:1203.1 et seq. A TGH's compliance with this new enhanced criminal background check process will be deemed in compliance with the requirements in R.S. 40:1203.1.

- Not hire individuals failing to meet enhanced criminal background check requirements and regulations. Individuals not in compliance with the enhanced criminal background check requirements and regulations shall not be utilized on an employment, contract nor volunteer basis. Criminal background checks performed over 90 days prior to the date of employment will not be accepted as meeting the criminal background check requirement. Results of criminal background checks are to be maintained in the individual's personnel record.

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- Review the Department of Health and Human Services' Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) and the LDH State Adverse Actions website prior to hiring or contracting any employee or contractor that performs services that are compensated with Medicaid/Medicare funds, including but not limited to licensed and unlicensed staff, interns and contractors. Once employed, the lists must be checked once a month thereafter to determine if there is a finding that an employee or contractor has abused, neglected or extorted any individual or if they have been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General. The provider is prohibited from knowingly employing or contracting with, or retaining the employment of or contract with, anyone who has a negative finding placed on the Louisiana State Adverse Action List, or who have been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General.
- Maintain results in personnel records that checks have been completed. The OIG maintains the LEIE on the OIG website (<http://exclusions.oig.hhs.gov>) and the LDH Adverse Action website (<https://adverseactions.ldh.la.gov/SelSearch>);
- Arrange for and maintain documentation that all persons, prior to employment, are free from tuberculosis (TB) in a communicable state via skin testing (or chest exam if recommended by physician) to reduce the risk of such infections in members and staff. Results from testing performed over 30 days prior to date of employment will not be accepted as meeting this requirement;
- Establish and maintain written policies and procedures inclusive of drug testing staff to ensure an alcohol and drug-free workplace and a workforce free of substance use (See Appendix D in this manual chapter);
- Maintain documentation that all direct care staff, who are required to complete first aid, and cardiopulmonary resuscitation (CPR) training, complete the training within 90 days of hire;

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- Maintain documentation of verification of staff meeting educational and professional requirements, licensure (where applicable), as well as completion of required trainings for all staff; and
- Ensure and maintain documentation that all unlicensed persons employed by the organization complete training in a recognized crisis intervention curriculum prior to handling or managing crisis calls, which must be updated annually.

Program Requirements

All programs should incorporate some form of research-based, trauma-informed programming and training. For clinical intervention, the program must incorporate at least one research-based approach pertinent to the population of TGH members to be served by the specific program. All research-based programming in TGH settings must be approved by the State.

TGH facilities may specialize and provide care for sexually maladaptive behaviors, substance use or dually diagnosed members. If a program provides care to any of these categories of youth, the program must submit documentation as part of their program description submitted to the State regarding the appropriateness of the research-based, trauma-informed programming and training, as well as compliance with the American Society of Addiction Medicine (ASAM) level of care being provided (if applicable).

The specific research-based model(s) to be used should be incorporated into the program description, including information on the program's plan to ensure training for their staff in the selected research-based model(s), which staff types (direct care staff, therapists, etc.) are trained in the selected research-based model(s), and provisions for continuing education in the research-based model(s). The program description should be submitted to the State for approval, subject to OBH review.

Staff

To provide TGH services, staff must meet the following requirements:

- Must be consistent with State licensure regulations. For example, if State licensure requires a ratio of not less than one staff to five members be maintained at all times; then, two staff must be on duty at all times with at least one being direct care staff when there is a member present.

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- Direct care staff must be at least 18 years old and at least three years older than an individual under 18 years of age;
- Must have a high school diploma, general equivalency diploma or trade school diploma in the area of human services, or demonstrate competency or verifiable work experience in providing support to persons with disabilities. The human service field is defined as an academic program with a curriculum content in which at least 70 percent of the required courses are in the study of behavioral health or human behavior;
- Must have a minimum of two years of experience working with children, be equivalently qualified by education in the human services field, or have a combination of work experience and education with one year of education substituting for one year of experience;
- Employees and contractors must not be excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General;
- Direct care staff must not have a finding on the Louisiana State Adverse Action List;
- All unlicensed staff must be under the supervision and oversight of a psychiatrist or psychologist;
- Pass criminal background check through DPS State Police prior to employment;
- Pass a TB test prior to employment;
- Pass drug screening tests as required by agency's policies and procedures; and
- Complete American Heart Association (AHA) recognized First Aid, and CPR training. Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training. (See Appendix D of this manual chapter.)

