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POLICIES AND PROCEDURES

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PROGRAM OVERVIEW

PROGRAM DESCRIPTION

The South Carolina Department of Health and Human Services (SCDHHS) is the single state agency in South Carolina responsible for the administration of a program of medical assistance under Title XIX of the Social Security Act known as the Medicaid Program. The United States Department of Health and Human Services allocated funds under Title XIX to SCDHHS for the provision of medical services for eligible persons in accordance with the South Carolina State Plan for Medical Assistance.

The purpose of this manual is to provide pertinent information to Inpatient Psychiatric Service providers for successful participation in the South Carolina Medicaid Program. This manual provides a comprehensive overview of the program standards and policies and procedures for Medicaid compliance that are provided in an Inpatient Psychiatric Hospital or a Psychiatric Residential Treatment Facility (PRTF).

Medicaid reimbursement is available for Inpatient Psychiatric Services provided to the following:

1. Beneficiaries under the age of 21. If the child receives services immediately before he or she reaches age 21, services may continue until the earlier of the date the individual no longer requires the services or the date the individual reaches age 22.
2. Adults 65 and older

Medicaid reimbursement is not available for treatment for beneficiaries between 22 and 65 in institutions for mental disease.

To receive reimbursement for these services, providers must meet the program requirements in this manual. The SCDHHS designated Quality Improvement Organization (QIO) will prior authorize admission to the facility.

Inpatient Psychiatric Services must be provided under the direction of a South Carolina licensed physician by a psychiatric hospital or an inpatient psychiatric program in a

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PROGRAM OVERVIEW

PROGRAM DESCRIPTION (CONT'D.)

hospital that is accredited by the Joint Commission (TJC) or a psychiatric facility that is not a hospital and is accredited by the Joint Commission, the Commission on Accreditation of Rehabilitation Facilities (CARF), or the Council on Accreditation of Services (COA) for Families and Children.

The Code of Federal Regulations, 42 CFR 441.152, states that Inpatient Psychiatric Services must be certified as necessary, in writing, for the setting in which the services will be provided (or are being provided in emergency circumstances).

For the purposes of this manual, Inpatient Psychiatric Services includes services that are provided in an Inpatient Psychiatric Hospital or a Psychiatric Residential Treatment Facility (PRTF).

PURPOSE

Research shows that effective home- and community-based services can provide the best health, mental health and functional life outcomes for children, youth, and their families. Inpatient care is required only if the beneficiary's medical condition, safety, or health would be significantly and directly threatened if care was provided in a less intensive setting. The primary goal of Inpatient Psychiatric Services, when needed, is to prepare the child and family, as quickly as possible, for the child's return to home and community. Service planning and programming, including therapeutic strategies and provision of active treatment, must reflect this goal, and must be focused on teaching children how to successfully function in the context of the setting to which they will be returning—not the placement in which they are receiving services.

A child's underlying behavioral problems must be addressed in order to accomplish this goal, and therapeutic interventions must target the behaviors and symptoms that have limited the child's successes. But the child's underlying behavioral problems need not be fully resolved before the child can successfully transition back home. The most appropriate setting for long term therapeutic work is the environment in which the child will be living and functioning.

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PURPOSE (CONT'D.)

Consequently, transitions from Inpatient Psychiatric Services to home shall not be contingent upon when the child and family have surmounted *every* problem or challenge. Transitions from Inpatient Psychiatric Services shall be designed to provide children's families with sufficient practice to feel confident about meeting the challenges at home, and shall be predicated on the availability of home and community based supports (formal and informal) that can adequately address the child's needs, including any familial and community safety needs.

Revision of this manual (July 2017) has been undertaken to align SCDHHS' provision of PRTF with core principles and best practice approaches affirmed by the weight of empirical evidence and consensus of clinical mental health professionals (*i.e.*, U.S. Department of Health & Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA); and jointly by SAMHSA and the Centers for Medicare and Medicaid Services (CMS), based on evaluation of five-year demonstration of community-based alternatives to PRTF ([https://www.medicaid.gov/medicaid-chip-program-information/by-topics/delivery-systems/institutional-care /downloads/prtf-demo-report.pdf](https://www.medicaid.gov/medicaid-chip-program-information/by-topics/delivery-systems/institutional-care/downloads/prtf-demo-report.pdf)); and the Palmetto Coordinated System of Care.

In particular, Inpatient Psychiatric Hospitals and PRTF programs should be regarded as treatment levels of care within the Palmetto Coordinated System of Care, and not as "placements." Providers should actively strive to expand the variations of service they provide, and integrate them with community based programs to effectively stabilize and strengthen family home and community living options for children

FACILITY REQUIREMENTS

Inpatient Psychiatric Services providers must comply with provisions of 42 CFR Section 483.50 to 483.376. A facility must meet the following criteria:

- Provided under the direction of a Physician, and
- A Psychiatric facility meets one the following requirements:

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FACILITY REQUIREMENTS (CONT'D.)

- o Psychiatric Hospital must meet the following requirement for participation in Medicare as a psychiatric hospital as specified in 482.60 or
- o Be accredited by a national organization whose psychiatric hospital accrediting program has been approved by CMS or
- o Be a Hospital with an inpatient psychiatric program the state has determined meets the requirements for participation in Medicare as a hospital or approved by a national accrediting organization approved by CMS.
- o Psychiatric Facility that is not a hospital and is accredited by the Joint Commission on Accreditation of Healthcare Organizations, the Commission on Accreditation of Rehabilitation Facilities, the Council on Accreditation of Services for Families and Children.

The Inpatient Psychiatric facility must comply with the facility requirements listed above and certify in writing at the facility in which the services will be provided (or are being provided in emergency circumstances) in accordance with §441.152.

PROVIDER REQUIREMENTS

In order to participate in the South Carolina Medicaid program, providers of Inpatient Psychiatric Services must meet the appropriate licensure, certification, and enrollment guidelines as outlined below.

Contracts and Enrollment

All facilities that wish to enroll in the South Carolina Medicaid program must meet the following minimum requirements:

- Facilities must be accredited by the Joint Commission or a psychiatric facility that is not a hospital and is accredited by the Joint Commission, the Commission on Accreditation of Rehabilitation Facilities, or the Council on Accreditation of Services for facilities providing services to families and children.
- Facilities must contract with SCDHHS.

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Contracts and Enrollment (Cont'd.)

- Facilities must submit a written program description, a request for participation, and cost information to:

SCDHHS Division of Behavioral Health
Attention: Psychiatric Hospital Services
Program Manager
Post Office Box 8206
Columbia, SC 29202-8206

Note: The request for participation must include a copy of your TJC, CARF, or COA accreditation and licensing.

If the above information is approved, the SCDHHS will send the provider two copies of the contract, a Provider Enrollment Form, the Ownership and Disclosure Statement, a W-9 Form, and a Provider Agreement. The provider will sign the contracts, complete the enrollment forms, and return all other documents to the Contracts Division. The Director of SCDHHS then signs the contract and sends one copy to the provider. Please refer to Section 1 of this manual for detailed instructions regarding provider enrollment.

Licensure and Certification

In-state facilities must be licensed by the Department of Health and Environmental Control (DHEC) and meet and maintain compliance with all requirements as set forth by SCDHEC Regulation Number 61.103, as amended.

Out-of-state facilities must be licensed and certified by that state's appropriate licensing authority and meet the inpatient psychiatric benefit in-state requirement.

Out-of-State Facilities — Admissions

South Carolina law requires referring agencies seeking admission for Medicaid beneficiaries to out-of-state facilities to contact the Office of the Governor, Constituent Services (CS), at (803) 734-2100. It is recommended that, prior to seeking enrollment with South Carolina Medicaid, the referring agency contact CS to ensure that placement is imminent. Medicaid will not provide any payments for items or services provided under the State Plan or under a waiver to any financial institution or entity located outside of the United States.

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Cost History

If a new facility enrolls in Medicaid and does not have a cost history, a statewide rate will be assigned to the new provider.

Program Modifications

Existing Programs

PRTF and In-patient Psychiatric Hospital providers requesting any modification to their program are required to notify SCDHHS or its designee in writing 60 days in advance of the modification and must receive written approval for program modifications from SCDHHS or its designee prior to claiming Medicaid reimbursement. Program modifications that impact the facility licensure must be approved by Department of Health and Environmental Control (DHEC) prior to notifying DHHS.

Program modification shall be defined by any of the following conditions:

- Changes and revisions to policies and procedures enacted since the provider was enrolled or since the last comprehensive review was completed.
- An existing provider intends to add the same service but to serve a different population; *e.g.*, age, gender, etc.
- An existing program is sold or ownership is transferred to a different entity.
- An existing provider changes its facility director or other operational changes.
- An existing provider intends to increase its bed capacity, or to reorganize services through diversification of programming (*e.g.*, respite, crisis stabilization) and/or deployment of staff to reflect the program's role as a community resource, and not a "placement".
- An existing provider changes address/physical location.

Exceptions

Certain situations could delay or suspend approval of the modification process. These would include but are not limited to the following:

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Program Modifications (Cont'd.)

- A provider is currently under a formal corrective action plan from SCDHHS or its designee and DHEC Licensing. If the facility is under a corrective action plan, modification(s) will be considered on a case-by-case basis. The modification(s) would be considered only after the corrective action plan is completed.
- The provider has experienced substantial recoupment as a result of a post-payment review by Medicaid Program Integrity/QIO within the last two years and has failed to show evidence of correcting compliance issues. If during the process to modify, a post-payment review occurs and preliminary results indicate problems, the process could be delayed.
- The provider does not demonstrate fiscal responsibility/accountability of its existing programs as evidenced by review of annual financial reports submitted to the Division of Ancillary Reimbursements.
- The provider has failed to maintain the facility's license and/or accreditation.

EMPLOYMENT BACKGROUND CHECKS

Employees and contractors granted clinical privilege, who have regular, direct access to residents, or their personal, financial or medical information must have a full background check completed. The background check must include the following:

- Criminal Records
- Child Abuse and Neglect Central Registry
- Sex Offender Registry
- Motor Vehicle Licensure (if applicable)
- Nurse Aide Registry
- Medicaid Exclusion List

These checks are required prior to initial hire and at least annually thereafter. The results must be kept in the employee's personnel file.

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EMPLOYMENT BACKGROUND CHECKS (CONT'D.)

In addition, if the employee's position description requires that s/he transport beneficiaries, a copy of the individual's motor vehicle record (MVR) will be kept in the individual's personnel record.

Programs must also adhere to any other State or Federal regulations regarding transportation of beneficiaries as applicable, *e.g.*, "Jacob's Law".

STAFF DEVELOPMENT AND TRAINING

The facility is responsible for hiring and maintaining a qualified workforce. Its technicians, support staff and professionals must receive basic orientation, CPR*, and ESI. In addition, PRTF technicians, support staff and professionals must receive training on Mental Health First Aid** key principles and approaches essential to a coordinated system of care, and other ongoing professional development. Technicians, support staff and professionals who treat youth age 12 and above must be trained in the age-appropriate Mental Health First Aid training by July 1, 2018. SCDHHS offers various training opportunities for providers. SCDHHS training information is available at: <http://www.scdhhs.gov>.

