SECTION .1900 - PSYCHIATRIC RESIDENTIAL TREATMENT FOR CHILDREN AND ADOLESCENTS

10A NCAC 27G .1901 SCOPE

(a) The rules in this Section apply to psychiatric residential treatment facilities (PRTF)s and as described in §483.350 – §483.376 .

(b) A PRTF is one that provides care for children or adolescents who have mental illness or substance use/addiction disorders ~~abuse/dependency~~ in a non-acute inpatient setting.

(c) The PRTF shall provide a structured living environment for children or adolescents who do not meet criteria for acute inpatient care~~,~~ but do require supervision and specialized interventions on a 24-hour basis.

(d) Therapeutic interventions shall be strengths based and individualized to ~~address functional deficits associated with~~ the child or adolescent's diagnosis, ~~and include~~ psychiatric, ~~treatment and specialized~~ substance ~~ab~~use, and mental health and functional needs. ~~therapeutic care~~. These therapeutic interventions and services shall be designed to address the treatment needs necessary to facilitate a move to a less intensive community setting.

(e) All therapeutic interventions shall be evidenced based/evidence informed, trauma informed, individualized for each child or adolescent, and promote resiliency. Interventions shall support the following goals for each child and adolescent: increased coping and problem-solving skills; increased resiliency and healthy help seeking behaviors; improvement in developmentally appropriate functioning in specified life domains; and improved ability to manage symptoms and needs in a less restrictive setting and shall support the following goals for the child or adolescents' family or caregiver: increased engagement in formal treatment services for their child and increased capacity to support them to sustain progress in managing symptoms.

(~~e~~ f) The PRTF shall serve children or adolescents for whom removal from home or a community-based residential setting is essential to facilitate treatment.

(~~f~~ g) The PRTF shall coordinate with other individuals and agencies within the child or adolescent's catchment area.

(~~g~~ h) Each licensed ~~The~~ PRTF shall be accredited through one of the following: Joint Commission ~~on Accreditation of Healthcare Organizations~~; the Commission on Accreditation of Rehabilitation Facilities; the Council on Accreditation or other national accrediting bodies as set forth in the Division of ~~Medical Assistance~~ Health Benefits (NC Medicaid) Clinical Coverage Policy Number 8D-1, Psychiatric Residential Treatment Facility, including subsequent amendments and editions. A copy of Clinical Policy Number 8D-1 is available at no cost from the Division of Medical Assistance website at https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/behavioral-health-clinical-coverage-policies

History Note: *Authority G.S. 122C-26; 143B-147;*
Eff. November 1, 2005;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. July 20, 2019.

10A NCAC 27G .1902 STAFF

(a) Each facility shall be under the direction a physician board-eligible or certified in child psychiatry or a general psychiatrist with experience in the treatment of children and adolescents with mental illness.

(b) A psychiatrist or psychiatric nurse practitioner shall be available 24 hours a day, 7 days a week, 365 days a year and have weekly contact with each child or adolescent.

(~~b~~ c) At all times, the PRTF must have ~~at least~~ two direct care staff members ~~shall be~~ present in each residential unit and maintain a minimum ratio of 1 staff to 3 children or adolescents. ~~with every six children or adolescents in each residential unit.~~

(~~c~~ d) If the PRTF is hospital based, staff shall be specifically assigned to this facility, with responsibilities separate from those performed on an acute medical unit or other residential units.

~~(d) A psychiatrist shall provide weekly consultation to review medications with each child or adolescent admitted to the facility.~~

(e) The PRTF shall provide 24 hour on-site coverage by a registered nurse.

(f) The PRTF shall provide at least one full-time licensed or associate professional to lead individual, family and group therapy for each child or adolescent.

