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5122-41-01 **Purpose, definitions and general requirements.**

(A) The purpose of this chapter is to describe the requirements for a psychiatric residential treatment facility.

(B) Definitions:

- (1) “Caregiver” means the individual/individuals identified in the permanency and concurrent plan that will ultimately support the timely and effective transition of the young person into the community.
- (2) “CMS” means the centers for medicare and medicaid services.
- (3) “Department” means the Ohio department of mental health and addiction services.
- (4) “Discharge” means a young person is leaving the PRTF without meeting treatment goals.
- (5) “PRTF” means a psychiatric residential treatment facility as defined by 42 C.F.R. 483.354, as authorized under section 1905 (a)(16) and (h) of the Social Security Act.
- (6) “Serious injury” means 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.
- (7) “Transition” means a young person has met their treatment goals and is transitioning to a community setting or a lower level of residential care including a group home
- (8) “Young person” means a child, youth or young adult under the age of twenty-one.

(C) In addition to the requirements in this chapter, a PRTF shall:–

~~(1) Meet the requirements in:~~

~~(a) Chapter 5122-14 of the Administrative Code and be licensed as private psychiatric hospital; or~~

~~(b) Meet meet the requirement in Chapter 5122-30 of the Administrative Code and be licensed as a class one residential facility.~~

~~(21) –Document PRTF services in accordance with Chapter 5122-27 of the Administrative Code.~~

~~(32) Maintain compliance with applicable state and federal laws and regulations.~~

~~(43) Hold and maintain other required licenses or certificates as applicable, e.g. school, dietary, etc.~~

~~(54) Meet the federal emergency preparedness requirements of 42 C.F.R. 441.184.~~

(D) PRTF services for individuals under the age of twenty-one must be:

(1) Provided under the direction of a physician;

(2) Provided by:–

~~(a) A psychiatric hospital that is accredited by a national organization whose psychiatric hospital accrediting program has been approved by CMS, or is accredited by a national accrediting organization whose hospital accrediting program has been approved by CMS; or~~

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~~(b) A 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 as a behavioral health residential facility.~~

(3) Provided before the individual reaches the age of twenty-one, or, if the individual was receiving the services immediately before he or she reached the age of twenty-one, before the earlier of:

(a) The date the individual no longer requires the services; or

(b) The date the individual reaches the age of twenty-two; and

(4) Certified in writing to be medically necessary in the setting in which the services will be provided, or are being provided in emergency circumstances, in accordance with rule 5122-41-02 of this chapter. A comprehensive CANS assessment completed by a certified assessor within seven days of referral shall be part of the documentation reviewed. If the PRTF is certifying that the young person is in need of PRTF services, the certification must be made by the team specified in rule 5122-41-08 of this chapter. Certification of medical necessity must include all of the following:

(a) Ambulatory care resources available in the community do not meet the treatment needs of the young person;

(b) Proper treatment of the young person's psychiatric condition requires services on an inpatient basis under the direction of a physician; and

(c) The services can reasonably be expected to improve the young person's condition or prevent further worsening so that the services will no longer be needed.

(E) A PRTF ~~also licensed as a class one residential facility or a PRTF also licensed as a private psychiatric hospital~~ must be in compliance comply with the rules for restraint and seclusion, in accordance with rules 5122-26-16 and 5122-26-16.1 of the Administrative Code.

(F) The facility's agency's executive director, chief executive officer, president, or similar position must provide a copy of the attestation given to the Ohio department of medicaid, certifying it is compliant with CMS's standards governing the use of restraint and seclusion in 42 C.F.R. 483.350 to 42 C.F.R. 483.376. A copy of this attestation must be provided to the department within seven calendar days of executing its agreement with the Ohio department of medicaid.

(G) Serious occurrence incident notification.

(1) A PRTF must meet the applicable incident reporting requirements of ~~either rule 5122-14-14 of the Administrative Code for private psychiatric hospitals, or~~ rule 5122-30-16 of the Administrative Code for residential facilities.