*Excludes physicians

**Excludes individuals with a Master's Degree in a behavioral health or related field, and licensed/certified in their respective profession.

MAINTENANCE OF STAFF CREDENTIALS

A credentials folder shall be maintained for each PRTF employee and includes the following:

- Resumes or equivalent application form;
- Official transcripts and/or copies of diplomas from an accredited university or college;
- Proof of licensure for Licensed Practitioner of the Healing Arts (LPHA);
- Signature Sheet; and
- Training files, which include documentation of participation in the required orientations, certifications, and re-certifications.

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PROGRAM OVERVIEW

STAFFING REQUIREMENTS

Facilities must be appropriately staffed to meet the needs of all beneficiaries in their care. The facility must ensure there is an adequate number of multidisciplinary staff to carry out the goals and objectives of the facility and to ensure the delivery of individualized treatment to each child.

Inpatient Psychiatric Services are provided under the direction of a licensed physician. The facility must have an employment agreement with a physician who has assumed professional responsibility for directing all treatment provided in the Psychiatric Residential Treatment Facility (PRTF). The physician must be licensed to practice medicine in the state of South Carolina or in the state the facility is located. The physician must meet all training and staff qualification requirements for Emergency Safety Intervention (ESI) training, CPR, background checks, and other staff requirements required by this manual.

Licensed mental health professionals shall be available to ensure that the program can meet the stated active treatment requirements. Direct care staff include professionals who possess a current South Carolina license to practice, such as licensed physician assistant, licensed advanced practice registered nurse, licensed psychologist, licensed marriage and family therapist, licensed professional counselor, licensed master's social worker, licensed independent social worker - clinical practice, registered nurse or other appropriately trained professionals.

Supervision or direction must be provided by licensed professionals.

Staff-to-Client Ratio

All Inpatient Psychiatric Hospital Facilities must be staffed appropriately to meet the needs of all children in their care. The facility must also ensure there is an adequate number of staff to carry out the goals and objectives of the facility, and to ensure the delivery of individualized treatment to each child as detailed in their plan of care.

The ratio of direct care staff to children shall be a minimum of one staff member to five beneficiaries during program hours in each residence or unit. Program hours are defined as those times when the child is expected to be awake and receiving services.

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Staff-to-Client Ratio (Cont'd.)

The minimum ratio of direct care staff shall be immediately available. Additional staff shall be available in the facility on all shifts to supplement the staff-to-client ratio, to provide immediate assistance in case of an emergency, and to periodically check on the status of the residents.

Electronic supervision shall not replace the direct care staffing requirements.

Children shall remain in sight and sound observation range of staff at all times. Staff shall conduct periodic visual welfare checks of all children at intervals not to exceed every 15 minutes.

The level of supervision necessary while a child is on suicide watch is based on the level of assessed suicidal risk. Continuous one-to-one visual, line-of-sight monitoring is required.

Staff-to-Client Ratio (Overnight)

During sleeping hours, the ratio of staff to beneficiary shall be a minimum of one staff member to seven beneficiaries.

At least one direct care staff member of the same sex as the beneficiary shall be present, awake, and available to the beneficiary at all times. If both male and female residents are present in the facility, at least one male and one female direct care staff member shall be present, awake, and available.

Beneficiaries shall remain in sight sound observation range of staff at all times. The minimum ratio of direct care staff shall be immediately available in a connecting area to the sleeping rooms.

Electronic supervision shall not replace the direct care staffing requirements.

An interdisciplinary team member must be available in case of an emergency.

CONDITIONS OF PARTICIPATION — USE OF RESTRAINTS OR SECLUSION

Inpatient Psychiatric Service providers must comply with provisions of 42 CFR Subpart G § 483.350 to 483.376 regarding conditions of participation, restraint and seclusion, and must maintain a current attestation of compliance with SCDHHS. The rule 42 CFR 483.350 *et. seq.* establishes a Condition of Participation (COP) for the

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PROGRAM OVERVIEW

Conditions of Participation — Use of Restraints or Seclusion (Cont'd.)

use of restraint or seclusion that providers must meet in order to provide or continue to provide Medicaid Inpatient Psychiatric Services for Children Under Age 21.

This subpart imposes requirements regarding the use of restraint or seclusion in psychiatric residential treatment facilities that are not hospitals, providing inpatient psychiatric services to individuals under age 21.

- 24-hour onsite, or immediately available, staffing coverage by a registered nurse or other licensed practitioner
- Definitions of restraint and seclusion
- Orders for restraint and seclusion
- Consultation with treatment team and physicians
- Parental/guardian notification subsequent to the use of restraint or seclusion
- Requirements for monitoring residents in and immediately after restraint or seclusion
- Post-intervention debriefing
- Medical treatment for injuries resulting from an emergency safety intervention
- Facility reporting of serious occurrences
- Staff education and training requirements

Attestation Requirements

Each PRTF that provides Inpatient Psychiatric Services for Children Under Age 21 must attest in writing to SCDHHS that the facility is in compliance with the conditions of participation on an annual basis. Letters of attestation of compliance must be issued by each PRTF **prior to July 21st of each year**. Attestation letters should be mailed to:

SCDHHS Division Behavioral Health
Attention: Attestation
Post Office Box 8206
Columbia, SC 29202-8206

Letters of attestations must include the following information:

- Facility General Characteristics:
 - o Name

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PROGRAM OVERVIEW

Attestation Requirements (Cont'd.)

- o Address
- o Telephone Number
- o Fax Number
- o Medicaid Provider Number and NPI
- Facility Specific Characteristics:
 - o Bed Size
 - o Number of children currently served within the PRTF who receive services based on their eligibility for the Medicaid Inpatient Psychiatric Services for Children Under Age 21 benefits
 - o Number of children, if any, whose Medicaid Inpatient Psychiatric Services for Children Under Age 21 benefits are paid for by any state other than South Carolina
 - o A list of all states from which the PRTF has ever received Medicaid payment for providing Inpatient Psychiatric Services for Children Under Age 21
- Signature of the Facility Director
- Date the attestation was signed
- A statement certifying that the facility currently meets all the requirements under 42 CFR Subpart G § 483 governing the use of restraint and seclusion
- A statement acknowledging the right of DHEC (or its agents or that State Health Licensing agent) and, if necessary, CMS to conduct an on-site survey at any time to validate the facility's compliance with the requirements of the rule, to investigate complaints lodged against the facility, or to investigate serious occurrences
- An annual statement and acknowledgement that the facility will submit a new attestation of compliance in the event that the individual who has the legal authority to obligate the facility is no longer in such a position
- A statement certifying that the facility currently meets the Certification of Need requirements as

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Attestation Requirements (Cont'd.)

identified under 42 CFR § 441 governing Subpart D – Inpatient Psychiatric Services for Children Under Age 21 in Psychiatric Facilities Programs

Note: PRTF staff (“Other Licensed Practitioner”, *i.e.*, physician, physician assistant, or an advanced practice registered nurse [APRN] with prescriptive authority, as per 42 CFR Section 483.358) involved with utilization of seclusion and/or restraint must adhere to the applicable scope of practice limits and definitions under state law.

A model attestation letter can be found in the Forms section of this manual.

GUIDANCE FOR RESTRAINT OR SECLUSION

Inpatient Psychiatric Hospitals and PRTF programs must develop behavior support and teaching techniques that are strength-based, that promote self-regulation and self-monitoring, that foster critical thinking and personal responsibility, and that are able to be generalized in less restrictive family, home, school and community environments.

Conversely, Inpatient Psychiatric Hospitals and PRTF programs should strive to eliminate coercion and coercive interventions (*e.g.*, seclusion, restraint, response-cost and other aversive practices), and maintain clinical excellence by providing high quality care that is trauma-informed, incorporates state-of-the-art evidence-based approaches, and uses relevant data and feedback in rigorous processes of continuous improvement.

In accordance with Federal regulation 42 CFR §483.352, the following definitions apply for restraint or seclusion:

A **drug** used as a restraint is defined as any drug that:

- Is administered to manage a resident’s behavior in a way that reduces the safety risk to the resident or others;
- Has the temporary effect of restricting the resident’s freedom of movement; and
- Is not a standard treatment for the resident’s medical or psychiatric condition.

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Definitions

An **emergency safety intervention** is defined as the use of restraint or seclusion as an immediate response to an emergency safety situation.

An **emergency safety situation** is defined as unanticipated resident behavior that places the resident or others at serious threat of violence or injury if no intervention occurs and that calls for an emergency safety intervention as defined in this section.

A **mechanical restraint** is defined as any device attached to or adjacent to the resident's body that he or she cannot easily remove that restricts the freedom of movement or the normal access to his or her body.

A **minor** means a minor as defined under State law and, for the purpose of this subpart, includes a resident who has been declared legally incompetent by the applicable State court.

A **personal restraint** is defined as the application of physical force without the use of any device for the purposes of restraining the free movement of a resident's body. The term personal restraint does not include briefly holding, without undue force, a resident in order to calm or comfort him or her, or holding a resident's hand to safely escort a resident from one area to another.

A **Psychiatric Residential Treatment Facility** is defined as a facility, other than a hospital, that provides psychiatric services, as described in 42 CRF Subpart D of Part 441, to individuals under age 21, in an inpatient setting.

A **restraint** is defined as a "personal restraint," a "mechanical restraint," or a "drug used as a restraint" as defined in this section.

Seclusion is defined as the involuntary confinement of a resident alone in a room or an area from which the resident is physically prevented from leaving.

A **serious injury** is defined as any significant impairment of the physical condition of the resident as determined by qualified medical personnel. This includes, but is not limited to, burns, lacerations, bone fractures, substantial hematoma, and injuries to internal organs, whether self-inflicted or inflicted by someone else.

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Definitions (Cont'd.)

Staff is defined as those individuals with responsibility for managing a resident's health or participating in an emergency safety intervention and who are employed by the facility on a full-time, part-time, or contract basis.

A **time out** is defined as the restriction of a resident for a period of time to a designated area from which the resident is not physically prevented from leaving, for the purpose of providing the resident an opportunity to regain self-control.

Protection of Residents

The Restraint and Seclusion policy of the 42 CFR 483.356 Subpart G provides the following guidelines for the protection of residents:

- Each resident has the right to be free from restraint or seclusion, of any form, used as a means of coercion, discipline, convenience, or retaliation.
- An order for restraint or seclusion must not be written as a standing order or on an as-needed basis.
- Restraint or seclusion must not result in harm or injury to the resident and must be used only to ensure the safety of the resident or others during an emergency safety situation; and until the emergency safety situation has ceased and the resident's safety and the safety of others can be ensured, even if the restraint or seclusion order has not expired.