(g)Each PRTF shall employ a Family Partner to provide direct engagement, support, and advocacy to the family of each child and adolescent served. A Family Partner must meet criteria for a Paraprofessional have at least four years of experience working with children/adolescents/transition aged youth and personal lived experience, have lived experience as a primary caregiver for a child who has/had mental health, substance use disorders, or intellectual/developmental disability; and experience in navigating any of the child and family-serving systems and

teaching family members who are involved with the child and family serving systems. Family Partners must achieve certification as a Family Peer Specialist by the National Federation of Families for Children's Mental Health within 18 months of hire and maintain active certification while in the role.
(h) In addition to all training required for PRTF staff must complete a minimum of 15 hours of training in trauma informed care and treatment, supporting sensory needs of children and adolescents, family driven care, resiliency support, and cultural and linguistic competence within 30 days of hire.
(i) PRTF programs shall also provide additional staff including licensed professionals, registered nurses, qualified professionals, associate professional or paraprofessionals and any additional staff with disability-specific knowledge, skills, training, and abilities based on the age, disability and acuity of the population being served.

History Note: *Authority G.S. 122C-26; 143B-147;*
Eff. November 1, 2005;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. July 20, 2019.

10A NCAC 27G .1903 OPERATIONS

(a) A PRTF may have more than one residential unit. Each unit of a PRTF shall serve no more than 12 children or adolescents except as set out in Paragraph (b) of this Rule. Each residential unit shall be administered, staffed, and located to function separately from all other residential units in the facility.
(b) A facility licensed to provide PRTF services with a unit capacity of greater than 12, as of the effective date of these Rules may continue to provide these services at that greater capacity and may continue to renew its license at that greater capacity.
(c) The PRTF shall coordinate with other individuals and agencies within the child or adolescent's catchment area or others outside of the catchment area in consultation with the managed care organization.
(d) Each PRTF shall have the necessary infrastructure and leadership that has clearly defined and documented implementation of: mission, vision, and values that establish trauma sensitive, strengths based treatment cultures that promote collaboration rather than control or other coercive practices; a training, coaching, and supervision plan for staff at all levels of the organization; a plan for and evidence of the use of data to inform practices; and a plan and evidence of the plan to reduce or eliminate the use of restraint and seclusion (if used by the facility).
(e) Prior to admission, the PRTF shall provide in writing and review with all parents and legal guardians program goals, models of care/therapeutic interventions, family participation expectations, opportunities for family involvement, program expectations, how to contact staff and child or adolescent, anticipated length of stay, and discharge criteria.
(f) Children and adolescents in locked and unlocked PRTFs are entitled to judicial review upon admission.
(g) Each child or adolescent admitted to a PRTF shall have the following assessments:

- Within 12 hours of admission, each child and adolescent shall have a medical assessment completed by a registered nurse.
- A psychiatrist or psychiatric nurse practitioner shall conduct an initial psychiatric assessment of each child and adolescent within 72 hours of admission to the facility.
- If a trauma assessment is not available upon admission or does not reflect recent trauma history, one will be completed within 7 days of admission by licensed clinician. Trauma treatment and related goals shall be included in the individualized treatment plan and carried out as indicated.

(h) Each facility shall operate 24-hours a day and shall provide active treatment seven days a week and each day of the year. Direct care staff shall provide supervision and implement therapeutic interventions to build resiliency, enhance daily living skills, and promote safety. Therapeutic interventions are implemented by staff under the direction of a licensed professional.
(i) The licensed professional shall provide individual therapy sessions at least twice per week, family sessions at least twice per month, and group sessions as outlined in the individualized treatment plan.
(j)The psychiatrist, psychiatric nurse practitioner or a pharmacist shall provide medication reviews for all children and adolescents at least monthly.
(k) The Family Partner shall engage weekly with each child or adolescent's family during placement in a PRTF. Activities shall take place in the PRTF, in the family's home and/or community as in the best interest of the child or adolescent and family.