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Allowed Provider Types and Specialties

- PT AT Therapeutic Group Home PS 5X Therapeutic Group Home

Service Exclusions

The following services/components must be excluded from Medicaid reimbursement:

- Components that are not provided to or directed exclusively toward the treatment of the Medicaid eligible member;
- Services provided at a work site which are job tasks oriented and not directly related to the treatment of the member's needs;
- Any services or components in which the basic nature of which are to supplant housekeeping, homemaking, or basic services for the convenience of a member receiving substance use treatment services;
- Services rendered in an institution for mental disease (IMD);
- Room and board; and
- Supervision associated with the child's stay in the TGH.

Reimbursement

The unit of service for reimbursement for the TGH is based on a daily rate for the services provided by unlicensed practitioners only.

TGH services will be inclusive of, but not limited to, the allowable cost of clinical and related services, psychiatric supports, integration with community resources and the skill-building provided by unlicensed practitioners.

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In addition to the Medicaid per diem rate for treatment services, there is also a separate per diem room and board component to the rate that cannot be paid with Medicaid funds. This room and board rate is typically paid by the youth’s custodian (in some cases a child-serving state agency) or another designated payment source.

LMHPs bill for their services separately under the approved State Plan for “Other Licensed Practitioners”. Therapy (individual, group and family, whenever possible) and ongoing psychiatric assessment and intervention, as needed, (by a psychiatrist) are required of TGH, but provided and billed separately by licensed practitioners for direct time spent. Therapeutic care may include treatment by TGH staff, as well as community providers.

TGH Cost Reporting Requirements

Cost reports must be submitted annually. The due date for filing annual cost reports is the last day of the fifth month following the facility’s fiscal year end. Separate cost reports must be filed for the facilities central/home office when costs of that entity are reported on the facilities cost report. If the facility experiences unavoidable difficulties in preparing the cost report by the prescribed due date, a filing extension may be requested. A filing extension must be submitted to Medicaid prior to the cost report due date. Facilities filing a reasonable extension request will be granted an additional 30 days to file their cost report.

Psychiatric Residential Treatment Facilities

Psychiatric residential treatment facilities (PRTFs) are non-hospital facilities offering intensive inpatient services to individuals under the age of 21 who have various behavioral health issues. PRTFs are required to ensure that all medical, psychological, social, behavioral and developmental aspects of the member's situation are assessed and that treatment for those needs are reflected in the plan of care (POC) per 42 CFR 441.155. In addition to services provided by and in the facility, when they can be reasonably anticipated on the active treatment plan, the PRTF must ensure that the member receives all treatment identified on the active treatment plan and any other medically necessary care required for all medical, psychological, social, behavioral and developmental aspects of the member's situation.

Components

Assessment and Treatment Planning

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Services must meet active treatment requirements, which means implementation of a professionally developed and supervised individual POC that is developed and implemented no later than 72 hours after admission and designed to achieve the recipient's discharge from inpatient status at the earliest possible time. "Individual POC" means a written plan developed for each member to improve his/ condition to the extent that inpatient care is no longer necessary.

The POC must:

- Be based on a diagnostic evaluation conducted within the first 24 hours of admission in consultation with the youth and the parents/legal guardian 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;
- Be developed by a team of professionals specified under §441.156 in consultation with the child and the parents, legal guardians or others in whose care the youth will be released after discharge;
- State treatment objectives;
- Prescribe an integrated program of therapies, activities and experiences designed to meet the objectives; and
- 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 member's family, school and community upon discharge.

The plan must be reviewed as needed or at a minimum of every 30 days by the facility treatment team to:

- Determine that services being provided are or were required on an inpatient basis; and
- Recommend changes in the plan, as indicated by the member's overall adjustment as an inpatient.