Restraint and Seclusion

Restraint and seclusion must not be used simultaneously.

Emergency Safety Intervention

Restraint and seclusion must not be used simultaneously. An emergency safety intervention must be performed in a manner that is safe, proportionate, and appropriate to the severity of the behavior, and the resident's chronological and developmental age, size, gender, physical, medical, and psychiatric condition, and personal history (including any history of physical or sexual abuse, both to inform treatment goals and methods and to avoid re-traumatization of children).

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Notification of Facility Policy

At admission, the facility must inform both the incoming resident and, in the case of a minor, the resident's parent(s) or legal guardian(s) of the following policy:

- The requirement to communicate its policy regarding the use of restraint or seclusion during an emergency safety situation that may occur while the resident is in the program.
- The requirement to communicate its restraint and seclusion policy in a language that the resident, or his or her parent(s) or legal guardian(s) understands (including American Sign Language, if appropriate) and when necessary, the facility must provide interpreters or translators.
- The requirement to obtain an acknowledgment, in writing, from the resident, or in the case of a minor, from the parent(s) or legal guardian(s) that he or she has been informed of the facility's policy on the use of restraint or seclusion during an emergency safety situation. Staff must file this acknowledgment in the resident's record.
- The requirement to provide a copy of the facility's restraint and seclusion policy to the resident and in the case of a minor, to the resident's parent(s) or legal guardian(s).

Contact Information

The facility's policy must provide contact information, including the phone number and mailing address, for the appropriate State Protection and Advocacy organization.

Orders for the Use of Restraint and Seclusion

Inpatient Psychiatric Services furnished in a PRTF must satisfy all requirements as set forth in Subpart G of Section 483 of the Code of Federal Regulations governing the use of restraint and seclusion.

For the purposes of this manual, "restraint" is defined as any type of physical intervention (including mechanical, personal, drug used as a restraint, and therapeutic holds) that reduces or restricts an individual's freedom of movement and is administered without the individual's permission. For the purposes of this manual, "seclusion" is defined as the involuntary confinement of a resident alone in a room or an area from which the resident is physically prevented from leaving.

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Orders for the Use of Restraint and Seclusion (Cont'd.)

Restraint and seclusion shall be used only to ensure the immediate safety of the individual or others when no less restrictive intervention has been or is likely to be effective in averting danger.

Restraint and seclusion shall never be used for coercion, retaliation, humiliation, as a threat or form of punishment, in lieu of adequate staffing, as a replacement for active treatment, for staff convenience, or for property damage not involving imminent danger.

Orders for restraint or seclusion must be by a physician or other licensed practitioner permitted by the State and the facility to order (restraint or seclusion) and trained in the use of emergency safety interventions. The Code of Federal Regulations, 42 CFR §441.451, require that Inpatient Psychiatric Services for Children Under Age 21 be provided under the direction of a physician. Other orders for the use of restraint and seclusion are as follows:

1. If the resident's treatment team physician is available, only he or she can order restraint or seclusion.
2. A physician or other licensed practitioner permitted by the state and the facility to order restraint or seclusion must order the least restrictive emergency safety intervention that is most likely to be effective in resolving the emergency safety situation based on consultation with staff.
3. If the order for restraint or seclusion is verbal, the verbal order must be received by a registered nurse or other licensed staff, such as a licensed practical nurse, while the emergency safety intervention is being initiated by staff or immediately after the emergency safety situation ends. The physician or other licensed practitioner permitted by the state and the facility to order restraint or seclusion must verify the verbal order in a signed written form in the resident's record. The physician or other licensed practitioner (*i.e.*, physician assistant or APRN with prescriptive authority) permitted by the state and the facility to order restraint or seclusion must be available to staff for consultation, at least by telephone, throughout the period of the emergency safety intervention.

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Orders for the Use of Restraint and Seclusion (Cont'd.)

4. Each order for restraint or seclusion must be limited to no longer than the duration of the emergency safety situation and must under no circumstances exceed two hours for residents ages 18 to 21, one hour for residents ages 9 to 17, or one-half hour for residents under age 9.
5. Within one hour of the initiation of the emergency safety intervention, a physician or other licensed practitioner trained in the use of emergency safety interventions and permitted by the state and the facility to assess the physical and psychological well-being of the resident must conduct a face-to-face assessment of the physical and psychological well-being of the resident including, but not limited to:
 - The resident's physical and psychological status
 - The resident's behavior
 - The appropriateness of the intervention measures
 - Any complications resulting from the intervention
6. Each order for restraint must include:
 - The name of the ordering physician or other licensed practitioner permitted by the state and the facility to order restraint or seclusion
 - The date and time the order was obtained
 - Each incident must include time in and time out
 - The emergency safety intervention ordered, including the length of time for which the physician, or other licensed practitioner permitted by the state and the facility to order restraint and seclusion, authorized its use
7. Staff must document the intervention in the resident's record. The documentation must be completed by the end of the shift in which the

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

Orders for the Use of Restraint and Seclusion (Cont'd.)

intervention occurs. If the intervention does not end during the shift in which it began, documentation must be completed during the shift in which it ends.

The documentation must include all of the following:

- Each order for restraint and seclusion
 - The time the emergency safety intervention actually began and ended
8. The time and results of the one-hour assessment required in order number 5 above. The facility must maintain a record of each emergency safety situation, the interventions used, and their outcomes.
 9. The physician or other licensed practitioner permitted by the state and the facility to order restraint or seclusion must sign the restraint or seclusion order in the resident's record as soon as possible.

Consultation with Treatment Team and Physician

If a physician or other licensed practitioner permitted by the state and the facility to order restraint and seclusion orders the use of restraint or seclusion, that person must contact the resident's treatment team physician, unless the ordering physician is in fact the resident's treatment team physician. The person ordering the use of restraint or seclusion must do both of the following:

- Consult with the resident's team physician as soon as possible and inform the team physician of the emergency safety situation that required the resident to be restrained or placed in seclusion.
- Document in the resident's record the date and time the team physician was consulted.

Monitoring of the Resident In and Immediately After Restraint

All PRTF clinical staff must be trained in the use of emergency safety interventions. In addition, staff must adhere to the following:

- Staff must be physically present, continually assessing and monitoring the physical and psychological well-being of the resident and the safe use of restraint throughout the duration of the emergency safety intervention.

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

Monitoring of the Resident In and Immediately After Restraint (Cont'd.)

- If the emergency safety situation continues beyond the time limit of the order for the use of restraint, a registered nurse or other licensed staff, such as licensed practitioner permitted by the state, must immediately contact the ordering physician to receive further instructions.
- A physician or other licensed practitioner permitted by the state and the facility to evaluate the resident's well-being and trained in the use of emergency safety interventions must evaluate the resident's well-being immediately after the restraint is removed.

Monitoring of the Resident In and Immediately After Seclusion

All PRTF clinical staff must be trained in the use of emergency safety interventions. In addition, staff must adhere to the following:

- Staff must be physically present in or immediately outside the seclusion room continually assessing and monitoring the physical and psychological well-being of the resident and the safe use of seclusion throughout the duration of the emergency safety intervention.

A room for seclusion must allow staff full view of the resident in all areas of the room and be free of potentially hazardous conditions such as unprotected light fixtures and electrical outlets. Video monitoring of the resident in seclusion will not meet this requirement because such monitoring cannot determine if a resident is experiencing a medical emergency such as cardiac arrest or asphyxiation.

- If the emergency safety situation continues beyond the time limit of the order for the use of seclusion, a registered nurse or other licensed staff, such as a licensed practitioner permitted by the state, must immediately contact the ordering physician to receive further instructions.
- A physician or other licensed practitioner permitted by the state and the facility to evaluate the resident's well-being and trained in the use of emergency safety interventions must evaluate the resident's well-being immediately after the resident is removed from seclusion.

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

Notification of Parent(s) or Legal Guardian(s)

If the resident is a minor as defined by State law, the following actions must be taken:

- The facility must notify the parent(s) or legal guardian(s) of the resident who has been restrained or placed in seclusion as soon as possible after the initiation of each emergency safety intervention.
- The facility must document in the resident's record that the parent(s) or legal guardian(s) has been notified of the emergency safety intervention, including the date and time of notification and the name of the staff person providing the notification.

Application of Time Out

The facility must document in the resident's record that the parent(s) or legal guardian(s) has been notified of the emergency safety intervention, including the date and time of notification and the name of the staff person providing the notification.

A resident in time out must never be physically prevented from leaving the time out area.

Time out may take place away from the area of activity or from other residents, such as in the resident's room (exclusionary), or in the area of activity or other residents (inclusionary).

Staff must monitor the resident while he or she is in time out.

Post-Intervention Debriefings

All of the following must occur during post intervention debriefings:

- Within 24 hours after the use of restraint and seclusion, staff involved in an emergency safety intervention and the resident must have a face-to-face discussion. This discussion must include all staff involved in the intervention except when the presence of a particular staff person may jeopardize the well-being of the resident. Other staff and resident's parent(s) or legal guardian(s) may participate in the discussion when it is deemed appropriate by the facility.

The facility must conduct such discussion in a language that is understood by the resident's parent(s) or legal guardian(s). The facility must provide both the resident and staff the opportunity

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

Post-Intervention Debriefings (Cont'd.)

to discuss the circumstances resulting in the use of restraint or seclusion and strategies to be used by the staff, the resident, or others that could prevent the future use of restraint or seclusion.

- Within 24 hours after the use of restraint or seclusion, all staff involved in the emergency safety intervention, and appropriate supervisory and administrative staff, must conduct a debriefing session that includes, at a minimum, a review and discussion of:
 - a. The emergency safety situation that required the intervention
 - b. The precipitating factors that led up to the intervention
 - c. Alternative techniques that might have prevented the use of the restraint or seclusion
 - d. Procedures, if any, that staff are to implement to prevent any recurrence of the use of restraint or seclusion
 - e. The outcome of the intervention, including any injuries that may have resulted from the use of restraint or seclusion
- Staff must document in the resident's record that both debriefing sessions took place and must include in that documentation the names of staff who were present for the debriefing, names of staff that were excused from the debriefing, and any changes to the resident's treatment plan that result from debriefings.

Medical Treatment for Injuries Resulting from an Emergency Safety Intervention

Staff must immediately obtain medical treatment from qualified medical personnel for a resident injured as a result of an emergency safety intervention. In addition, the Psychiatric Residential Treatment Facility must have affiliations or written transfer agreements in effect with one or more hospitals approved for participation under the Medicaid program that reasonably ensure that:

- A resident will be transferred from the facility to a hospital and admitted in a timely manner when a

Medical Treatment for Injuries Resulting from an Emergency

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

Safety Intervention (Cont'd.)

transfer is medically necessary for medical care or acute psychiatric care.

