

Title 23: Division of Medicaid

Part 207: Institutional Long-Term Care

Chapter 4: Psychiatric Residential Treatment Facilities

Rule 4.9: Treatment Planning

- A. Treatment planning is defined by the Division of Medicaid as a collaborative venture which the members of various disciplines jointly develop a comprehensive, individualized plan of care for each individual.
 - 1. The treatment plan must be designed to achieve the individual's discharge from inpatient status at the earliest possible time.
 - 2. An initial treatment plan must be in effect within twenty four (24) hours after the resident's admission to the psychiatric residential treatment facility (PRTF).
 - 3. The interdisciplinary treatment team must meet to discuss, approve and implement a more comprehensive treatment plan within fourteen (14) days after the individual's admission, monthly for the first six (6) months and every ninety (90) days thereafter.
 - 4. The treatment plan document must contain evidence of the individual's and his/her parent or legal guardian's active participation in the treatment planning/review/revision process.
- B. The treatment team must include the number of staff members necessary for the optimal treatment of the individual.
 - 1. At a minimum, the team must include one of the following:
 - a) A board-certified child/adolescent psychiatrist or a psychiatrist who has successfully completed an approved residency in child/adolescent psychiatry,
 - b) A psychiatric mental health nurse practitioner (PMHNP) and a physician licensed to practice medicine or osteopathy,
 - c) A licensed clinical psychologist and a physician licensed to practice medicine or osteopathy, or
 - d) A master's level clinical psychologist and a physician licensed to practice medicine or osteopathy with specialized training and experience in diagnosis and treatment of mental illness.
 - 2. The team must also include one (1) or more of the following:
 - a) A licensed certified social worker (LCSW) who has a minimum of one (1) year

experience in treating individuals under the age of twenty-one (21) with serious emotional disturbances (SED), or

- b) A registered nurse who has a minimum of one (1) year experience in treating individuals with SED.
- c) A licensed professional counselor (LPC) who has a minimum of one (1) year experience treating individuals under the age of twenty-one (21) with serious emotional disturbances (SED),
- d) A licensed occupational therapist with specialized training or one (1) year of experience treating mentally ill individuals, or
- e) A master's level clinical psychologist.

C. The treatment plan delineates all aspects of the individual's treatment and includes, at a minimum:

- 1. A diagnostic evaluation that includes examination of the medical, psychological, social, behavioral, and developmental aspects of the individual's situation and reflects the need for inpatient psychiatric care.
- 2. An assessment of the individual's immediate therapeutic needs.
- 3. An assessment of the individual's long-range therapeutic needs.
- 4. An assessment of the individual's personal strengths and liabilities.
- 5. Identification of the clinical problems that are to be the focus of treatment.
- 6. Measurable and realistic treatment goals for each identified problem.
- 7. Observable, measurable treatment objectives that represent incremental progress towards goals, coupled with target dates for their achievement.
- 8. An integrated program of therapies, activities, and experiences designed to meet each objective.
 - a) Special procedures, as defined in Miss. Admin. Code Title 23, Part 207, Rule 4.12, cannot be included in the treatment plan. The treatment plan must address any contraindications or inappropriate interventions for the individual.
 - b) If special procedures become necessary, the treatment plan must be amended or modified within one (1) working day of the first incident to reflect the use of the least restrictive necessary measures. The effectiveness or ineffectiveness of interventions must be evaluated and incorporated into the individual's treatment plan to be used as a

basis for future interventions.

9. The clinician identified as responsible for each aspect of treatment.
10. Identification of goals, objectives and treatment strategies for the family as well as the individual, and identification of the clinician responsible for family treatment. If a geographically distant therapist will be utilized, this must be specified in the treatment plan.
11. An individualized discharge plan that includes:
 - a) Discharge criteria, indicating specific goals to be met,
 - b) An estimated discharge target date, and
 - c) No later than seven (7) days prior to discharge, the discharge plan must also include an aftercare plan that addresses coordination of family, school/vocational and community resources, including recommendations and/or arrangements for further treatment, to ensure continuity of care for the individual.

D. The treatment team must meet to review, and revise if necessary, the individual's treatment plan a minimum of every thirty (30) days or more often when necessary to provide optimum treatment. The treatment review team must assess the individual's progress in treatment by:

1. Noting treatment successes, discussing which objectives and/or goals have been achieved and when, and explaining treatment failures.
2. Making changes in the treatment plan, as needed.
3. Re-assessing the individual's need for continued residential care, as opposed to less restrictive treatment.
4. Noting the individual's measurable progress towards discharge, reviewing/revising the discharge criteria and/or target date as needed.

Source: Miss. Code Ann. §§ 43-13-117, 43-13-121; 42 CFR 441.154(a)(b); 441.155(b)(2); 441.155(c)(1)(2); 441.156(b)(1)(3)(4)(5); 441.156(c)(1)(2); 144.156(d)(1)(2).

History: Revised eff. 05/01/2022.