The facility treatment team develops and reviews the individual POC. The individual POC must be developed by an interdisciplinary team of physicians and other personnel who are employed

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by, or provide services to, patients in the facility. Based on education and experience, preferably including competence in child psychiatry, the team must be capable of:

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

Eligibility Criteria

Children under 21 years of age, pre-certified by an independent team, where:

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

The independent team pre-certifying the PRTF stay must:

- Include a physician;
- Have competence in diagnosis and treatment of mental illness, preferably in child psychiatry; and
- Have knowledge of the individual's situation.

Allowed Mode(s) of Delivery

- On-site.

Provider Responsibilities

Children/adolescents receiving services in a PRTF program must have access to education services, including supports to attend public school if possible, or in-house educational components, or vocational components if serving adolescents.

Because the PRTF is not in itself a specific research-based model, it must instead incorporate research-based models developed for a broader array of settings that respond to the specific presenting problems of the members served. Each PRTF program should incorporate appropriate research-based programming for both treatment planning and service delivery.

Facilities must use evidence-based or best practice clinical techniques as part of their program model. For milieu management, all programs should also incorporate some form of research-based, trauma-informed programming and training. A PRTF specializing in substance use disorder treatment must comply with ASAM criteria. PRTF may specialize and provide care for maladaptive sexual behaviors, substance use treatment or individuals with co-occurring disorders. If a program provides care to any of these categories of youth, the program must submit documentation regarding the appropriateness of the research-based, trauma-informed programming and training, as well as compliance with the ASAM level of care being provided.

In addition, programs may propose other models, citing the research base that supports use of that model with the target population (e.g., gender-specific approaches). They may also work with the purveyors of research-based models to develop more tailored approaches, incorporating other models.

The specific research-based models to be used should be incorporated into the program description, which should include information on the program’s plan to ensure training for their staff in the selected research-based model(s), which staff types (direct care staff, therapists, etc.) are trained in the selected research-based model(s), and provisions for continuing education in the research-based model(s). All research-based programming in PRTF settings must be incorporated into the program description and approved by the State, subject to OBH review.

Provider Qualifications

The facility must provide treatment meeting State regulations per LAC 48: I. Chapter 90.

Agency

Agencies that operate as PRTFs must:

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- Be licensed by the Louisiana Department of Health (LDH) in accordance with Louisiana Administrative Code (LAC) 48:I.Chapter 90 and accredited prior to enrollment by an LDH approved accrediting body: Commission on Accreditation of Rehabilitation Facilities (CARF), Council on Accreditation (COA) or The Joint Commission (TJC). Denial, loss of, or any negative change in accreditation status must be reported to their contracted managed care organizations (MCOs) in writing immediately upon notification by the accreditation body. The PRTF must be accredited prior to delivering services.

- Arrange for and maintain documentation that prior to employment (or contracting, volunteering, or as required by law) individuals pass criminal background checks, including sexual offender registry checks, in accordance with all of the below:
 - The Psychiatric Residential Treatment Facilities licensing regulations established by LAC 48:I.Chapter 90, which includes those for owners, managers, and administrators, any applicant for employment, contractor, volunteer and other person who will provide services to the residents prior to that person working at the facility;
 - La. R.S. 40:1203.1 et seq. associated with criminal background checks of un-licensed workers providing patient care;
 - La. R.S. 15:587, as applicable; and
 - Any other applicable state or federal law.

- Not hire individuals failing to meet criminal background check requirements and regulations. Individuals not in compliance with criminal background check requirements and regulations shall not be utilized on an employment, contract nor volunteer basis. Criminal background checks performed over 90 days prior to the date of employment will not be accepted as meeting the criminal background check requirement. Results of criminal background checks are to be maintained in the individual's personnel record.

- Review the Department of Health and Human Services' Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) and the LDH State Adverse Actions website prior to hiring or contracting any employee or contractor that performs services that are compensated with Medicaid/Medicare funds, including but not limited to licensed and unlicensed staff, interns and contractors. Once employed, the lists must be checked once a month thereafter to determine if there is a finding that an employee or contractor has abused, neglected or extorted any individual or if they have been excluded from participation in the Medicaid or

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Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General. The provider is prohibited from knowingly employing or contracting with, or retaining the employment of or contract with, anyone who has a negative finding placed on the Louisiana State Adverse Action List, or who have been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General.