- Medical and other information needed for care of the resident in light of such a transfer will be exchanged between the institutions in accordance with the State medical privacy law, including any information needed to determine whether the appropriate care can be provided in a less restrictive setting.
- Services are available to each resident 24 hours a day, 7 days a week.
- Staff must document in the resident's record all injuries that occurred as a result of an emergency safety intervention, including injuries to staff resulting from that intervention.
- Staff involved in an emergency safety intervention that results in an injury to a resident or staff must meet with supervisory staff and evaluate the circumstances that caused the injury and develop a plan to prevent future injuries.

Quarterly Reports of Seclusion or Restraint

Facilities are required to submit quarterly reports of seclusion or restraint occurrences to SCDHHS. These reports must include the following:

- Medicaid ID
- Staff involved
- Name and credentials of ordering physician or other licensed practitioner as permitted by the state and facility
- Date and Time of intervention
- Identify type of intervention (Seclusion or Restraint)
- Reason for intervention

Reports must be submitted electronically in a secure format to behavioralhealth004@scdhhs.gov. Deadline for submitting reports is 30 days after the end of the quarter.

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PROGRAM OVERVIEW

Facility Reporting of Serious Occurrences

Serious occurrences that must be reported include a resident's death, a serious injury to a resident, and a resident's suicide attempt. A **serious injury** is defined as any significant impairment of the physical condition of the resident as determined by qualified medical personnel. This includes but is not limited to burns, lacerations, bone fractures, substantial hematoma, and injuries to internal organs, whether self-inflicted or inflicted by someone else.

The facility must report each serious occurrence to both SCDHHS and the State-designated Protection and Advocacy system and should also report such occurrences to the referring state agency.

Staff must report any serious occurrence involving a resident to both SCDHHS and the State-designated Protection and Advocacy system no later than close of business the next business day after a serious occurrence. The report must include the name of the resident involved in the serious occurrence, a detailed description of the occurrence, corrective action taken, and the name, street address, and telephone number of the facility. A standardized fax form for reporting serious occurrences is located in the Forms section of this manual.

- In the case of a minor, the facility must notify the resident's parent(s) or legal guardian(s) as soon as possible, and in no case later than 24 hours after the serious occurrence.
- Staff must document in the resident's record that the serious occurrence was reported to both SCDHHS and the State-designated Protection and Advocacy system, including the name of the person to whom the incident was reported. A copy of the report must be maintained in the resident's record, as well as in the incident and accident logs maintained by the facility.

For reporting purposes, the South Carolina designated Protection and Advocacy system contact information is:

Protection and Advocacy of People for
Disabilities Inc.
3710 Landmark Drive, Suite 208
Columbia, SC 29204

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

Facility Reporting of Serious Occurrences (Cont'd.)

Toll Phone: 1-866-275-7273

TTY: 1-866-232-4525

Fax: 1-803-790-1946

The South Carolina Department of Health and Human Services contact information is:

SCDHHS Division of Behavioral Health

Attention: PRTF Serious Occurrences

Post Office Box 8206

Columbia, SC 29202-8206

Telephone: (803) 898-2565

Fax: (803) 255-8204

The following may warrant an onsite visit and/or corrective action plan (CAP):

- Quantity of occurrences
- Seriousness of occurrence
- Incomplete/missing documentation
- Untimely reports
- Non-reported incidents

This list is non-exhaustive of occurrences that may result in an onsite visit and/or CAP. In addition to an onsite visit and/or CAP, a Root Cause Analysis and/or additional documentation may be requested.

Facility Reporting of Deaths

In addition to the reporting requirements contained in the above section, facilities must report deaths to SCDHHS' Division of Behavioral Health, and the CMS Regional Office no later than close of business the next business day after a serious occurrence. Facilities should also report deaths to referring state agencies and parent/guardian within the same time frames. Staff must document in the resident's record that the death was reported to the CMS Regional Office. Facilities must use the Death Reporting Worksheet—PRTFs found in the Forms Section of this manual to report deaths.

Education and Training

The facility must require staff to have ongoing education, training, and demonstrated knowledge of the following:

- Techniques to identify staff and resident behaviors, events, and environmental factors that may trigger

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

Education and Training (Cont'd.)

emergency safety situations

- The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods to prevent emergency safety situations; and
- The safe use of restraint and the safe use of seclusion, including the ability to recognize and respond to signs of physical distress in residents who are restrained or in seclusion

In addition to the above, facilities must ensure that staff meet the following requirements:

- Certification in the use of cardiopulmonary resuscitation, including periodic recertification, is required.
- Individuals who are qualified by education, training, and experience must provide staff training.
- Staff training must include training exercises in which staff members successfully demonstrate in practice the techniques they have learned for managing emergency safety situations.
- Staff must be trained and demonstrate competency before participating in an emergency safety intervention.
- Staff must demonstrate their competencies in identification techniques, nonphysical intervention skills, and the safe use of restraint and seclusion on a semiannual basis and their competencies in cardiopulmonary resuscitation on an annual basis.

The facility must document in the staff personnel records that the training and demonstration of competencies were successfully completed. Documentation must include the date training was completed and the names of persons certifying the completion of training. All training programs and materials used by the facility must be available for review by CMS, SCDHHS, and the State survey agency.

BENEFICIARY CERTIFICATION OF NEED (CON) FOR SERVICES BENEFICIARY

The Code of Federal Regulations, 42 CFR 438.208 requires coordination and continuity of care for beneficiaries, including the identification and assessment of needs, development of treatment plans and coordination of services for beneficiaries with high needs, including

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

CERTIFICATION OF NEED (CON) FOR SERVICES (CONT'D.)

between care settings. In addition, 42 CFR 441.152 mandates that either an independent review team or the facility-based interdisciplinary team certify a beneficiary's admission to an inpatient psychiatric facility by completing the CON form.

All children with high psychiatric service needs should be served according to an individualized plan of care (IPOC) that drives positive treatment for the child and support for the family.

In the context of PRTF, the existing child and family team should expand to incorporate members of the facility-based interdisciplinary team from the PRTF provider. The members of the expanded team should form a consensus understanding of the needs of the child and family, the goals and objectives needed to prepare the child and family for the child's return to home, and in doing so should communicate about what has worked in previous planning for the child and family, and about integration of significant family strengths and culture into day-to-day treatment of the child.

PRTF providers need to integrate the full child and family team into all aspects of its programming (staffings, visits etc.). Treatment plans for children in PRTFs will always exist only as a part of the dynamic team's overall plan for the child and family. While most children entering out of home treatment settings will have functioning teams in place at the time of admission, PRTF providers must work with community providers, referral sources and families to initiate formation of a planning team when children are admitted without one.

The beneficiary's admission status dictates whether an independent review team or the facility-based interdisciplinary team is responsible for certifying the child's need for admission to a PRTF. The CON must certify the following admission requirements:

- Documentation of a comprehensive assessment conducted within the previous week by an LPHA has been reviewed and includes information pertaining, but not limited to, prior treatment history, diagnostic history, mental status examination, current symptoms, risk assessment
- Mental health, substance use disorder and/or health care resources available in the community do not

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

BENEFICIARY

meet the treatment needs of the beneficiary

CERTIFICATION OF NEED (CON) FOR SERVICES (CONT'D.)

- The proper treatment of the beneficiary's psychiatric condition requires services on an inpatient basis under the direction of a physician
- Services can reasonably be expected to improve the beneficiary's condition, prevent further regression, and/or prepare the child and family for the child's return home so that inpatient psychiatric services will no longer be needed
- Certification and recertification of need for inpatient care must be certified by a physician

Note: Refer to the Documentation Requirements section for guidelines on how to complete the form.

Independent Review Teams

An independent review team is a team that is not affiliated with the receiving inpatient psychiatric facility. No member may have a financial, employment, or consultant relationship with the admitting facility.

The independent review team must have knowledge of the individual's situation and has competence in diagnosis and treatment of mental illness.

The independent review team must include a physician (may be the referring, attending, or family physician) who has competence in diagnosis and treatment of mental illness and has knowledge of the individual's situation. **The independent review team must include a physician and an LPHA.**

All team members must sign the CON form for the following admissions.

- Urgent Admissions
- Post Admissions – for beneficiaries who become Medicaid eligible after admittance

Interdisciplinary Teams

Facility-based interdisciplinary teams shall be responsible for CON emergency admissions to psychiatric hospitals and for the development and review of the plan of care. The team shall be composed of physicians and other personnel who are employed by the facility, or provide services to beneficiaries in the facility. **The facility-based interdisciplinary team must include a physician and a LPHA.**

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PROGRAM OVERVIEW

Interdisciplinary Teams (Cont'd.)

All team members must sign the CON form for the following admissions:

- Emergency admissions (acute inpatient facilities)
- Urgent admissions (acute and PRTF)
- Post Admissions - for beneficiaries who become Medicaid eligible after admittance

An active child and family team process must support every child in a PRTF. The expanded child and family team must be capable of:

- Assessing the beneficiary's immediate and long-range therapeutic needs, developmental priorities, personal strengths, and liabilities
- Assessing the potential resources of the client's family
- Setting treatment objectives
- Prescribing therapeutic modalities to achieve plan of care objectives
- Assisting the team to identify alternative services and supports in the case of a denial of PRTF authorization

SECTION 2 POLICIES AND PROCEDURES

SERVICE GUIDELINES

QIO PRIOR AUTHORIZATION (KEPRO)

The admitting PRTF or Inpatient Psychiatric Hospital provider must submit the request for prior authorization along with the CON and the most recent diagnostic assessment to the SCDHHS Quality Improvement Organization (KEPRO). KEPRO will use InterQual Behavioral Health criteria to approve or deny the admission, based on medical necessity. Unless indicated through policy, all requests for approvals and denials will be sent to the provider via fax within two business days.

The admitting provider must submit the request for prior authorization using the KEPRO fax form for either Psychiatric Residential Treatment Facility or Inpatient Residential Treatment placement depending on the level of care requested. Requests must be submitted using one of the following methods:

Fax: 1-855-300-0082

Web Portal: <http://scdhhs.kepro.com>

If additional information is needed to process the request, the request will be pended, and the provider will have two business days to respond to KEPRO. Providers will have only one time to respond to KEPRO after additional information is requested.

KEPRO will submit via fax the approval or denial authorization to provider within two business days. The approval will provide the Prior Authorization number needed for billing.

Providers are encouraged to visit the KEPRO Web site listed above for additional information on the process.

Prior Authorization for Beneficiaries in an MCO

The admitting PRTF or Inpatient Psychiatric Hospital provider must submit the request for prior authorization along with the required clinical documentation to the MCO directly. The MCO will use established criteria to approve or deny the admission, based on medical necessity. Unless indicated through policy, all requests for approvals and denials will be sent to the provider within seven calendar days.

SECTION 2 POLICIES AND PROCEDURES

SERVICE GUIDELINES

ADMISSIONS — INPATIENT PSYCHIATRIC SERVICES

Inpatient Psychiatric Services are normally provided to Medicaid-eligible beneficiaries in one of three settings: Short-Term Psychiatric Hospitals, Long-Term Psychiatric Hospitals, or Psychiatric Residential Treatment Facilities.