(2) In addition to the incident notification requirements of ~~either rule 5122-14-14 or~~ rule 5122-30-16 of the administrative code, a PRTF must also report the following serious occurrences in writing to the department, the Ohio department of medicaid if the individual is medicaid eligible, and disability rights Ohio by the close of business the next business day following the incident:

(a) Resident/patient death, which must also be reported to the CMS regional office in Chicago.

(b) Suicide attempt.

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(c) Serious injury.

(d) Substantiated abuse ~~and~~ or neglect.

(3) The report must include the name of the resident, a description of the occurrence, and the name, street address, and telephone number of the facility.

(4) In the case of a minor, the facility must notify the resident's parents, custodian, or legal guardian as soon as possible, and in no case later than twenty-four hours after the incident.

(5) Staff must document in the resident's record that the serious occurrence was reported in accordance with this paragraph, including the name of the person with the Ohio department of medicaid, disability rights Ohio and the name of the parents, custodian, or legal guardian 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 report logs kept by the facility.

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5122-41-02 Psychiatric residential treatment facility model.

(A) Psychiatric Residential Treatment Facility (PRTF) is a trauma informed, inpatient level, intensive multi-disciplinary residential treatment provided in a non-acute setting for young persons with complex needs. A PRTF delivers trauma-informed, evidence-based individualized services to a young person in order to stabilize behaviors in as short as possible timeframe, help the young person and their family /caregiver to develop the knowledge and skills needed to safely manage their needs in the community-the community, so that the young person can succeed in all aspects of community living, e.g. home and family, school, employment, etc.

(B) Individuals referred to PRTF programs are young people with complex needs, including significant behavioral challenges. These individuals have a mental health diagnosis or co-occurring mental health and other diagnosis, e.g. substance use, intellectual disability, and at least one of the following:

(1) Exhibiting ~~S~~severe mental health symptoms at the time of referral to the PRTF.

(2) Severe functional impairment in comparison to same age peers or same developmental age peers, in three or more major life domains (school performance, family relationships, interpersonal relations, communication/thought processes, self-care, and community) is documented.

(~~2~~3) Past hospitalizations.

(~~3~~4) Aggressive ~~or highly aggressive~~ behaviors.

(45) Fire setting behaviors.

(~~5~~6) Sexualized behaviors.

(~~6~~7) Chronic self-harm/severe self-harm/suicide attempts.

(~~7~~) Intellectual Disability.

(~~8~~) Autism Spectrum Disorder.

(~~9~~) Eating disorders.

(~~10~~8) Multiple out-of-home placements.

(C) PRTF model description.

(1) Provided seven days a week to young persons under 21 years of age.

(2) An inpatient level of care provided in a separate non-acute setting:

(a) Separate, free-standing building; ~~or~~

(b) In a building with other services, which may include a class one residential facility, however located on a separate floor or in a separate unit or wing; ~~or~~.

(~~c~~) ~~A separate non-acute unit in a hospital.~~

(~~3~~) Eligibility and appropriateness for PRTF service is determined by a third-party assessor that is not employed by the PRTF.

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(43) Physician directed.

(54) Multi-disciplinary.

(65) Time limited with short lengths of stay, with treatment focused on the objectives that are most important for the young person to address to achieve a successful transition to their community.

(76) Able to address the intensive treatment, supervision, and safety needs of the person referred and possess the capacity and expertise to provide targeted treatment services to address the variety of needs of the young person.

(87) Treatment is strength-based, individualized, and the quantity and frequency of services is adjusted based upon the needs of individuals and the culture of the milieu.

(98) Inclusive of evidence-based treatment services that focus on the strengths of the youth and their family/caregiver.

(109) Staff includes qualified individuals who are Ohio CANS certified assessors to conduct the follow-up CANS when other appropriate entities (care management entities, community behavioral health centers, etc.) have not conducted the CANS.

(110) Consists of appropriate therapeutic, education, and medical ~~and other~~ services, including referral and transportation to services that are not provided by the PRTF.

(121) Available to the young person and family/caregiver post transition.

