

## Attachment 4

### INTERIM GUIDELINES FOR RESIDENTIAL TREATMENT FACILITIES

In order to qualify for reimbursement as a residential treatment facility providing service to children with mental health treatment needs, a provider agency must be licensed as a residential child care facility pursuant to 55 PA code, Chapters 3680, 3810 and meet the following criteria:

1. A written service description must guide the agency's operations and delivery of services. The service description must be approved by the area Office of Mental Health as demonstrating the provider's ability to develop, support, and maximize the quality of life and functional abilities of children and adolescents with severe and/or persistent psychiatric disabilities and must include at a minimum:
  - a. the philosophy of the program;
  - b. the population served, included the number of children served, age groups, presenting problems, and other relevant characteristics of the population;
  - c. the goals, objectives, and expected outcomes of the program;
  - d. the mechanisms by which the needs of persons with multiple disorders or disabilities are addressed;
  - e. the specific disciplines and procedures to support inter-disciplinary team interaction in meeting the identified needs of the persons served as they relate to the overall goals and services of the program;
  - f. the types and amounts of services the program will provide to children, including staffing levels, clinical services, and other items for which reimbursement is allowed.
2. Program personnel must acquire sufficient information and maintain current information to assist identifying the child's and family's needs. Information must include, at a minimum:
  - a. the strengths of the individual and family
  - b. the presenting problem;
  - c. history of previous mental health service;
  - d. medical history and status;
  - e. diagnosis(es);
  - f. mental status;
  - g. emotional and behavioral functioning;
  - h. social history, which describes the person's current and historical life situation, especially including cultural, ethnic, and religious factors and expectations;
  - i. drug use profile, if applicable;
  - j. the role of the family within the developmental process.
3. Program staff must have credentials, experience, and ongoing training relevant to the mental health service needs of an effective interventions for children, adolescents, and their families.
4. Program staff must maintain information on and provide arrangements for the client to secure and maintain basic entitlements and other benefits, - e.g., SSI, Medicaid, insurance coverages, etc.
5. Program staff must include a medical director or medical consultant who:
  - a. coordinates and/or advises on medical matters;
  - b. has training and/or specific experience in dealing with the needs of children and adolescents with mental health service needs;
  - c. provides direction/consultation on a regular basis and as dictated by the needs of the person served.

6. Program staff must inform the child and the family about contacting and using local/regional advocacy groups.
7. Each child must have a written treatment plan, which is outcome oriented and specific, describing the services to be supplied. The treatment plan must be developed by the provider treatment team in conjunction with the County Interagency Service Planning Team which includes a parent or guardian, an educational specialist, and appropriate clinical and support personnel. The plan must include the education program that the child requires. Wherever possible, parents and other family members must be included in the development of treatment plans and the evaluation and delivery of services. Parents must approve the treatment plan and must be involved in and notified of any significant changes to the plan, including changes in medication (with the exception of emergency life sustaining services) before they are implemented.
8. Each child's treatment plan must be reviewed and updated at least quarterly by the team identified above and the county case manager.
9. When treatment involves disruption of the child's day-to-day educational environment, the agency must provide or make formal arrangements for educational needs in the least restrictive environment appropriate to the child's needs and , to the extent possible, in a public school setting.
10. Provide the following services as appropriate or, for those services not provided, supply referral resources and assist the child or family members in obtaining such services:
  - a. Case management.
  - b. Partial hospitalization programs.
  - c. Outpatient therapy services.
  - d. Psychological services.
  - e. Medication management.
  - f. Inpatient programs.
  - g. Medical services, including psychiatric, pharmacological, health maintenance, and dental.
  - h. Emergency/crisis intervention.
  - i. Alcoholism and other drug dependency treatment.
  - j. Community housing programs.
  - k. Domestic violence services.
  - l. Recreation/leisure services.
  - m. Social/protective services.
  - n. Vocational rehabilitation.
11. The physical plant, furniture, and equipment must be configured in a manner that takes into account the needs and protection of children or adolescents according to the age and development of population served.
12. A written policy regarding visitation, including therapeutic leave, and communication with a child's family and friends must be developed and maintained at the agency. The policy should state that visitation as well as telephone and other communication with family and friends will be available consistent with the child's treatment plan and with reasonable wishes of the child and family. The policy must prohibit the denial or reduction of visitation, including therapeutic leave, and communication for punitive or disciplinary reasons.
13. A written policy regarding the indications for the use of restrictive procedures must be developed and maintained at the agency. Seclusion or restraint of the child is prohibited. Seclusion is defined as placing a child in a locked room. The use of a time-out room or time-out practice, as well as passive restraint, is permitted as approved by the County MH/MR Program Office and parents of the child. The policy for restrictive procedures must define the use of specific types of restrictive procedures, and must describe: the circumstances in which such procedures may be used; the persons who may authorize such procedures; a mechanism to monitor the use of such procedures; and a process by which the child and family may review the use of such procedures.
14. The agency must insure availability of placement in situations requiring temporary, more intensive care. If a child has been transferred to a more intensive level of care, the child must immediately be returned to the provider agency when the condition is stabilized, if residential care is warranted. In effect, the provider must ensure that the child will not be ejected from the program without approval of the parents and the County Office of Mental Health of the county of residence.