Short-Term Psychiatric Hospitals

Short-Term Psychiatric Hospitals are facilities whose South Carolina Medicaid average length of stay is 25 days or less. Medicaid reimbursement is based on the DRG reimbursement system. The date of admission should be reflected in the Authorization.

Once an admission is authorized, the length of stay will depend on the beneficiary's need for continued placement, and will be reviewed on a retrospective basis by our Quality Improvement Organization (QIO) contractor. Claims must be submitted as a final bill at the time of discharge.

Long-Term Psychiatric Hospitals

Long-Term Psychiatric Hospitals are facilities whose South Carolina Medicaid average length of stay is determined to be greater than 25 days. Medicaid reimbursement is based on the Prospective Payment System. Interim claims may be submitted.

Psychiatric Residential Treatment Facilities

Psychiatric Residential Treatment Facilities (PRTFs) are facilities, other than a hospital, that provide psychiatric services as further specified in this manual to children under age 21 in an inpatient setting. PRTFs provide Inpatient Psychiatric Services to children under 21 who do not need acute inpatient psychiatric care, but need a structured environment with intensive treatment services. Medicaid reimbursement for PRTFs will continue to be based upon a prospective per diem rate. The services covered by the per diem rate and provided to a Medicaid-eligible beneficiary residing in a PRTF will include the cost of institutional care as well as the cost associated with their psychiatric diagnosis, excluding all medications (including psychiatric medications) and other ancillary services. Additional information relating to the SC Medicaid payment methodology for PRTFs can be found in Attachment 4.19-A of the South Carolina Medicaid State Plan.

Note: SCDHHS reimburses institutional stays from the date of admission through the last day before discharge. The discharge date is not considered a day of service and will not be reimbursed when the claim is submitted to SCDHHS for adjudication.

SECTION 2 POLICIES AND PROCEDURES

SERVICE GUIDELINES

CATEGORIES OF ADMISSION FOR PSYCHIATRIC HOSPITALS

Admission procedures for Psychiatric Hospitals and for Psychiatric Residential Treatment Facilities are not the same.

There are three types of Medicaid admissions to Psychiatric Hospitals:

1. Emergency Admissions
2. Urgent Admissions
3. Post Admissions – for children who become Medicaid eligible after admission

Emergency Admission Procedures

An emergency admission is one in which the beneficiary meets the CON criteria (21 and under only) and immediate admission is necessary to prevent death, serious impairment of the beneficiary's health, or harm to another person by the beneficiary.

An emergency admission must relate to the nature of the beneficiary's condition. Neither the need for placement (regardless of hour) nor the presence of a court order alone justifies an emergency admission in the absence of other qualifying factors.

In addition, the facility-based interdisciplinary team must complete the CON form within 14 days of the emergency admission.

In all cases, it is the facility's responsibility to receive and retain the proper CON form. Any days paid by Medicaid not covered by an appropriate CON form will be recouped in a retrospective or post-payment review.

Emergency admissions must be well documented in the clinical record. The CON and Concurrence Review forms must be present in the beneficiary's records, but they are not solely sufficient to substantiate the need for emergency admission. The psychiatric hospital's clinical records for each Medicaid beneficiary admitted under emergency procedures must support the claim that the admission was actually an emergency.

SECTION 2 POLICIES AND PROCEDURES

SERVICE GUIDELINES

Urgent Admission Procedures

An urgent admission is one which the beneficiary meets the CON criteria, but is not presenting immediate danger that would cause death or serious impairment to the health of the beneficiary or bodily harm to another person by the beneficiary (21 and under only).

The independent team must complete the CON form for all beneficiaries seeking urgent admission to private psychiatric hospitals.

Post-Admission Eligibility

The hospital completes the CON form for beneficiaries who apply for Medicaid while in the facility (21 and under only). The facility-based interdisciplinary team must approve the certification. The CON form should cover any period before the Medicaid application was submitted.

ADMISSION CRITERIA — INPATIENT PSYCHIATRIC SERVICES

Inpatient care rather than outpatient care is required only if the beneficiary's medical condition, safety, or health would be significantly and directly threatened if care was provided in a less intensive setting. Factors that may result in an inconvenience to a beneficiary or family **do not**, by themselves, justify inpatient admission. Some factors that providers should consider when making the decision to admit or for continued treatment include:

- The severity of the signs and symptoms exhibited by the patient;
- The medical predictability of something adverse happening to the patient;
- The need for diagnostic studies; and
- The availability of diagnostic procedures at the time when and at the location where the patient presents.

Severity of Illness

An admission occurs when the Severity of Illness/Intensity of Service (SIIS) criteria is met, and the physician expects the beneficiary will remain in the hospital longer than 24 hours. Only Medicaid-eligible beneficiaries who are admitted for psychiatric hospital care can receive Medicaid-reimbursable services. The facility must demonstrate that beneficiaries are appropriate for this level of care by documenting that the following admission criteria have been met:

- A CON form has been completed

SECTION 2 POLICIES AND PROCEDURES

SERVICE GUIDELINES

- Severity of Illness (Cont'd.)**
- At the time of admission, the beneficiary exhibits at least one of the following signs and/or symptoms defined in the Psychiatric Criteria utilized by SCDHHS (or its designated utilization review contractor):
 - Impaired Safety
 - Impaired Thought Process
 - Alcohol and Drug Detoxification
 - Other factors that may require inpatient treatment

- Impaired Safety**
- Impaired Safety can be characterized by one or more of the following signs and symptoms:
- Depressed mood
 - Recent suicide attempt
 - Substance abuse
 - Seizures (withdrawal or toxic)
 - Assaultive behavior
 - Self-mutilating behavior
 - Severe maladaptive or disruptive behavior

- Impaired Thought Process**
- Impaired Thought Process can be characterized by one or more of the following signs and symptoms:
- Verbal and behavioral disorganization
 - Thought disorganization (hallucinations, paranoid ideation, phobias, etc.)
 - Impaired reality testing
 - Bizarre or delusional behavior
 - Disorientation or memory impairment to the degree that it endangers the beneficiary's welfare
 - Severe withdrawal or catatonia

- Alcohol and Drug Detoxification**
- The need for Alcohol and Drug Detoxification can be characterized by evidence of withdrawal syndrome or effects of alcohol and/or drugs with one or more of the following signs and symptoms:
- Marked tremor

SECTION 2 POLICIES AND PROCEDURES

SERVICE GUIDELINES

Alcohol and Drug Detoxification (Cont'd.)

- Uncontrolled agitation or anxiety
- Hallucinations accompanied by fright
- Changing mental state (marked confusion and disorientation as to time/place)
- High risk for seizures
- High risk for delirium tremens
- History of alcohol/drug intake sufficient to produce withdrawal manifestations when the alcohol/drug is discontinued, and there is a history of beneficiary withdrawal problems
- Drinking/drug ingestion within past 48 hours with impairment of judgment or reality testing which presents significant risk to the safety of self and others
- Inability to stop drinking/drug abuse with potential for medical complications
- Dual diagnosis
- Diagnosis of codependency

Other Factors or Situations

Other factors or situations relevant to support a temporary need for inpatient treatment can include:

- Failure of outpatient therapy
- Failure of social or family functioning which places the beneficiary at increased risk
- Treatment in a less restricted environment not feasible due to the beneficiary's behavior
- Need for intensive inpatient evaluation
- Need for 24-hour skilled and intensive observation
- Need for evaluation of drug tolerance
- Recurrence of psychosis not responding to outpatient treatment
- Toxic effects from therapeutic psychotropic drugs
- Blood/urine positive for barbiturates, narcotics, alcohol, or other toxic agents in a beneficiary displaying physical symptoms

Note: Each beneficiary considered for this level of care

SECTION 2 POLICIES AND PROCEDURES

SERVICE GUIDELINES

Other Factors or Situations (Cont'd.)

must have a preadmission assessment by the physician/team completing the CON form (*e.g.*, face-to-face interview, psychological testing, medication evaluation, family interview, or records review). This preadmission assessment is necessary to develop an accurate clinical or psychological profile of the child's service needs.

PRTF FAMILY-DRIVEN AND YOUTH-GUIDED CARE

SCDHHS has adopted the core principles of family-driven, youth-guided care to align with best practice approaches to treatment of youth and families. The following are family-driven, youth-guided principles that have been incorporated into this revised manual.

- Children must be treated within the context of their family systems. PRTF providers should work with the expanded team to implement services that are congruent with the child's family culture and environment.
- Family and ethnic/racial culture should be assessed and considered in the formulation of a treatment approach, especially for children who are from cultures where out of home treatment is seen as shameful or stigmatizing. PRTF providers should reach out to cultural guides (*e.g.*, other team members) to help tailor accommodations to such cultural norms.
- PRTF providers must encourage and support family members/ caregivers to be actively and meaningfully involved in all aspects of the child's care. The primary planning entity for each child should be an expanded team with the family and child at its center, community and facility-based service providers, referring agencies, and other supportive individuals invited by the child and family to participate. A case manager or care coordinator should orchestrate and facilitate the work of the expanded team. As key members of the team, families must be included in the assessment process, in setting and prioritizing treatment goals, in ongoing care, discharge planning, and transition activities.
- Each family should be encouraged to use the child's treatment in a PRTF as a transition period, helping the family as a whole to start on a new path,

SECTION 2 POLICIES AND PROCEDURES

SERVICE GUIDELINES

PRTF FAMILY-DRIVEN AND YOUTH-GUIDED CARE (CONT'D.)

developing new skills, a renewed sense of confidence, competence and optimism as parents, siblings and other members prepare to reunite as a family.

- Treatment and support must be highly individualized to the needs of each child and family. Therapeutic interventions must target the behaviors, symptoms and concerns that may have limited the child's successes to date. Programming (*e.g.*, level systems) within group settings must address each child's specific needs, reflect each child's preference and unique capabilities, and must be adaptable and transferable to each family's situation.
- PRTF program settings must provide a natural and home-like an environment. In general, children should be placed in service settings that sustain their existing relationships with family, friends, teachers and neighbors. Phone calls, family visits and other experiences should not have to be earned, and should not be restricted unless there is clear clinical justification and strategic goals outlined in the service plan for doing so. Therapeutic activities should be mindfully planned to allow children to practice skills and behaviors that will help them to succeed in family, school and other community settings. Children should be able to appropriately personalize their environment to reflect their tastes, culture, preferences and interests.
- Participation in family-focused therapy should be a primary objective in many PRTF placements.
- Discharge plans should build on identified strengths and cultural priorities, and should incorporate families' natural supports as well as professional services.
- A family's supported level of involvement must be considered a treatment priority and addressed in the service plan. Families must be actively engaged, and sometimes reengaged.
- PRTF providers must collaborate with community (*e.g.*, outpatient, community service agency) providers to deliver family-focused therapy and to ensure continuity of care.