(1312) Utilizes performance improvement processes to monitor performance, address problem areas and troubleshoot, and assure provision of quality services.

(D) The PRTF treatment environment:

(1) Is trauma-informed and incorporates SAMHSA's six key principles of trauma informed care:

(a) Safety;

(b) Trustworthiness and transparency;

(c) Peer support, either directly or by referral, and when appropriate;

(d) Collaboration and mutuality;

(e) Empowerment, voice and choice; and

(f) Cultural, historical, and gender issues.

(2) Reduces and avoids re-traumatization that can occur in a residential treatment environment.

(3) Provides a therapeutic setting where all staff understand the impact of trauma on young persons and their development.

(4) Is nurturing, non-coercive, family-friendly, provides for normalcy and consistency. The PRTF does not use punitive systems, e.g. a level system where a young person may lose an earned level.

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(5) Focuses on assisting the young person with self-regulation.

(6) Staff identify trauma-informed strategies around safety as part of engagement, including developing soothing plans and sensory boxes for each young person, as well as incorporating other strategies and tools, such as making available the use of sensory items for a young person.

(7) Staff model positive skills and communication as well as focus on safety when describing behavior that is of concern. The program will ensure supportive, therapeutic, person-first language and interactions between staff, young persons and their family

(8) Staff utilize person first and descriptive behavior.

(9) Staff focus on and verbalize individual successes.

(10) Staff recognize crisis triggers during treatment, assist the young person if needed with implementing individual soothing plans and engage with the young person to prevent the escalation of behaviors.

(11) Is culturally, and linguistically and developmentally appropriate for the young persons served.

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~~5122-41-03 — Certification of individual need for services.~~

~~(A) A team specified in paragraph (B) of this rule must certify that the treatment is medically necessary, meeting all of the following:~~

~~(1) Ambulatory care resources available in the community do not meet the treatment needs of the young person;—~~

~~(2) Proper treatment of the young person's psychiatric condition requires services on an inpatient basis under the direction of a physician; and~~

~~(3) The services can reasonably be expected to improve the young person's condition or prevent further worsening so that the services will no longer be needed.~~

~~(B) Team certifying need for services.—~~

~~(1) When an individual is admitted to a PRTF, certification must be made by an independent team that:~~

~~(a) Includes a physician;—~~

~~(b) Has competence in diagnosis and treatment of mental illness, preferably in child psychiatry; and—~~

~~(c) Has knowledge of the individual's situation.—~~

~~(2) For emergency admissions, the certification must be made by the team specified in rule 5122-41-08 of this chapter within fourteen days after admission.—~~

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5122-41-0403 **PRTF admission criteria, admissions, transitions and discharges.**

(A) The PRTF will develop its admission criteria and assure that it has the staff and resources available to meet the needs of referred young persons who fit its admission criteria. Admission criteria includes attention to:

(1) Age.

(2) ~~Sex~~Gender.

(3) Behaviors the PRTF will treat, which includes treating aggressive individuals.

(4) Exclusionary behaviors or diagnoses that the PRTF will not have the capacity to treat, if any, e.g. sexualized behaviors or eating disorders.

(B) PRTF admission policies and procedures will include:

(1) PRTF will admit a young person when a third-party assessor that is not employed by the PRTF has ~~confirmed the need for PRTF service~~ has been determined and the youth meets the PRTF's written admission criteria.

(2) Procedures to rapidly admit individuals referred that meet the PRTF's admission criteria when the facility has an available bed.

~~(C) PRTF emergency admissions are permitted under the following circumstances:~~

~~(1) An Ohio CANS certified assessor has assessed the young person as needing PRTF services, including the criteria specified in paragraph (A) of rule 5122-41-03 of the Administrative Code; and~~

~~(2) The PRTF agrees not to discharge the young person accepted via an emergency admission until the individual achieves their treatment plan goals.~~

~~(D) The PRTF will maintain a staff hiring and on-going staff development system (which may include training by entities external to the PRTF) to assure staff have sufficient competencies to address the needs of the young persons described in the PRTF's admission criteria.~~