- Maintain results in personnel records that checks have been completed. The OIG maintains the LEIE on the OIG website (<https://exclusions.oig.hhs.gov>) and the LDH Adverse Action website (<https://adverseactions.ldh.la.gov/SelSearch>);
- Arrange for and maintain documentation that all persons, prior to employment, are free from tuberculosis (TB) in a communicable state via skin testing (or chest exam if recommended by physician) to reduce the risk of such infections in members and staff. Results from testing performed over 30 days prior to date of employment will not be accepted as meeting this requirement;
- Establish and maintain written policies and procedures inclusive of drug testing staff to ensure an alcohol and drug-free workplace and a workforce free of substance use. (See Appendix D of this manual chapter);
- Maintain documentation that all direct care staff, who are required to complete First Aid and cardiopulmonary resuscitation (CPR), complete American Heart Association (AHA) recognized training within 90 days of hire, which must be renewed within a time period recommended by the AHA (See Appendix D of this manual chapter.); and
- Maintain documentation verifying that staff meet educational and professional requirements, licensure (where applicable), as well as completion of required trainings.

Emergency Preparedness Regulations

PRTFs must comply with federal emergency preparedness regulations associated with 42 CFR §441.184 in order to participate in the Medicare or Medicaid program. Regulations must be implemented by November 15, 2017. They include safeguarding human resources, maintaining

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business continuity and protecting physical resources. (<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/index.html>)

Facilities should incorporate the four elements of emergency preparedness into their plans and comply with all components of the federal regulation:

- **Risk assessment and emergency planning** - CMS requires facilities to perform a risk assessment that uses an “all-hazards” approach prior to establishing an emergency plan.
- **Communication plan** - CMS requires facilities to develop and maintain an emergency preparedness communication plan that complies with both federal and state laws. Patient care must be well coordinated within the facility, across healthcare providers, and with state and local public health departments and emergency management agencies and systems to protect patient health and safety in the event of a disaster.
- **Policies and procedures** - CMS requires that facilities develop and implement policies and procedures that comply with federal and state law, and that support the successful execution of the emergency plan and risks identified during the risk assessment process.
- **Training and testing** - CMS requires that facilities develop and maintain an emergency preparedness training and testing program that complies with federal and state law, and that is updated at least annually.

The PRTF shall also meet the state requirements of LAC 48:1 Chapter 90 §9083. Safety and Emergency Preparedness.

Staff

Staffing for the facility must be consistent with State licensure regulations.

All experience requirements are related to paid experience. Volunteer work, college work/study or internship related to completion of a degree cannot be counted as work experience. If experience is in a part-time position, the staff person must be able to verify the amount of time worked each week. Experience obtained while working in a position for which the individual is not qualified may not be counted as experience.

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To provide services in a PRTF, staff must meet the following requirements:

- Pass criminal background check through the Louisiana DPS, State Police prior to employment;
- Employees and contractors must not be excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General;
- Direct care staff must not have a finding on the Louisiana State Adverse Action List;
- Pass a TB test prior to employment;
- Pass drug screening tests as required by agency's policies and procedures;
- Complete American Heart Association (AHA) recognized First Aid and CPR and training. Psychiatrists, advanced practical registered nurses (APRNs/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training. (See Appendix D of this manual chapter); and
- Complete all required training appropriate to the program model approved by OBH.

Staffing Qualifications

Per federal regulations at 42 CFR 441.156 and state regulations at LAC 48: I. Chapter 90. §9067, the team must include, at a minimum, either:

- A board-eligible or board-certified psychiatrist;
- A licensed clinical psychologist and a physician licensed to practice medicine or osteopathy; or
- A physician licensed to practice medicine or osteopathy, with specialized training and experience in the diagnosis and treatment of mental diseases, and a psychologist who has a master's degree in clinical psychology or who has been licensed by the State psychological association. Note: Louisiana does not consider

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individuals with a master’s degree in clinical psychology to practice and be considered “psychologists”. Facilities wishing to utilize this option under federal and state regulations must ensure that State psychology scope of practice is followed. In this case it would mean that the psychologist must be a licensed or medical psychologist.