SECTION 2 POLICIES AND PROCEDURES

SERVICE GUIDELINES

PRTF FAMILY-DRIVEN AND YOUTH-GUIDED CARE (CONT'D.)

- Family involvement and engagement efforts must be clearly supported by documentation in the treatment record and by interview results from family members.
- PRTF providers should not diminish the services afforded to children whose families might be unable or unwilling to participate in their care. Instead, providers must work through the child and family team to continually pursue an effective level of engagement with the family, at times even extending to other relatives beyond the immediate family.
- Some children referred to a PRTF do not reside with biological families. SCDHHS expectations and requirements for family involvement, family voice and choice extend to the wide diversity of primary caregivers including biological, adoptive, foster, or fictive kin residing together in which adults perform the duties of parenthood for the children. (“Home” refers to the residences of those families.)
- Older youth who may not have an identified family to return to, must be assisted in developing ties to their community, to non-family resources upon which they can depend for assistance, and with caregivers who can help to meet their relationship needs.

ADMISSION PROCEDURES FOR PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES

Prior to placing a child in a PRTF, the referring agent must first obtain a Certification of Need (CON), along with all pertinent documentation, to the facility for their clinical record.

Admissions to a PRTF

There are two types of Medicaid admissions to PRTFs:

1. An urgent admission
2. An admission for children who become Medicaid eligible after admittance

Urgent Admission

An urgent admission is one in which the beneficiary meets the CON criteria but is not presenting immediate danger that would cause death, serious impairment to the health of the beneficiary, or bodily harm to another person by the beneficiary. An independent team meeting the requirements

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Urgent Admission (Cont'd.)	for CON teams will complete the CON form for urgent admissions to PRTFs. The form must be signed and dated by at least one physician and one other team member.
Post-Admission Eligibility	The facility's interdisciplinary team will complete the CON form for beneficiaries who become Medicaid eligible after their admission to a PRTF. The completed CON form must cover any period before the Medicaid application and relevant claims.
Initial Stay — PRTF	Initial stays in PRTFs will be limited to 30 calendar days. If continued placement is needed, the provider must submit a continued stay request to KEPRO by the 21 st day in the facility.
CON/LOC	PRTF level of care is reserved for children or adolescents whose immediate treatment needs require a structured 24-hour inpatient residential setting that provides all services (including educational) on site.
Admission Criteria — PRTF	<p>Admissions to PRTFs are covered if the beneficiary meets the following criteria:</p> <p>Admissions to PRTFs are covered if the beneficiary meets the following criteria:</p> <ol style="list-style-type: none">1. The beneficiary demonstrates symptomatology consistent with a current DSM diagnosis which requires, and can reasonably be expected to respond to, therapeutic intervention.2. The beneficiary is experiencing emotional or behavioral problems in the home, community or treatment setting and is not sufficiently stable either emotionally or behaviorally, to be treated outside of a highly structured 24-hour therapeutic environment.3. The beneficiary demonstrates a capacity to respond favorably to rehabilitative counseling and training in areas such as problem solving, life skills development, and medication compliance training.4. The beneficiary has a history of multiple hospitalizations or other treatment episodes, or a recent inpatient stay with a history of poor treatment adherence or outcome.

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Admission Criteria — PRTF (Cont'd.)

5. Less restrictive or intensive levels of treatment have been tried and were unsuccessful, or are not appropriate to meet the beneficiary's needs.
6. The beneficiary's functioning is such that the beneficiary cannot currently remain in the home environment and receive community-based treatment.

Continued Stay — PRTF

Continued stays will be limited to 30 days. All continued stay requests will require an Individualized Plan of Care (IPOC), the monthly treatment team notes, and any Therapeutic Home Time documentation. The IPOC and treatment team note must be completed by an interdisciplinary team that should include the child/youth beneficiary, family/caregiver, beneficiary's case manager/care coordinator, and beneficiary's outpatient service provider. Additionally, KEPRO will evaluate adherence to manual service requirements to approve or deny continued stay requests.

Continued placement in a PRTF should be based on the progress of the beneficiary, and cannot be authorized for longer than 30 calendar days.

Continued Stay Criteria — PRTF

If continued placement is needed, the provider must submit a continued stay request to KEPRO prior to expiration of the current authorization. The first continued stay request must be submitted by the 21st day of admission. All continued stay requests will require an Individualized Plan of Care (IPOC), monthly treatment team notes, including discharge plan updates, and any Therapeutic Home Time (THT) documentation. The IPOC and monthly treatment team notes must be completed by an interdisciplinary team that should include the beneficiary's outpatient service provider. Additionally, KEPRO will evaluate adherence to manual service requirements to approve or deny continued stay requests. Placement in a PRTF should be based on the progress of the beneficiary and cannot be authorized for longer than 30 days.

All residents of a PRTF must be reassessed using every six months using a diagnostic assessment. The assessment should be administered face to face to the beneficiary by qualified staff. The QIO will review the need for continued services on an annual basis using InterQual criteria.

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Continued Stay Criteria — PRTF (Cont'd.)

All Criteria: A, B, C, D, E, F, and G must be met to satisfy the criteria for continued stay.

- A. Facilities must demonstrate need for continued active psychiatric treatment by a multidisciplinary team at a PRTF level of care as evidenced by information obtained in the most recent Individualized Plan of Care, treatment team notes, including updated discharge plan, and any Therapeutic Home Time documentation.
- B. Despite reasonable therapeutic efforts clinical evidence indicates at least one of the following:
 - The problems that caused the admission continue to meet criteria for PRTF level of care, or
 - The emergence of additional problems that meet the admission criteria both in severity of need and intensity of service needs, or
 - The disposition planning and/or attempts at therapeutic re-entry into the community have resulted in exacerbation of the psychiatric illness to the degree that would necessitate continued residential treatment. Subjective opinions without objective clinical information or evidence are NOT sufficient to meet severity of need based on justifying the expectation that there would be decompensation.
- C. There is evidence of objective, measureable and time-limited therapeutic clinical goals that are most appropriately met at a PRTF level of care before the patient can return to a new or previous living situation.
- D. There is evidence that the treatment plan is focused on the alleviation of psychiatric symptoms and precipitating psychosocial stressors that are interfering with the patient's ability to return to a less-intensive level of care.
- E. The current or revised treatment plan can be reasonably expected to bring about significant improvement in the problems meeting criterion A, and this is documented in monthly treatment team documentation.

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Continued Stay Criteria — PRTF (Cont'd.)

- F. There is evidence of beneficiary and guardian participating in the multidisciplinary team meetings, including documentation that they have signed the Individualized Plan of Care (IPOC). There is evidence of intensive-family and/or support system involvement occurring at least twice per month (i.e., family therapy; treatment team meetings), unless there is an identified, valid reason why it is not clinically appropriate or feasible.
- G. A discharge plan is formulated at admission that is directly linked to the behaviors and/or symptoms that resulted in admission, and begins to identify appropriate post-residential treatment resources. There is evidence that attempts are being made to secure timely access to treatment resources and housing in anticipation of discharge, with alternative housing contingency plans also being addressed.

Discharge Criteria

A beneficiary is considered discharged if the beneficiary:

- Is formally released from a psychiatric hospital or PRTF
- Is transferred to another psychiatric facility
- Is discharged to a long-term care or step down facility
- Dies
- Leaves against medical advice

Facilities must meet the following criteria before discharge:

- Beneficiary has ability to function appropriately in a non-hospital setting
- Type and dosage of prescribed medication unchanged
- Objectives of inpatient treatment have been met substantially
- No changes in the comprehensive psychiatric evaluation, formulation, diagnosis, treatment goals, and treatment plan in the previous 14 days
- An appropriate lower level of care has been identified and secured by the care team.

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Transition to a Community Setting

Psychiatric facilities are responsible for discharge planning and coordination services to the outpatient treatment providers, specifically by hosting and participating in the expanded child and family team, and by exploring and using unique and creative arrangements to best integrate home and residential services to meet individual needs of children and families in transition.

Facilities must document regular contacts with referring state agencies and parent or guardian to formulate plans for treatment after discharge.

In preparing for and accomplishing transition and discharge, continuity of care must be maintained. Both PRTF and community providers should adjust staffing models and patterns, contracting mechanisms and job descriptions to encourage individualized interventions and enduring therapeutic relationships that are not disrupted by changes in residence.

Out of home service providers are encouraged to make the skills and expertise of their workforces available to help support the family, school and community to provide special attention to successfully transition the child home, and even to help address the needs of the child and family after discharge.

Children transitioning to the age of majority may require additional resources to secure continuity of care and placement, to prepare themselves for independence, and to transition into services in the adult system.

Individuals (except individuals ages 22 to 64 who reside in an institution for mental diseases or individuals who are inmates of public institutions) are considered to be transitioning to the community during the last 180 consecutive days of a covered, long-term, institutional stay.

Please reference the South Carolina Medicaid Targeted Case Management Policy Manual for information on how to provide and bill for case management for transitioning beneficiaries to the community.

If a child no longer meets the PRTF level of care, the facility must notify the outpatient treatment provider and the parent or guardian to begin discharge planning. Discharge from the facility must occur within 30 calendar days of the reassessment. The child or adolescent should be considered for the next appropriate level of community resources.

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Therapeutic Home Time — PRTF

Therapeutic Home Time (THT) is an opportunity to assess the ability of the youth to successfully transition to a less restrictive level of care. Fourteen days is the maximum benefit allowed per youth per fiscal year. THT is considered a reimbursable component of the service under the all-inclusive rate.

A notification to SCDHHS is required at least 24 hours prior to the youth leaving the facility for the THT. This notification shall be communicated via secure email to behavioralhealth004@scdhhs.gov. If the youth is in an MCO, a notification must also be sent to the respective plan.

THT must support a therapeutic plan to transition the youth to a less restrictive level of care. The following information must be (1) documented in the treatment record and (2) must be included with any submissions for continued stay requests.

- a. documented progress toward identified treatment goals;
- b. documentation that the youth has been prepared for THT, as evidenced by a written crisis plan and a written plan for provider contact with the youth and legal representative during the visit;
- c. a viable written discharge plan; and
- d. documentation of youth achievements and/or regressions during and following THT.

Leave of Absence

A facility may place a child on a Leave of Absence when readmission is expected and the child does not require Inpatient Psychiatric Services during the interim period. Leave of Absence are separate from THT, and may be used for periods of time including when a youth is in the hospital, or if all 14 days of THT have been utilized. Charges for the LOA days, if any, must be shown as non-covered.

ACTIVE TREATMENT

Inpatient Psychiatric Services must involve “active treatment,” which means implementation of a professionally developed and supervised individual plan of care designed to achieve the beneficiary’s discharge from inpatient status and return to family, home, school and community at the earliest possible time. Clinical documentation of active treatment should be consistent with ongoing efforts to support full and

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SERVICE GUIDELINES

Active Treatment (Cont'd.)

active involvement of the family and/or guardian, any referring state agency, and the beneficiary's outpatient treatment providers in planning for and delivering services.