~~(E) The PRTF will not initiate a discharge of a young person prior to completion of successful treatment, including if the young person temporarily leaves the PRTF for admission to a hospital for medical or psychiatric care for up to five days per event, unless the young person is transferred to another PRTF that can better meet the youth's treatment needs. This paragraph does not permit a PRTF to refuse to discharge a young person when the legal custodian has requested discharge.~~

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5122-41-0504 **Youth and family engagement.**

- ~~(A) PRTF service is family driven. The young person and family / caregiver are viewed as equal members of the treatment team and should feel valued and heard. PRTF is a youth and family driven service. The young person and family/caregivers are viewed as full participants in the treatment team and their needs, preferences, and choices are valued and respected.~~
- (B) The PRTF shall provide the family / caregiver frequent and clear communication and explanations related to the young person's service needs at a frequency defined by the young person and their family and/or care plan.
- (C) The young person and their family / caregiver shall be asked directly for their input on and offered choices in their treatment needs and services. Their input and choices are, and goals and objectives which shall be respected and incorporated into the plan of care whenever clinically and developmentally appropriate.
- ~~(D) The family and young person are offered choices in treatment.~~
- (E) The PRTF actively engages the family / caregiver. When applicable, this occurs in partnership with the care management entity or care coordination entity.
- (1) The family / caregiver is invited to participate in treatment team meetings regarding the young person, which are held at times convenient to the family / caregiver.
- (2) Families / caregivers are encouraged to be full participants in the young person's ongoing care including participation in clinical appointments. The family / caregiver is invited to participate in family counseling from the time of the young person's placement in the PRTF unless clinically contraindicated and documented or not permitted by the custodial agency or a court order.
- (3) The PRTF will provide additional family services and supports or refer the family / caregiver for recommended individualized services and supports in the community, e.g. individual therapy, parenting classes, parent mentors or peer supports, parenting self-care information, etc.
- (F) PRTF visitation policies promote face-to-face contact.
- (G) The PRTF makes and available and utilizes technology for visitation, clinical services and treatment team meetings.
- (H) The PRTF includes the family / caregiver in transition planning.

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5122-41-0605 Care coordination, transition planning and continuity of care.

- (A) The PRTF coordinates care with other providers during treatment, as part of transition planning and after treatment.
- (B) The PRTF recognizes that transition to the community is challenging for the young person and family / caregiver and assures that services and supports are in place to support the young person's successful return to the community.
- (C) Individualized transition planning begins within twenty-four hours of admission with a strong focus on family and caregiver education and engagement in the care of young persons, and coordination with partnering entities.
- (D) The PRTF partners with the young person and family to engage and utilize natural community supports as part of transition planning.
- (E) The PRTF establishes individualized ~~community connections~~-warm hand-offs with community providers and/or partners prior to the transition.
- (F) The PRTF is available to community partners, as well as the young person and family / caregiver at least ~~six-~~ ~~months~~ sixty days post discharge when the young person is transitioned to a community setting, including at least monthly contact with the young person and family / caregiver unless the young person and family / caregiver decline this contact when the PRTF discusses it and offers it as part of discharge planning.
- (G) The PRTF provides written documentation to all participants of the transition plan prior to the young person leaving the PRTF with information on how to access additional supports from the PRTF and community providers including contact information and steps required to access each provider.

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5122-41-0706 Staffing, staffing qualifications and staff ratios.

PRTF staff shall include:

(A) Physician medical director. If the medical director is not a board certified or board eligible psychiatrist, the PRTF shall also employ or contract with a psychiatrist who meets this qualification.

(B) Administrative director, who shall meet one of the following qualifications:

(1) Master's degree in human services field plus two years prior human services supervisory experience, or

(2) Bachelor's degree in human services field plus four years prior human services program supervisory experience.

(C) Clinical director with two years clinical experience in a mental health setting that served children or adolescents with emotional problems.

(1) The clinical director may also serve as the Administrative director.

(2) The physician medical director may also serve as the clinical director if employed at least forty hours/week.