The team must also include one of the following:

- A licensed clinical social worker (LCSW);
- A RN with specialized training or one year's experience in treating individuals with mental illness;
- An occupational therapist who is licensed and who has specialized training or one year of experience in treating individuals with mental illness; or
- A licensed psychologist or medical psychologist.

Note: In all cases, it is preferred that team members also have experience treating children and adolescents.

Allowed Provider Types and Specialties

- PT 96 Psychiatric Residential Treatment Facility, PS 9B Psychiatric Residential Treatment Facility
- PT 96 Psychiatric Residential Treatment Facility, PS 8U Substance Use or Addiction
- PT 96 Psychiatric Residential Treatment Facility, PS 8R Other Specialization

Limitations/Exclusions

The facility must comply with seclusion and restraint requirements found at LAC 48:I.Chapter 90 and 42 CFR 483 subpart G.

Reasonable activities include PRTF treatment provided by and in the facility when it was found, during the initial evaluation or subsequent reviews, to be treatment necessary to address a medical,

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psychological, social, behavioral or developmental aspect of the child’s care per 42 CFR 441.155. The PRTF reasonable activities are child-specific and must be necessary for the health and maintenance of health of the child while he or she is a resident of the facility. The medically necessary care must constitute a need that contributes to the inpatient treatment of the child and is dependent upon the expected length of stay of the particular child in that facility (e.g., dental hygiene may be necessary for a child expected to reside in the facility for 12 months but not 30 days).

Educational/vocational expenses are not Medicaid expenses. In addition, supports to attend public school outside of the PRTF are not considered activities provided by and in the PRTF and on the active treatment plan, and may not be reimbursed by Medicaid. However, supports to attend in-house education/vocational components may be reimbursed by the PRTF utilizing Medicaid funding to the extent that it is therapy to support education in a PRTF (e.g., occupational therapy (OT), physical therapy (PT), speech therapy (ST), etc.). Medicaid funding for the education itself is not permitted. Medicaid will pay for the therapies associated with the education provided in-house while the child is in a PRTF.

Reimbursement

Services for Medicaid-eligible members not provided by and in the facility and reflected on the active treatment plan are not reimbursable by Medicaid.

Reimbursement for PRTF is based on the following criteria:

- Each PRTF provider must enter into a contract with one or more managed care organization in order to receive reimbursement for Medicaid services;
- LDH or its fiscal intermediary must make monthly capitation payments to the MCOs, and the MCOs will determine the rates paid to its contracted providers. Payment must be no less than the minimum Medicaid rate; and
- Covered inpatient PRTF activities for individuals under twenty-one (21) years of age must be reimbursed by Medicaid.

Free-standing PRTFs

The rate for free-standing PRTFs must include reimbursement for the following services when included on the active treatment plan:

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- Occupational therapy/physical therapy/speech therapy;
- Laboratory; and
- Transportation.

A free-standing PRTF must arrange through contract(s) with outside providers to furnish dental, vision, and diagnostic/radiology treatment activities as listed on the active treatment plan. The treating provider will be directly reimbursed by the MCO.

In-State PRTF Reimbursement Rates

In-State publicly or privately owned and operated PRTFs must be reimbursed for covered PRTF services according to the following provisions. The rate paid by the MCO to the provider must take into consideration the following ownership and service criteria:

- Free-standing privately owned and operated PRTF specializing in sexually-based treatment programs;
- Free-standing privately owned and operated PRTF specializing in substance use treatment programs;
- Free-standing privately owned and operated PRTF specialized in behavioral health treatment programs;

Out-of-State PRTF Reimbursement Rates

Out of state psychiatric residential treatment facilities must be reimbursed in accordance with the MCO contractor’s established rate.

Cost Reports

All in-state Medicaid-participating PRTF providers are required to:

- File an annual Medicaid cost report in accordance with Medicare/Medicaid allowable and non-allowable costs;

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- Submit cost reports on or before the last day of the fifth month after the end of the provider’s fiscal year end;
- Separate cost reports must be submitted by central/home offices when costs of the central/home office are reported in the PRTF provider’s cost report; and
- Submit a filing extension to LDH prior to the cost report due date if the PRTF provider experiences unavoidable difficulties in preparing the cost report by the prescribed due date.