PRTF programs must provide services and supports that change to continually meet the child's needs, including for stability and avoidance of multiple placements. As a child's needs may change, supports and services must also change to continue to support the child during placement.

The expanded child and family team should anticipate crises that might develop, and devise specific strategies to prevent and address them. In recognition of the Palmetto Coordinated System of Care's principled commitment to avoiding delinquency, all individual plans of care will include crisis plans that will address alternatives to law enforcement involvement, and the avoidance of restraints and seclusions. If a PRTF placement is interrupted by hospitalization or arrest, the provider will pursue every opportunity to ensure the child's return to that same program in accordance with the child's IPOC.

The determination that active treatment is being implemented will be based on the following criteria:

- Examination of the plan of care should reflect interdisciplinary involvement, including that of outpatient treatment provider(s).
- Observation of communication with the beneficiary should indicate that the components of the plan of care are being delivered.
- Review of progress notes are consistent with the plan of care and indicate reasonable improvement in the beneficiaries' condition.
- Documentation of participation in programs of services as required in the Program Content section of this manual.

Program Content

Inpatient Psychiatric Services providers are expected to aggressively treat individuals with a full range of therapies and education and rehabilitative activities in the least restrictive environment required. For residential treatment, services must be provided at the facility as part of the therapeutic milieu (e.g., medication management, psychotherapy, an age-appropriate school program approved

SECTION 2 POLICIES AND PROCEDURES

SERVICE GUIDELINES

Program Content (Cont'd.)

by the South Carolina Department of Education); or arrangements must be made to provide services for the child extending away from the campus to community-based settings as part of intentional strategies to promote generalization of skills and promote the child's adaptive transition back to family, home, school and community. Educational needs must be addressed in the initial assessment, the IPOC, and the Individualized Education Plan (IEP).

Each provider must ensure that a structure exists that clearly supports the development of desired behaviors, skills, and emotional growth, and their generalizable adaptation back to family, home, school and community. Programming is individualized to the needs of each child and his or her family to maximize individual functioning in activities of daily living. Services must be therapeutic and identifiable as structured programming and consistent with the treatment needs of the child. The daily program schedule must be current and it must be posted for both staff and client access.

The provider is expected to appropriately treat a child, document the delivery of services and responses to treatment, and provide or obtain all services the child needs while in the facility. It is expected that therapeutic services be provided at a time that is conducive for the involvement of the child and his or her family.

Children shall be engaged in active treatment. Active treatment is a clinical process involving ongoing assessment, diagnosis, intervention, evaluation of care and treatment, and planning and preparation for discharge; this includes services and activities directed towards engagement of the child, identification and development and adaptive use of strengths, continuous assessment of needs, goal planning, execution of planned strategies, and advocacy.

Medicaid reimbursement for Inpatient Psychiatric Services will not be available for inpatient stays during which active treatment related to the child's diagnostic needs is not provided or the child no longer requires inpatient treatment due to his or her psychiatric condition.

Programs of services provided to each child must include, but are not limited to the following services below. Providers must have written documentation of the service(s) rendered and must enter the service(s) in the child's record.

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Psychiatric Evaluations

A psychiatric evaluation must be administered by the facility physician/ psychiatrist within 60 hours of admission for each child. The evaluation must identify factors related to or cause for admission to include diagnosis, summary of medical condition, and social status of the child. The physician/psychiatrist must document the type of services needed, make a recommendation concerning need for inpatient treatment, evaluate medications the child is on and make adjustments or changes as needed. Each child must have at least one face-to-face contact monthly with the facility physician/ psychiatrist.

Psychological Evaluations

A psychological evaluation must be completed by a qualified professional of the facility within 30 days of the date of admission for each child. This comprehensive psychological evaluation includes a psychological diagnostic interview, assessment and appropriate testing with a written report. This may include history; mental status; disposition; psychometric, projective and/or developmental tests; consultation with referral sources and others; evaluation/interpretation of hospital records or psychological reports; and other accumulated data for diagnostic purposes which results in a written report that documents the evaluation and interpretation of results. Only a licensed psychologist shall select and interpret the results of psychological tests. The psychologist must personally interview the patient when a diagnosis is made or requested. The written report must be approved and signed by the psychologist. The comprehensive psychological evaluation and resulting report are one component of the total diagnostic evaluation necessary to establish and manage the treatment plan for inpatient psychiatric care. Re-evaluations must be conducted periodically for continued treatment.

Therapy Services

Therapeutic interventions that address both the child's presenting behaviors and underlying behavioral health issues. Therapy **must** be provided by licensed or master's level direct care staff as defined in the Staffing Requirements section and as allowed by state law.

Individual Psychotherapy

Face-to-face goal-oriented interventions with the child. Individual Psychotherapy should be provided as often as needed, but at least 90 minutes per week.

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<i>Group Psychotherapy</i>	Face-to-face, planned interventions with a group of children, not to exceed one staff to eight children. Group Psychotherapy must be individually documented for each child. A child should receive at least three Group Psychotherapy sessions per week.
<i>Family Psychotherapy</i>	Face-to-face interventions between clinical staff and the child's family unit or significant others, which must be conducted at least once a month. When applicable, documentation must include the reason for non-involvement and/or reasonable attempts (<i>e.g.</i> , instrumental support, use of communications technologies) to involve the family and/or significant others.
Medical Services	Services include medication management and dispensing of medication, as appropriate. Each child must have at least one face-to-face contact per month with the physician, or as medically necessary.
Crisis Management	Services provided immediately following abrupt or substantial changes in the child's functioning and/or marked increase in personal distress.
Engagement Services and Activities	Services and activities include: <ul style="list-style-type: none">• Engaging the child in a purposeful, supportive, and helping relationship, addressing basic needs, that include determining the supports the child's needs, the productive and leisure activities in which the child desires to participate that are informed by appropriate expectations in the post-discharge family, home, school and community settings.• Understanding the child's personal history and the child's satisfaction or dissatisfaction with services and treatments, including medications that have been provided to or prescribed in the past.
Strengths Assessment Services and Activities	Services and activities include identifying and assessing the child's wants and needs, the child's aspirations for the future, resources that are or might be available to that child and their family, sources of motivation available to the child, and strengths and capabilities the child possesses; identifying and researching what educational, vocational and social resources are or might be available to the child to inform and facilitate the child's treatment; and identifying,

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SERVICE GUIDELINES

Strengths Assessment Services and Activities (Cont'd.)

researching, and understanding cultural factors that might have affected or that might affect the child's experience with receiving treatment and other services, the effects that these factors might have on the treatment process, and the ways in which these factors might be best used to support the child's treatment.

Goal-Planning Services and Activities

Services and activities include:

- Helping the child to identify, organize, and prioritize their personal goals and objectives with regard to treatment, education and training, and community involvement
- Assisting and supporting the child in choosing and pursuing activities consistent with achieving their goals and objectives at a pace consistent with their capabilities and motivation
- Instructing the child on goal-setting and problem-solving skills, independent living skills, social skills, and self-management skills, acknowledging the need to devise methods and strategies to promote generalization and adaptation of acquired skills to the family, home, school and community settings where they will be used after discharge
- Identifying critical stressors that negatively affect the child's mental status and the interventions, coping strategies, and supportive resources that have been successful or helpful in addressing or relieving those stressors in the past
- Developing relapse prevention strategies, including wrap-around plans, that the child and family team may utilize

Rehabilitative Psychosocial Services

Services designed to improve or preserve the child's level of physical cognitive, social, emotional, and behavioral functions; promotion of social skills and age-appropriate training; and developing supports and skills for the child that promote healthy functioning in family, home, school and community.

Advocacy Services and Activities

Services and activities that involve coordinating the treatment and support efforts and advocating for the child, as appropriate, in developing goals and objectives within the child's individualized treatment plan during the course of

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Advocacy Services and Activities (Cont'd.)

treatment, and assisting in acquiring the resources necessary for achieving those goals and objectives.

Discharge Services

Services include the development of a comprehensive discharge plan

MEDICATION MANAGEMENT

The facility must have written policy to ensure medications are not accessible to residents. The medication shall be under a double lock system. The physician order must be on file to support the administering of medication. Qualified staff shall dispense all medication. A medication log shall be maintained to document dispensing of medication to include the beneficiary's name, name of the medication, dosage, time and date the medication was dispensed, and the signature of the staff member along with their title.

Prescribers are encouraged to use best practice when ordering medications. In addition, providers should limit the use of standing PRN prescriptions and provide evidence based rationale when prescribing duplicate medications in the same class.

DOCUMENTATION REQUIREMENTS

Medicaid reimbursement is directly related to the delivery of services. Each child shall have a medical record that includes sufficient documentation to support the services rendered and billed. Clinical documentation of the treatment services provided to the child, his or her responsiveness to treatment, and the interaction and involvement of the staff should justify the services billed to Medicaid and the child's continued stay.

The medical record must be arranged in a logical order to facilitate the review and audit of the clinical information and the course of treatment. Records must be individualized to the child and support the level of care. Records shall contain at a minimum, the beneficiary's history, evaluation reports, clinical documentation, to include treatment plans and reviews, service documentation, progress notes, discharge plan, medications, documentation of all incidents of restraint and seclusion, Certification of Need (CON) form, and all other required and/or relevant forms. When developing the clinical record, documentation must be appropriately signed and dated.

Providers are reminded that the medical record must contain sufficient documentation to demonstrate that the

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SERVICE GUIDELINES

Documentation Requirements (Cont'd.)

beneficiary's signs and/or symptoms were severe enough to warrant the need for inpatient medical care.

Documentation must include sufficient, accurate information to: 1) support the diagnosis, 2) justify the treatment/procedures, 3) document the course of care, and 4) identify treatment/diagnostic test results. Documentation must be placed in the child's medical record to clearly justify medical necessity for the service and the setting billed. In many instances, the service/procedure could be medically necessary but the services could be performed in a less restrictive setting.

Authorization

All admissions for Fee-for-Service beneficiaries must be prior authorized through the SCDHHS designated QIO. All admissions for members of MCOs must be prior authorized by their respective managed care plans. In all cases, the provider is responsible for receiving and retaining proper prior authorization forms. Additionally, all PRTF Authorizations require a Certification of Need (CON) Form. As of July 1, 2017, the completed CON must be submitted to the QIO before admission is authorized.

Beneficiary Certification of Need

An SCDHHS Certification of Need (CON) Form for Psychiatric Hospital Services for Children Under 21 must be completed for all beneficiaries under age 21 admitted for psychiatric services in order for the provider to receive Medicaid reimbursement. Please refer to the Forms section of this manual for an example of the CON form. This form can be duplicated for regular use.