(D) Sufficient clinical staff to meet each resident's treatment needs and who are appropriately credentialed to provide mental health services. If the PRTF also provides services to young persons with co-occurring substance use disorders, sufficient clinical staff shall be credentialed to provide substance use disorder treatment.

(E) An RN shall be on-site and on-duty at all times.

(F) Sufficient direct care staff, which ~~excludes~~ may include clinical and nursing staff, to meet all residents' supervisory and care needs.

(1) During the hours of eight a.m. until ten p.m., PRTF maintains a staffing ratio of at least one direct care staff for each four residents. The PRTF will maintain a minimum of two direct care staff on duty at all times.

(2) During the hours of ten p.m. until eight a.m., the PRTF maintains a staffing ratio of at least one direct care staff for each eight residents. The PRTF will maintain a minimum of two direct care staff on duty at all times.

(G) The PRTF includes additional staff as needed to meet resident's dietary, educational, social recreational and other needs.

(H) If ~~the PRTF is hospital based or~~ there is another residential facility or outpatient services on the grounds ~~where the PRTF is located~~, when direct care and nursing staff are on-duty in the PRTF, these staff are specifically assigned to the PRTF with duties separate from other services, e.g. acute, other residential or outpatient services.

(I) The PRTF increases staff when necessary to meet the acuity needs of the young person.

(J) The following staff shall be on call at all times and available to come on-site to the PRTF when one is not available on-site:

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- (1) Psychiatrist, clinical nurse specialist or certified nurse practitioner. If the staff person available to come on-site is not a psychiatrist, a psychiatrist shall be on call.
- (2) Licensed clinician ~~or psychiatric advance practice nurse.~~ **With the exception of a certified nurse practitioner,** ~~This does not include staff who are registered or certified by an Ohio licensing board, e.g. a registered social work assistant or certified chemical dependency counselor~~ **assistant.**

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5122-41-0807 Individual plan of care and services.

(A) Active treatment. PRTF services must involve “active treatment”, which means implementation of a professionally developed and supervised individual plan of care, described in paragraph (B) of this rule that is:

- (1) Developed and implemented no later than seventy-two hours after admission; and
- (2) Designed to achieve the young person’s discharge from the PRTF at the earliest possible time.

(B) Individual plan of care.

(1) The individual plan of care shall be in writing and developed for each young person in order to improve their condition to the extent that PRTF care is no longer necessary.

(2) The plan of care must:

- (a) Be based on a diagnostic evaluation that includes examination of the medical, psychological, social, behavioral and developmental aspects of the young person’s situation and reflects the need for PRTF care.
- (b) Be developed by a team of professionals specified in paragraph (D) of this rule in consultation with the young person and their parent / caregiver and legal guardians if applicable.
- (c) State treatment objectives.
- (d) Prescribe an integrated program of therapies, activities, and experiences designed to meet the objectives.

(C) The plan must be reviewed every thirty days by the team specified in this rule to:

- (1) Determine that services being provided are or were required to be provided in a PRTF, and
- (2) Recommend changes in the plan as indicated by the young person’s overall progress in the PRTF.

(D) Team developing and reviewing individual plan of care.

(1) The individual plan of care developed in accordance with this rule must be developed and reviewed by an interdisciplinary team ~~comprised of physicians~~ a physician and other personnel who are employed by or provide services to the young person in the PRTF and their family / caregiver.

(2) Based on education and experience, including competence in child psychiatry, the team must be able to:

- (a) Assess the young person’s immediate and long-range therapeutic needs, developmental priorities, and personal strengths and liabilities;
- (b) Assess the potential resources of the young person’s family / caregiver;
- (c) Set treatment objectives; and
- (d) Prescribe therapeutic modalities to achieve the plan's objectives.

(3) The team must include, as a minimum, either:

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(a) A board-eligible or board-certified psychiatrist;

(b) A clinical psychologist who has a doctoral degree and a physician licensed to practice medicine or osteopathy; or

(c) A physician licensed to practice medicine or osteopathy with specialized training and experience in the diagnosis and treatment of mental diseases/illness, and a clinical psychologist who has a master's degree in clinical psychology.