NOTE: Facility filing a reasonable extension request will be granted an additional 30 days to file their cost reports.

Level 3.7 Medically Monitored High Intensity Inpatient Treatment – Adolescent

This is a PRTF level of care for co-occurring disorder (COD) treatment that provides 24 hours of structured activities per week including, but not limited to:

- Psychiatric and substance use assessments;
- Diagnosis treatment; and
- Habilitative and rehabilitation services.

These services are provided to individuals with co-occurring psychiatric and substance disorders (ICOPSD), whose disorders are of sufficient severity to require an inpatient level of care.

All facilities are licensed by LDH in accordance with LAC 48:I.Chapter 90 and must be accredited prior to enrollment by an LDH approved national accrediting body: CARF, COA or TJC. Denial, loss of, or any negative change in accreditation status must be reported to their contracted MCOs in writing immediately upon notification by the accreditation body.

It also provides a planned regiment of 24-hour professionally directed evaluation, observation and medical monitoring of addiction and mental health treatment in an inpatient setting. They feature permanent facilities, including residential beds, and function under a defined set of policies, procedures and clinical protocols. Appropriate for members whose subacute biomedical and emotional, behavior or cognitive problems are so severe that they require co-occurring capable or enhanced inpatient treatment, but who do not need the full resources of an acute care general

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hospital. In addition to meeting integrated service criteria, COD treatment providers must have experience and preferably licensure and/or certification in both addictive disorders and mental health. Children/adolescents receiving services in a PRTF program must have access to education services, including supports to attend public school if possible, or in-house educational components or vocational components if serving adolescents. Educational/vocational expenses are not Medicaid expenses. In addition, supports to attend public school outside of the PRTF are not considered activities provided by and in the PRTF and on the active treatment plan, and may not be reimbursed by Medicaid. However, supports to attend in-house education/vocational components may be reimbursed by the PRTF utilizing Medicaid funding to the extent that it is therapy to support education in a PRTF (e.g., OT, PT, ST, etc.). Medicaid funding for the education itself is not permitted. Medicaid will pay for the therapies associated with the education provided in-house while the child is in a PRTF.

Admission Guidelines

Individuals in this level of care may have co-occurring addiction and mental health disorders that meet the eligibility criteria for placement in a co-occurring-capable program or difficulties with mood, behavior or cognition related to a substance use or mental disorder, or emotional behavioral or cognitive symptoms that are troublesome, but do not meet the DSM criteria for mental disorder. Admission guidelines for PRTF services are:

- Acute intoxication and/or withdrawal potential – None or minimal/stable withdrawal risk;
- Biomedical conditions and complications – Moderate to severe conditions (which require 24-hour nursing and medical monitoring or active treatment but not the full resource of an acute care hospital);
- Emotional, behavioral or cognitive conditions and complications – Moderate to severe conditions and complications. These symptoms may not be severe enough to meet diagnostic criteria but interfere or distract from recovery efforts (for example, anxiety/hypomanic or depression and/or cognitive symptoms, which may include compulsive behaviors, suicidal or homicidal ideation, with a recent history of attempts but no specific plan, or hallucinations and delusions without acute risk to self or others) are interfering with abstinence, recovery and stability to such a degree that the individual needs a structured 24-hour, medically monitored (but not medically managed) environment to address recovery efforts;

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- Readiness to change – Member is in need of intensive motivating strategies, activities and processes available only in a 24-hour structured medically monitored setting (but not medically managed);
- Relapse, continued use or continued problem potential – Member is experiencing an escalation of relapse behaviors and/or acute psychiatric crisis and/or reemergence of acute symptoms and is in need of 24-hour monitoring and structured support; and
- Recovery environment – Environment or current living arrangement is characterized by a high risk of initiation or repetition of physical, sexual or emotional abuse or substance use so endemic that the patient is assessed as unable to achieve or maintain recovery at a less intensive level or care.

Screening/Assessment/Treatment Plan Review

A triage screening must be completed to determine eligibility and appropriateness (proper patient placement) for admission and referral. (The MCO ensures that pre-certification requirements are met.)