Title 23: Division of Medicaid

Part 207: Institutional Long-Term Care

Chapter 4: Psychiatric Residential Treatment Facilities

Rule 4.9: Treatment Planning

- A. Treatment planning is defined by the Division of Medicaid as a collaborative venture which the members of various disciplines jointly develop a comprehensive, individualized plan ~~for of the treatment care for~~ ~~each resident individual~~.
 - 1. The treatment plan ~~must be~~ ~~charts a course~~ designed to ~~achieve the individual's discharge from inpatient status at the earliest possible time~~ ~~help the resident move to a less restrictive level of care as quickly as possible~~.
 - 2. An initial treatment plan must be in effect within ~~twenty four (24)~~~~seventy two (72)~~ hours after the resident's admission to the psychiatric residential treatment facility (PRTF).
 - 3. The interdisciplinary treatment team must meet to discuss, approve and implement a more comprehensive treatment plan within fourteen (14) days after the ~~resident's~~ ~~individual's~~ admission, ~~once at the conclusion of the first (1st) month of stay, and once a month thereafter~~ ~~monthly for the first six (6) months and every ninety (90) days thereafter~~.
 - 4. The treatment plan document must contain evidence of the ~~individual~~~~resident~~'s and his/her parent ~~or~~ ~~legal~~ guardian's active participation in the treatment planning/review/revision process.
- B. The treatment team ~~should~~ ~~must~~ include ~~the number of staff members necessary for the optimal as many staff as possible who are involved in the treatment of the resident individual~~.
 - 1. At a minimum, the team must include; ~~either~~ one of the following:
 - a) A board-certified child/adolescent psychiatrist or a psychiatrist who has successfully completed an approved residency in child/adolescent psychiatry, ~~or~~
 - b) A ~~p~~Psychiatric ~~m~~Mental ~~h~~Health ~~n~~Nurse ~~p~~Practitioner (PMHNP) and a physician licensed to practice medicine or osteopathy, ~~or~~
 - c) A licensed clinical psychologist and a physician licensed to practice medicine or osteopathy, ~~or~~ -
 - d) A master's level clinical psychologist and a physician licensed to practice medicine or osteopathy with specialized training and experience in diagnosis and treatment of mental illness.

2. The team must also include one (1) or more of the following:

- a) A licensed certified social worker (LCSW) who has a minimum of one (1) years experience in treating children individuals under the age of twenty-one (21) with serious emotional disturbances (SED), or
- b) A registered nurse who has a minimum of one (1) years experience in treating individuals with SED.
- c) A licensed professional counselor (LPC) who has a minimum of one (1) year experience treating individuals under the age of twenty-one (21) with serious emotional disturbances (SED).
- d) A licensed occupational therapist with specialized training or one (1) year of experience treating mentally ill individuals, or
- e) A master's level clinical psychologist.

C. The treatment plan delineates all aspects of the resident's individual's treatment and includes, at a minimum:

1. A multi-axial diagnosis.diagnostic evaluation that includes examination of the medical, psychological, social, behavioral, and developmental aspects of the individual's situation and reflects the need for inpatient psychiatric care.
2. An assessment of the resident's individual's immediate therapeutic needs.
3. An assessment of the resident's individual's long-range therapeutic needs.
4. An assessment of the resident's individual's personal strengths and liabilities.
5. Identification of the clinical problems that are to be the focus of treatment.
6. Measurable and realistic treatment goals for each identified problem.
7. Observable, measurable treatment objectives that represent incremental progress towards goals, coupled with target dates for their achievement.
8. An integrated program of therapies, activities, and experiences designed to meet Specific treatment modalities and/or strategies that will be employed to reach each objective.
 - a) Special procedures, as defined in Miss. Admin. Code Title 23, Part 207, Rule 4.12, must cannot be included in the treatment plan. The treatment plan must address any contraindications or inappropriate interventions for the individual, unless justified by current or historical evidence of aggressive behavior which, cannot be controlled by less restrictive interventions.

b) If special procedures become necessary, the treatment plan must be amended or modified within one (1) working day of the first incident to reflect the use of the least restrictive necessary measures. The effectiveness or ineffectiveness of interventions must be evaluated and incorporated into the individual's treatment plan to be used as a basis for future interventions.

9. The clinician identified as responsible for each aspect of treatment.

10. Identification of goals, objectives and treatment strategies for the family as well as the resident individual, and identification of the clinician responsible for family treatment. If a geographically distant therapist will be utilized, this must be specified in the treatment plan.

11. An individualized discharge plan that includes:

- Discharge criteria, indicating specific goals to be met,
- An estimated discharge target date, and
- No later than seven (7) days prior to discharge, the discharge plan must also include an aftercare plan that addresses coordination of family, school/vocational and community resources, including recommendations and/or arrangements for further treatment, to ensure provide the greatest possible continuity of care for the resident individual.

D. The treatment team must meet ~~to staff each resident and to review, and revise his/her if necessary, the individual's treatment plan a minimum of every thirty (30) days as or more often as when necessary to provide optimum treatment.~~ The treatment review team must assess the ~~resident's individual's~~ progress in treatment by:

- Noting treatment successes, discussing which objectives and/or goals have been achieved and when, and explaining treatment failures.
- Making changes in the treatment plan, as needed.
- Re-assessing the ~~child's~~ individual's need for continued residential care, as opposed to less restrictive treatment.
- Noting the ~~child's~~ individual's measurable progress towards discharge, reviewing/revising the discharge criteria and/or target date as needed.

Source: Miss. Code Ann. §§ 43-13-117, 43-13-121; 42 CFR 441.154(a)(b); 441.155(b)(2); 441.155(c)(1)(2); 441.156(b)(1)(3)(4)(5); 441.156(c)(1)(2); 144.156(d)(1)(2).

History: Revised eff. 05/01/2022.