(4) The team must also include one of the following:

(a) An individual with competency in behavioral health and who is a licensed social worker or independent social worker, licensed professional counselor or professional clinical counselor, or licensed marriage and family therapist or independent marriage and family therapist;

(b) A registered nurse, certified nurse practitioner or clinical nurse specialist with specialized training or one year's experience in treating individuals with behavioral health needs, e.g. mental illness and/or substance use disorder; or

(c) A licensed psychologist.

(E) Each young person shall receive the following treatment services:

(1) Physical health examination by a physician or advanced practice registered nurse within forty-eight hours of admission.

(2) Psychiatrist or other qualified physician:

(a) Completes a psychiatric evaluation within forty-eight hours of admission.

(b) Has face-to-face contact with the young person at least every 14 days, or more frequently based upon individual need.

(3) Individual counseling at least two times per week, totaling at least ninety minutes.

(4) Group counseling at least three times per week, totaling at least three hours.

(5) Family / caregiver counseling at least two times per month, unless clinically contraindicated and documented in the record or not permitted by the custodial agency or a court order.

(6) Medication administration when prescribed.

(7) Nursing services available at all times and provided when clinically indicated.

(8) Substance use disorder treatment provided in accordance with the American society of addiction medicine (ASAM) criteria when clinically indicated and included in the PRTF's admission criteria.

(9) Education services that meet the minimum standards as prescribed by the state board of education, whether through a public school or through a charter or non-public (private) school operated by or at the PRTF. The PRTF shall coordinate education services provided in coordination with the PRTF's local and the young person's school district when applicable.

(10) Organized recreational activities.

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(11) Provide directly or arrange and provide transportation to other medical services, including but not limited to, laboratory, dental, vision, physical, speech and occupational therapy.

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5122-41-0908 **Staff training.**

(A) All clinical staff will receive initial training within thirty days of hire and on-going training in evidence-based practices utilized by the PRTF.

(B) All staff:

(1) Receive the following initial training within thirty days of hire into a position in the PRTF and at least every 12 months thereafter:

(a) Trauma informed care.

Staff with a current Level 2 or Level 3 Trauma Informed Care certificate issued by the Ohio child care resource and referral association are exempt from the annual trauma training requirement. Staff that do not renew their Level 2 or Level 3 certificate must complete annual trauma training.

(b) De-escalation strategies which includes practicing techniques presented.

(2) Complete the following national CLAS standards on-line training within thirty days of hire:

(a) “Improving Cultural Competency for Behavioral Health Professionals”, or

(b) “Culturally Competent Nursing Care: A Cornerstone of Caring”, or

(c) “A Physician’s Practical Guide to Culturally Competent Care”.

(d) Complete the health care provider communication guide.

(e) The PRTF administrator will also complete the health care administrator communication guide.

(3) Complete the on-line training available from the building bridges initiative, titled “calming and coping strategies for youth receiving residential interventions: basics of sensory approaches” within thirty days of hire.

(D) All non-clinical staff will complete “mental health first aid for Youthyouth” training within ninety days of hire.

(E) After initial training, direct care staff excluding credentialed clinical and nursing staff receive at least twenty hours of relevant on-line or in person training every twelve months. Examples of topics include mental illness, substance use disorder, working with residential youth, family engagement. The training required by paragraph (B)(1) of this rule may be included in the twenty hours.

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5122-41-~~1009~~ **Data, outcomes and performance improvement.**

(A) The PRTF collects and analyzes PRTF performance improvement and outcomes data in accordance with rules 5122-26-16, 5122-28-03 and 5122-28-04 of the administrative code to identify areas of focus and performance improvement, including:

(1) Referral, e.g. response to referrals;

(2) Family / caregiver and young person engagement, e.g. participation in treatment team meetings; and

(3) Transition and discharge, e.g. average length of stay, young persons discharged to community setting.

(B) The PRTF solicits and responds to any feedback from a young person and/or family / caregiver during the PRTF stay, and at transition / discharge.