(l) PRTF staff shall provide opportunities for community activities that support treatment goals for each child and adolescent. Family Therapy and family engagement interventions shall be provided in the licensed facility as well as in the family's home and/or community, unless otherwise indicated by the treatment plan.
(m) Each facility shall have a quality improvement program. Quality improvement initiatives in PRTFs shall include a plan to reduce or eliminate the use of restraint and seclusion (if used by the facility), monitor trends in the use of psychotropic medications, increased engagement of families while in placement, and other metrics needed to achieve child and family outcomes.
(n) PRTFs shall promote empowerment of children and adolescents by involving them in decision making about their treatment and by providing opportunities to support development of leadership, decision making, and empowerment skills.
(~~e~~o) Discharge planning shall begin on the day of admission. Efforts for discharge to a less restrictive community residential setting shall be documented from the date of admission. Legally responsible persons, family members or both and the child or adolescent shall be present at discharge planning meetings. Discharge plans shall include the supports families and guardians need during treatment to prepare for discharge from the PRTF. When a child or adolescent does not have an identified family, the PRTF shall prioritize collaborating with DSS to find and engage permanent connections while in placement.
~~(d) Each facility shall operate 24-hours a day, seven days a week and each day of the year.~~
(~~e~~p) Family members or other legally responsible persons shall be involved in the development and implementation of treatment plans in order to assure a smooth transition to a less restrictive community setting.
(q) Children and adolescents in a PRTF shall have access to privacy for phone calls, video calls, visits, and other contact or communication with families, legal guardians, and others identified in the treatment plan or as required by law.
(~~f~~r) Children or adolescents residing in a PRTF shall receive educational services through a facility-based school. Educational services shall meet applicable standards as required by federal and State law. Upon admission the PRTF shall request from the Local Education Agency all academic and other records necessary for the provision of appropriate education services and supports. PRTFs shall also maintain compliance with Senate Bill 744 2014-100 Appropriations Act of 2014: EDUCATION OF CHILDREN IN PRIVATE PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES.
(~~g~~s) Each child or adolescent shall be entitled to age-appropriate personal belongings unless such entitlement is counter-indicated in the treatment plan.
(t) Each PRTF shall have and provide each child and adolescent access to sensory items that promote safety, relaxation, and healing.

History Note: *Authority G.S. 143B-147;*
Eff. November 1, 2005;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. July 20, 2019.

10A NCAC 27G .1904 TRANSFER OR DISCHARGE
(a) The purpose of this Rule is to address the transfer or discharge of a child or adolescent from the facility.
(b) A child or adolescent shall not be discharged or transferred from a facility, except in case of emergency, without step down services authorized and in place and without the advance written notification of the treatment team, including the legally responsible person. For purposes of this Rule, treatment team means the same as the existing child and family team or other involved persons as set forth in Paragraph (c) of this Rule.
(c) Prior to any consideration of a transfer to another PRTF placement, the provider shall request a care review with the managed care organization.
(d) Upon discharge from a PRTF, the psychiatrist or psychiatric nurse practitioner shall provide prescriptions for current medications to ensure child or adolescent has enough doses until scheduled appointment date with new provider.
(~~e~~e) The PRTF shall meet with existing child and family teams and other involved persons including the parent(s) or legal guardian, area authority or county program representative(s) and other representatives involved in the care and treatment of the child or adolescent including local Department of Social Services, Local Education Agency and criminal justice agency, to make service planning decisions prior to the transfer or discharge of the child or adolescent from the facility.

(f) Prior to discharge the PRTF shall provide to the new Local Education Agency all academic records and other documentation necessary for the provision of appropriate educational services and supports.
(~~d~~g) In case of an emergency, the facility shall notify the treatment team including the legally responsible person of the transfer or discharge the child or adolescent within 48 hours. ~~as soon as the emergency situation is stabilized~~.
(eh) In case of an emergency, notification may be by telephone. A service planning meeting as set forth in Paragraph (~~e~~e) of this Rule shall be held within five business days of an emergency transfer or discharge.

History Note: *Authority G.S. 122C-26; 143B-147;*
Eff. November 1, 2005;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. July 20, 2019.