Providers must utilize the following guidelines to complete the CON form:

- The CON form must be completed, signed, and dated by a minimum of two team members.
- The CON form must be completed only once per beneficiary per admission. If a beneficiary is discharged and readmitted, a new CON form must be completed.
- The CON form is valid for 45 days when completed prior to the admission of a beneficiary. Although the form is valid for 45 days, it must accurately reflect the beneficiary's state of health on the date of admission.

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SERVICE GUIDELINES

Beneficiary Certification of Need (Cont'd.)

- The CON form must be submitted to the QIO and placed in the beneficiary's clinical case record.
- A new CON form is required when a beneficiary is discharged from one facility and admitted to another residential treatment facility.

Note: Any Inpatient Psychiatric Hospital service days paid by Medicaid that are not covered by a properly completed CON form are subject to recoupment in a post-payment or retrospective review.

Assessment/Reassessment

A new diagnostic assessment must be completed at a minimum of every 6 months, or as necessary, to determine the need for continued treatment.

Reassessments shall be completed by qualified professionals

When diagnostic reassessments are completed, the results should be shared with the expanded child and family team members, including family, outpatient treatment provider(s) and referring agencies, within 10 calendar days, to ensure all children in placement continue to meet PRTF level of care requirements. All shared information must comply with HIPAA regulations.

Clinical records must describe the following:

- The presence of a co-morbid condition(s)
- Stressors in the natural environment
- The need for and availability of social supports
- Resiliency and recovery
- Engagement
- Treatment barriers
- Strengths and needs
- Preferences in services (cultural, location, etc.)
- Barriers to accomplishing goals and objectives

Individual Plan of Care

In the context of Inpatient Psychiatric Services, an "individual plan of care" (IPOC) is a written plan developed for each beneficiary by an expanded child and family team, to improve his or her condition and/or the capacities and confidence of his or her family/caregivers to the extent that inpatient care is no longer necessary.

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SERVICE GUIDELINES

Individual Plan of Care (Cont'd.)

Each beneficiary must have a written individual plan of care, which is goal-oriented and specific, describing the service to be provided.

The plan of care must meet all of the following requirements:

- Be developed, written, and implemented no later than 14 days after admission
- Be signed, dated, and professionally titled by at least two members of the interdisciplinary team, one of which must be a physician
- Be based on a diagnostic evaluation that includes examination of the medical, psychological, social, behavioral, and developmental aspects of the beneficiary's situation and reflects the need for inpatient psychiatric care
- Be developed by the expanded child and family team – that is, the beneficiary, his or her parents, legal guardians, or others in whose care he or she will be released after discharge; and the facility-based interdisciplinary team of professionals specified in 42 CFR § 441.156.
- Be developed for the beneficiary to improve his or her condition and/or the capacities of in his or her family/caregivers to the extent that inpatient care is no longer necessary, and psychiatric services are no longer necessary or can be provided in home and community-based settings; and designed to achieve the beneficiary's discharge from inpatient status at the earliest possible time
- State treatment objectives primarily designed to prepare the child and family for the child's return home; and prescribe an integrated program of therapies, activities, and experiences designed to meet the objectives
- Be reviewed at a minimum of every 30 calendar days
- Be reformulated at a minimum of every 60 calendar days. A reformulation will address any significant changes, any new identified needs, and any previously identified needs, and reflect the need for continued treatment.

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SERVICE GUIDELINES

Individual Plan of Care (Cont'd.)

- 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 beneficiary's family, school, and community upon discharge.
- The plan of care must include the following:
 - Diagnoses, symptoms, complaints, and complications indicating the need for the beneficiary's admission
 - A description of the functional level of the beneficiary
 - Goals and objectives for the beneficiary that are primarily designed to prepare the child and family for the child's return home, and are measurable and time-limited
 - Services to be provided, frequency of the services, professionals to provide the services, and title of the professional to provide the services
 - Any orders for medications, treatment, restorative and rehabilitative services, activities, therapies, social services, diet, and special procedures recommended for the health and safety of the beneficiary.
 - Plans for continuing care, including review and modification to the beneficiary's plan of care
 - Plans for the beneficiary's discharge. Discharge plans should be made to facilitate transition and discharge from the facility at the earliest time possible. Discharge plans should include recommendations for continuity of necessary services and supports, the transition process, discharge and aftercare.

Note: Please ensure the treatment plan includes updates to address any newly identified conditions, failure to respond to treatment, regression in behaviors, dangerous behaviors. If a member is not making progress, it is expected that the PRTF will adjust the treatment plan and interventions to address this immediately.

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SERVICE GUIDELINES

Thirty-Day Review

The plan of care must be reviewed every 30 days by the team specified to determine that services being provided are or were required on an inpatient basis and to recommend changes in the plan as indicated by the beneficiary's overall adjustment during the inpatient stay. Any significant changes in the beneficiary's care plan must be documented in the thirty-day review. The PRTF must invite the beneficiary's outpatient treatment provider(s) and other members of the child and family team to participate in these reviews. The PRTF must notify community partners (*i.e.*, family/caregivers, behavioral health treatment providers, involved state agencies, and SCDHHS/Managed Care Organizations) two weeks in advance of each beneficiary's monthly treatment team meeting. The notification to SCDHHS should be sent via secure email to behavioralhealth004@scdhhs.gov.

A written report of each review must be entered in the beneficiary's records at the time of admission or if the beneficiary is already in the facility, immediately upon completion of the evaluation or plan of care. The review must be signed and dated by the team members.

Both the plan of care and the thirty-day review must reflect the continued need for Inpatient Psychiatric Services and/or specify steps toward transition of the child back to his family, home, school and community.

Notice of Non-Coverage

The South Carolina Medicaid Notice of Non-Coverage for Inpatient Psychiatric Hospital Care Form should be used to notify Medicaid beneficiaries that a facility has determined that inpatient psychiatric care is no longer medically necessary. Refer to the Forms section of this manual for a sample of this form.

This determination may occur at the time of admission or after the beneficiary is admitted for Psychiatric Hospital Services.

If the beneficiary or legally responsible party disagrees with the facility's decision to discharge, he or she may request a review by SCDHHS' contracted Quality Improvement Organization (QIO). If the beneficiary or legally responsible party decides to remain in the facility and the QIO determines that psychiatric hospital care is no longer medically necessary, the beneficiary will be responsible for payment.

SECTION 2 POLICIES AND PROCEDURES

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Notice of Non-Coverage (Cont'd.)

The completed copy of the Non-Coverage Form should be forwarded to the Medicaid beneficiary, attending physician, legal guardian, authorized referral entity (the agency that authorized the referral), SCDHHS' Division of Behavioral Health, and QIO.

The Non-Coverage Form should be used when the Admission Criteria, Continued Stay Criteria, and Discharge Criteria do not apply to a beneficiary.

When a beneficiary is transferred from one facility to another, this is considered a regular discharge and would not constitute issuance of a Non-Coverage Form.

Note: South Carolina Medicaid will accept records and clinical service notes in accordance with the Uniform Electronic Transactions Act (S.C. Code Ann. §26-6-10 et seq.). Reviewers and auditors will accept electronic documentation as long as they can access them and the integrity of the document is ensured. Furthermore, providers must comply with the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191.

Questions regarding access to protected information should be referred to the PSC. Provider can also submit an online inquiry at <http://scdhhs.gov/contact-us> to request additional information.

UTILIZATION REVIEW — INPATIENT PSYCHIATRIC SERVICES

SCDHHS contracts hospital utilization review services to a Quality Improvement Organization or the SCDHHS designee.

There are two types of reviews conducted by the Quality Improvement Organization or the SCDHHS designee:

- Pre-discharge Reviews
- Retrospective Reviews

These reviews are accomplished through a medical record evaluation of selected cases. The medical record review focuses on compliance with federal and state procedural requirements, provides assurance that Inpatient Psychiatric Hospital Services are medically necessary, and verifies that active treatment is being provided. The review staff completes the initial screening. Cases that do not meet criteria are referred to a physician consultant.

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UTILIZATION REVIEW — INPATIENT PSYCHIATRIC SERVICES (CONT'D.)

Retrospective reviews determine whether the care rendered meets acceptable standards of Inpatient Psychiatric Hospital Services.

QIO or the SCDHHS designee will conduct periodic reviews of the level of care determinations.

Quality Improvement Organization

SCDHHS utilizes the Centers for Medicare and Medicaid Services (CMS) Psychiatric Quality of Care Guidelines for Psychiatric Hospital Services. Psychiatric Hospital Services must meet the Quality of Care guidelines, which include, but are not limited to the following:

- The beneficiary's psychiatric evaluation must be completed within 60 hours of admission and must contain the pertinent clinical information.
- A complete multidisciplinary intake evaluation shall be completed.
- Each beneficiary's treatment plan must be based on an inventory of the beneficiary's strengths and disabilities, including the pertinent clinical information, and should be discussed with the beneficiary.
- The facility must provide ongoing monitoring and evaluation of the beneficiary's status to identify conditions or changes in conditions that could lead to harm and/or deterioration.
- The facility must ensure adequate and appropriate use of medications, and provide medication monitoring at all times.
- The facility must provide adequate monitoring, supervision, and intervention by staff to prevent harm and/or trauma to the beneficiary while in the psychiatric hospital.
- The facility must ensure proper use of restraints and/or seclusion during crisis management.
- The facility must ensure that appropriate discharge planning occurs.

SECTION 2 POLICIES AND PROCEDURES

SERVICE GUIDELINES

Psychiatric Quality of Care Criteria

The QIO or the SCDHHS designee may review the medical records of South Carolina Medicaid beneficiaries who receive services in psychiatric hospitals and residential treatment facilities.

The QIO or the SCDHHS designee has the authority to act on behalf of SCDHHS to deny Medicaid claims if they determine that a facility has not complied with applicable program requirements.

SECTION 2 POLICIES AND PROCEDURES

APPEALS PROCESS

The South Carolina Medicaid appeals process is not a reconsideration or claims review process. It is a formal process that should be considered as an avenue of last resort to be used in attempting to resolve or settle a dispute(s). Providers should work with their program representative in an effort to resolve or settle a dispute(s) before requesting an administrative hearing.

As an alternative to requesting a binding reconsideration by the QIO or the SCDHHS designee, an appeal may be filed directly with the SCDHHS Division of Appeals and Hearings. The appeal request must be in writing and include specific information regarding the basis for the appeal. The written appeal request must be submitted to the following address within 30 days of receipt of the recoupment letter:

Online at <http://www.scdhhs.gov/appeals>; or

By fax at (803) 255-8206

By mail to:

Division of Appeals and Hearings

SCDHHS

Post Office Box 8206

Columbia, SC 29202-8206

If this request is made, an SCDHHS Hearing Officer will conduct a fair hearing in accordance with the agency's appeal regulations (Reg. 126-150, *et seq.*) and the South Carolina Administrative Procedures Act.

SECTION 2 POLICIES AND PROCEDURES

APPEALS

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