A comprehensive bio-psychosocial assessment must be completed within seven days, which substantiates appropriate patient placement. The assessment must be reviewed and signed by a qualified professional. The following sections must be completed prior to seven days of admission:

- Medical;
- Psychological;
- Alcohol; and
- Drug.

An individualized, interdisciplinary treatment plan, must be completed which includes problem formulation and articulation of short-term, measurable treatment goals and activities designed to achieve those goals. This plan should be developed in collaboration with the member and meet the following criteria:

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- The treatment plan is reviewed/updated in collaboration with the member, as needed, or at a minimum of every 30 days;
- Discharge/transfer planning must begin at admission; and
- Referral arrangements made prior to discharge.

Provider Qualifications

Agency

To provide PTRF level of care services, agencies must meet the following requirements:

- Licensed as a PRTF by LDH per LAC 48: I. Chapter 90;
- Physician directed and meet the requirements of 42 CFR 441.151, including requirements referenced therein to 42 CFR 483 subpart G;
- Arrange for and maintain documentation that prior to employment (or contracting, volunteering, or as required by law) individuals pass criminal background checks, including sexual offender registry checks, in accordance with all of the below:
 - The Psychiatric Residential Treatment Facilities licensing regulations established by the Louisiana Administrative Code (LAC) 48:I.Chapter 90, which includes those for owners, managers, and administrators any applicant for employment, contractor, volunteer and other person who will provide services to the residents prior to that person working at the facility;
 - La. R.S. 40:1203.1 et seq. associated with criminal background checks of un-licensed workers providing patient care;
 - La. R.S. 15:587, as applicable; and
 - Any other applicable state or federal law.
- Providers shall not hire individuals failing to meet criminal background check requirements and regulations. Individuals not in compliance with criminal background check requirements and regulations shall not be utilized on an employment, contract nor volunteer basis. Criminal background checks performed over 90 days prior to the date of employment will not be accepted as meeting the criminal background check requirement. Results of criminal background checks are to be maintained in the individual’s personnel record.

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- The provider must review the Department of Health and Human Services' Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) and the LDH State Adverse Actions website prior to hiring or contracting any employee or contractor that performs services that are compensated with Medicaid/Medicare funds, including but not limited to licensed and unlicensed staff, interns and contractors. Once employed, the lists must be checked once a month thereafter to determine if there is a finding that an employee or contractor has abused, neglected or extorted any individual or if they have been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General. The provider is prohibited from knowingly employing or contracting with, or retaining the employment of or contract with, anyone who has a negative finding placed on the Louisiana State Adverse Action List, or who have been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General.
- Providers are required to maintain results in personnel records that checks have been completed. The OIG maintains the LEIE on the OIG website (<http://exclusions.oig.hhs.gov>) and the LDH Adverse Action website is located at <https://adverseactions.ldh.la.gov>;
- Arrange for and maintain documentation that all persons, prior to employment, are free from Tuberculosis (TB) in a communicable state via skin testing (or chest exam if recommended by physician) to reduce the risk of such infections in recipients and staff. Results from testing performed over 30 days prior to date of employment will not be accepted as meeting this requirement;
- Establish and maintain written policies and procedures inclusive of drug testing staff to ensure an alcohol and drug-free workplace and a workforce free of substance use (See Appendix D);
- Maintain documentation that all direct care staff, who are required to complete First Aid and cardiopulmonary resuscitation (CPR) training, complete American Heart Association (AHA) recognized training within 90 days of hire, which must be renewed within a time period recommended by the AHA. (See Appendix D.); and

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- Maintain documentation of verification of staff meeting educational and professional requirements, licensure (where applicable), as well as completion of required trainings for all staff.

Emergency Preparedness Regulations

As required by CMS Emergency Preparedness Final Rule effective November 16, 2016, PRTFs must comply with Emergency Preparedness regulations associated with 42 CFR §441.184 in order to participate in the Medicare or Medicaid program (Link to CMS Emergency Preparedness Regulation Guidance and Resources: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/index.html>). Regulations must be implemented by November 15, 2017. They include safeguarding human resources, maintaining business continuity and protecting physical resources.

