

Big Bend Community Based Care Policy & Procedure

Series: 300: Medical and Behavioral Health Care

Policy Name: Purchase of Residential Treatment Services (PRTS)

Policy Number: 313

Origination Date: 5/3/2017 **Revised:** Board Meeting of 12/13/2018

Regulation: 39.407, F.S.
Ch. 394, F.S.
65E-9, F.A.C.
65E-10, F.A.C.
Florida Rule of Juvenile Procedure 8.350

Referenced Documents:

300-313 x 1, Purchase of Residential Treatment Services (PRTS) Application

Policy

Residential mental health treatment is provided to children/adolescents for the specific purpose of addressing their mental health needs through observation, diagnosis, and treatment in a therapeutic setting. Residential mental health treatment services are not intended to be used for emergency placements or to provide secure shelter for a child/adolescent. Children/adolescents in acute psychiatric crisis should be referred to a crisis stabilization unit for emergency screening and stabilization. Residential treatment centers are licensed and monitored by AHCA or DCF.

The purpose of this document is to define the policy for eligibility, referral, approval, and reauthorization for residential treatment for children and adolescents to include utilization of the Purchase of Residential Treatment Services (PRTS) and general mental health funding. The level of care can include a residential treatment center, specialized therapeutic group care, SAFE house or other settings that can be identified based on the client's need and availability of services. Big Bend Community Based Care (BBCBC) has defined PRTS services to be comparable to the residential level I covered services defined in 65E-14, F.A.C., as licensed services providing a structured, live-in, non-hospital setting with supervision on a 24/7 basis.

Procedure

A. Teams.

1. **Residential Review Team (RRT).**
 - a. Circuit Care Coordinators (Circuits 1, 2, and 14).
 - b. Big Bend CBC Child Welfare Representative.
 - c. Families First Network Representative.
 - d. Partnership for Strong Families Representative.
2. **Youth Specific Team.**
 - a. Youth.
 - b. Caregiver/Family/Guardian.
 - c. Case Manager.

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- d. Clinician.
- e. Other Professionals (DJJ, DCF, etc.).

B. Client Eligibility. This publicly funded residential mental health treatment is intended to serve children and adolescents from Circuits 1, 2, 14, and Madison and Taylor Counties who have been assessed and diagnosed as being emotionally disturbed by a psychiatrist or clinical psychologist who has specialty training and experience with children per Section 394.4781, F.S., and who meet the following criteria:

1. Non-Dependent Youth Not Covered by Medicaid or Other Insurance.

- a. Be under the age of 18.
- b. Be assessed within ninety (90) days prior to placement by a psychologist or a psychiatrist licensed to practice in the State of Florida, with experience or training in children's disorders; who attests, in writing, that:
 - i. The child has an emotional disturbance as defined in subsection 394.492(5), F.S., or a serious emotional disturbance as defined in subsection 394.492(6), F.S.
 - ii. The emotional disturbance or serious emotional disturbance requires treatment in a residential treatment setting.
 - iii. A less restrictive setting than residential treatment is not available or clinically recommended.
 - iv. The treatment provided in the residential treatment setting is reasonably likely to resolve the child's presenting problems as identified by the psychiatrist or psychologist.
 - v. The nature, purpose, and expected length of treatment have been explained to the child and the child's parent or guardian.
- c. The family agrees to participate in treatment.

2. Dependent Youth Who Have Been Recommended Program Not Covered by Medicaid.

- a. Be under the age of 18.
- b. Must have completed all requirements including application for and completion of suitability assessment that recommends the level of care being requested.
- c. It is understood that the family may not be able to participate in treatment, however, if family or a significant caregiver is active in the youth's life, they must participate in treatment.

3. Dependent Youth Identified as Victims of Human Trafficking.

- a. Meet the definition of Commercial Sexual Exploitation of a Child (CSEC) under CFOP 170-14.
- b. Assessment and referral for a SAFE house.
- c. It is understood that family may not be available to participate in treatment. However, if family or a significant caregiver is active in the youth's life, they must participate in treatment.

