<table>
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<tr>
<th>Service Name</th>
<th><strong>PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY (PRTF)</strong></th>
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<td>Setting</td>
<td>Inpatient hospital or non-hospital based</td>
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<td>Facility License</td>
<td>PRTF as required by the Department of Public Health.</td>
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<td>Basic Definition</td>
<td>A Psychiatric Residential Treatment Facility (PRTF) is a facility that provides inpatient psychiatric services to individuals under the age of 19. A PRTF will provide the inpatient psychiatric services under the direction of a physician, will be accredited and will comply with all the requirements of applicable state and federal regulations.</td>
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| Service Expectations | - Requires a certificate of need by an independent team that includes a physician.  
- The certificate of need is required to identify community resources do not meet the individuals need, the individual requires inpatient services, and the services can be expected to improve the individuals condition or prevent further regression.  
- Inpatient psychiatric service are required to involve “active treatment” which means implementation of a professionally developed and supervised individual plan of care, which is designed to achieve the individual’s discharge from inpatient status at the earliest possible time.  
- An Initial Diagnostic Interview (IDI) must be completed prior to the beginning of treatment and functions as the initial treatment plan until a comprehensive treatment plan is developed.  
- The comprehensive treatment plan will be developed by an interdisciplinary team, the individual, and their family/legal guardians. The treatment plan is based off evaluations of the individual’s medical, psychological, social, behavioral and developmental needs. The treatment plan will identify objectives, the therapies/activities designed to meet those objectives and a discharge plan. The comprehensive treatment plan will be completed within 14 days post admit.  
- The discharge plan must identify the anticipated caregiver, what school the individual will attend, recommendations for the Individual Educational Plan (IEP), outline the aftercare treatment plan, and identify potential barriers to the community reintegration and what has/is being done to address those barriers.  
- The treatment plan will be reviewed every 30 days by the team.  
- A PRTF individual shall receive 40 hours of psychotherapy and other treatment interventions each week which include: individual, group and family psychotherapy/substance use disorder counseling; OT/PT; speech; laboratory services; transportation; medical services as necessary; and nursing services available 24/7 (may be on call during sleep hours).  
- The following psych educational services are to be provided for individuals with identified need in these areas: crisis intervention; life skills; social skills; substance use; self-care; medication; health care (nutrition, hygiene and personal wellness); vocational planning; and recreational activities.  
- Use of restraint and seclusion will be in compliance with federal standards and facility licensing requirements.  
- Facilities will be in compliance with CFR title 42; Chapter IV; Subchapter G; Part 483; Subpart G regarding use of restraint or seclusion in Psychiatric Residential Treatment Facilities providing inpatient psychiatric services for individuals under age 21. |
| Length of Service | Length of service is individualized and based on clinical criteria for admission and continuing stay, as well as the individual’s ability to make progress on individual treatment/recovery goals. |
| Staffing | - Supervising practitioner (required to be a physician);  
- Clinical director: APRN; Physician with a specialty in psychiatry, Psychologist, LIMHP and/or LMHP with appropriate licensure by the Department of Public Health; |
- Therapist: LMHP; LIMHP; PLMHP; LADC; a licensed and/or provisionally licensed Psychologist; licensed APRN or physician with a specialty in psychiatry;
- Registered Nurse or APRN; and
- Direct care staff: must be 21 years of age and meet one of the following requirements:
  - have a minimum of two years’ experience working with children, or
  - two years education in the human service field or a combination of work experience and education with one year of education substituting for one year of experience.

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<th>Staffing Ratio</th>
<th>1:4 during awake hours and 1:6 during sleep hours.</th>
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<td>Hours of Operation</td>
<td>24/7 awake staffing.</td>
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**Desired Individual Outcome**
- Symptoms are stabilized and the individual no longer meets clinical guidelines for PRTF level of care.
- The individual has made substantial progress on his/her self-developed recovery plan goals and objectives, and developed a crisis relapse/prevention plan.
- The individual is able to be safely treated in the community.

**Admission guidelines**
- PRTF level of care is recommended by a team, including a physician, who determine that a physician supervised residential/inpatient setting is the most clinically appropriate service.
- Less restrictive approaches have been tried and were not successful or were determined to not be appropriate to meet the individual’s needs.
- The individual’s psychiatric condition requires services on an inpatient basis under the direction of a physician.
- The individual demonstrates severe and persistent symptoms and functional impairments consistent with a DSM, current edition, diagnosis that requires 24 hour residential psychiatric treatment under the direction of a physician.
- The individual’s symptoms/severe functional impairments include at least one of the following:
  - Suicidal/homicidal ideation;
  - Substance use disorder that meets ASAM level of care 3.7;
  - Persistent or medically significant self-injury behaviors;
  - A pattern of physical and verbal aggression;
  - Significant eating disorder symptoms;
  - Severe mood instability;
  - Psychotic symptoms; or
  - Sexually harmful behaviors
- The Services can reasonably be expected to improve the individual’s condition or prevent further regression so that the services will no longer be needed.

**Continued stay guidelines**
- The primary reason(s) the individual met admission guidelines continues to require ongoing treatment, or are replaced with other symptoms or functional impairments that meet admission guidelines.
- The services continue to be reasonably expected to improve the individual’s condition or prevent further regression so that the services will no longer be needed.
- The active treatment plan includes intensive family interventions. If this requirement cannot be met, the reasons must be reported and efforts to involve family members continued. Under some circumstances an alternative plan, aimed at enhancing the individual’s connection with other family members or supportive adults may be an appropriate substitute.
- A less restrictive level of care cannot yet meet the individual’s treatment needs.