Facilities should incorporate the following four core elements of emergency preparedness into their plans and comply with all components of the Rule:

- **Risk assessment and emergency planning** – CMS requires facilities to perform a risk assessment that uses an “all-hazards” approach prior to establishing an emergency plan.
- **Communication plan** – CMS requires facilities to develop and maintain an emergency preparedness communication plan that complies with both federal and state laws. Patient care must be well coordinated within the facility, across healthcare providers, and with state and local public health departments and emergency management agencies and systems to protect patient health and safety in the event of a disaster.
- **Policies and procedures** – CMS requires that facilities develop and implement policies and procedures that comply with federal and state law, and that support the successful execution of the emergency plan and risks identified during the risk assessment process.
- **Training and testing** – CMS requires that facilities develop and maintain an emergency preparedness training and testing program that complies with federal and state law, and that is updated at least annually.

The PRTF shall also meet the state requirements of LAC 48:1 Chapter 90 §9083 Safety and Emergency Preparedness.

Staff

All experience requirements are related to paid experience. Volunteer work, college work/study or internship related to completion of a degree cannot be counted as work experience. If experience is in a part-time position, the staff person must be able to verify the amount of time worked each week. Experience obtained while working in a position for which the individual is not qualified may not be counted as experience.

Staff who provide services in a PRTF setting must:

- Pass criminal background check through the Louisiana Department of Public Safety, State Police prior to employment;
- Employees and contractors must not be excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General;
- Direct care staff must not have a finding on the Louisiana State Adverse Action List;
- Pass a TB test prior to employment;
- Pass drug screening tests as required by agency's policies and procedures;
- Complete American Heart Association (AHA) recognized First Aid and CPR training. Psychiatrists, APRNs/PAs, RNs and LPNs are exempt from this training (See Appendix D); and
- Complete all required training appropriate to the program model approved by OBH.

Staffing Requirements

The facility must have qualified professional medical, nursing and other support staff necessary to provide services appropriate to the bio-psychosocial needs of individuals being admitted to the program.

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The provider must ensure that:

- There is a licensed physician, medical director – licensed physician(s) on site as needed for management of psychiatric/medical needs. 24 hour on-call availability;
- There is a licensed psychologist available as needed;
- There is licensed nursing staff present – One FTE Supervisor (APRN/NP/RN), 24 hour on-call availability;
- There is one FTE RN/LPN available on duty on site at all times;
- There is a licensed or certified clinician or counselor with direct supervision by an LMHP, or unlicensed professional (UP) under supervision of a clinical supervisor; Caseloads not to exceed eight members;
- The clinical supervisor is available for clinical supervision when needed and by telephone for consultation;
- An LMHP is available on site 40 hours per week;
- The facility shall maintain, in accordance with LAC 48:1 Chapter 90,:
 - A minimum ratio of one staff person for four residents (1:4) between the hours of 6 a.m. and 10 p.m. The staff for purposes of this ratio shall consist of direct care staff (i.e. licensed practical nurse (LPN), MHS, MHP, LMHP, etc.).
 - a minimum ratio of one staff person for six residents (1:6) between 10 p.m. and 6 a.m. Staff shall always be awake while on duty. The staff for purposes of this ratio shall consist of direct care staff (i.e. LPN, MHS, MHP, LMHP, etc.).
- There is clerical support staff available – 1 to 2 FTE per day shift;
- There is an activity/occupational therapist – one FTE;
- There is a care coordinator – one FTE per day shift, and/or duties may be assumed by clinical staff;

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- A peer specialist is recommended;
- Physicians, who are available 24 hours a day by telephone. (A PA may perform duties within the scope of his/her practice as designated by physician). An APRN may perform duties within the scope of his/her practice;
- Licensed, certified or registered clinicians provide a planned regimen of 24-hour, professionally directed evaluation, care and treatment services for members and their families; and
- An interdisciplinary team of appropriately trained clinicians, such as physicians, nurses, counselors, social workers and psychologists, is available to assess and treat the individual and to obtain and interpret information regarding the member's needs. The number and disciplines of team members are appropriate to the range and severity of the individual's problems.

Allowed Provider Types and Specialties

- PT 96 Psychiatric Residential Treatment Facility, PS 8U Substance Use or Addiction.