C. Referral Process.

1. Non-Dependent Youth Not Covered by Medicaid or Other Insurance.

- a. A referral packet will be presented by the Community Case Manager. The packet will include the residential application, a recommendation for residential services completed within ninety

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(90) days by a psychiatrist or psychologist, clinical records, a completed sliding fee scale assessment and corresponding proof of income, and documentation to support a higher level of care.

- b. The referral will be submitted to the ME Care Coordinator for the circuit in which the child resides.

2. Dependent Youth Who Have Been Recommended for a Program Not Covered by Medicaid.

- a. A packet will include the residential application, the suitability assessment, and clinical records.
- b. The referral will be submitted to the ME Care Coordinator for the circuit which has dependency jurisdiction.

3. Dependent Youth Identified as Victims of Human Trafficking.

- a. A packet will be presented by the Community Based Care (CBC)/Utilization Management (UM) that includes documentation of eligibility for CSEC, clinical records, and the assessment recommending a SAFE house.
- b. The referral will be submitted to the ME Care Coordinator for the circuit which has dependency jurisdiction.

4. The ME Care Coordinator will review each packet for completeness and opportunities to divert the child to a lesser level of care. If diversion is not possible, the ME Care Coordinator will call a meeting of the Residential Review Team and include the Youth Specific Team. This is a Multi-Disciplinary Team staffing.

D. Approval Process.

1. The RRT will meet to determine if the child is in need of the requested level of care and approve funding for placement, if funding is available.
2. All RRT members should attend each meeting regardless of the youth's geographic area. At least three (3) of the five (5) RRT members must be present (in person or by phone) for any initial or renewal approval.
3. All RRT members present must agree on initial approvals and renewals.
4. The child's geographic area should not be part of the approval consideration.
5. The RRT will determine the number of days for which funding is approved.
6. Approval will be documented in the child's case management file.
7. If a waitlist is established, the RRT Lead will be responsible for tracking the waitlist.

E. Placement.

1. The Community Case Manager, Dependency Case Manager, or CBC placement staff will arrange for placement at an appropriately licensed treatment facility that is contracted with a local CBC or ME for the appropriate level of care.
2. The RRT lead will ensure a copy of the license and contract for each treatment facility is on file.
3. A Rate Agreement between the facility and BBCBC detailing the rate, data requirements, length of funding approval, and referencing the facility's local contract will be signed by both parties prior to the child being placed.

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F. Renewals.

1. While the child is in placement, the Community Case Manager or Dependency Case Manager will maintain regular contact with the child and treatment facility.
2. The RRT and Child's specific team will meet at the appropriate time to review the child's status and need for continued residential placement.
3. The RRT will determine the number of days for which continued funding approval is renewed.
4. The Rate Agreement with the treatment facility will be renewed and sent to the facility.

G. Responsibilities.

1. Residential Review Team Lead.

- a. Facilitate all staffings.
- b. Track approvals and renewals.
- c. Ensure all approvals/renewals have adequate funding. This includes projections for the child's entire length of stay at the facility. Funding and projection spreadsheets will be used to ensure budgeted funding is not exceeded.
- d. Report spending projections to the Chief Financial Officer (CFO) as requested.
- e. Ensure the provider's local CBC or ME contract is on file prior to placement.
- f. Ensure the Rate Agreement has been signed prior to placement.
- g. Track Waitlist, if developed.

2. ME Care Coordinators.

- a. Work with Community Case Managers and Dependency Case Managers to identify opportunities to divert children from higher levels of care.
- b. For children in residential treatment, work with the child's Community Case Managers and Dependency Case Managers to ensure services identified in the child's discharge plan are accessible.

3. ME Data Administrator.

- a. Ensure each treatment facility is established as a provider in the ME data system.
- b. Work with treatment facility to obtain required monthly service data in order to support ME funding.
- c. Upload monthly treatment service data into the ME data system.

4. ME Contract Manager.

- a. Collect and file the provider contracting documents and rate agreement forms from the RRT Lead.
- b. Ensure the provider's service data has been collected by the ME Data Administrator prior to processing any provider invoices for payment.