

# APPENDIX B

## Program Description and Monitoring Instrument



## **Intensive Residential Treatment Services (YRM) Program Description**

### **I. General Definition**

A 24-hour intensive residential treatment program for 4 or more youth that provides room & board and treatment services in a residential treatment facility that provides intensive awake night supervision. Services are provided under the direction of a licensed mental health therapist. Services are based on a comprehensive diagnostic evaluation of the medical, psychological, social, behavioral and developmental aspects of the youth with the expectation that the services offered must be reasonably expected to improve the youth's condition or prevent further regression so that services of this intensity will no longer be needed.

### **II. Population to be served**

The program must have the capacity to serve youth with severe emotional, behavioral, or similar disorders who require intensive behavioral treatment, structured therapeutic rehabilitative interventions and continuous monitoring. They may be aggressive or markedly withdrawn, socially isolated, present a moderate risk of causing harm to self /others or have impaired reality testing, communication, cognition, or affect. Their needs can generally not be met in a family-home setting and they require continuous monitoring and supervision, including intensive awake night supervision.

### **III. Provider Qualifications**

- A. The provider must be licensed by the Utah Department of Human Services, Office of Licensing to provide Residential Treatment Services, Intermediate Secure Treatment Services or licensed by the Utah Department of Health to provide Residential Treatment Services.
- B. All persons employed or associated with the provider/licensee shall meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).
- C. The provider must be enrolled as a Medicaid Provider and agree to allow the Division to bill Medicaid, on their behalf, for the covered Medicaid diagnostic and rehabilitative services that are included in the rate paid by the Division to the provider.

### **IV. Provider Capacity**

- A. The provide must have the capacity to provide the following services directly to each client in the program:
  - 1. A comprehensive mental health assessment by a licensed mental health therapist within two weeks of admission to the program. If a mental health therapist, prior to the client's admission to the program, completed an assessment a licensed mental health therapist may update the prior assessment.
  - 2. Review and update of the mental health assessment annually thereafter, or more frequently, if needed, based on any changes in the client's condition.
  - 3. Individual therapy by a licensed mental health therapist of an average of **one** session per week per client, unless otherwise indicated by the assessment and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan.
  - 4. Group therapy by a licensed mental health therapist of an average of **one** session per week per client, unless otherwise indicated by the assessment and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan.
  - 5. Skills development and other rehabilitative services to assist the client to develop competence in basic living skills, appropriate social, interpersonal and communication skills, and compliance with medication regimes. Such services must be provided by licensed or trained staff as indicated by the assessment and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan.
- B. Although not considered a direct part of the program, the provider must have the capacity to arrange for the services listed below as indicated by the client's assessment or treatment plan and approved by the client's DYC case manager. The Division or Medicaid may reimburse such services directly, if approved by the Division, to the provider of the service if Medicaid requirements are met:
  - 1. Psychological testing and evaluation by a licensed Ph.D. Psychologist.
  - 2. Psychiatric evaluation and medication management by a board certified/board eligible child psychiatrist.

- C. The provider must arrange for each client to attend an individualized accredited educational program.

## **V. Staffing Requirements**

### **A. Clinical**

1. **Clinical Oversight:** The program must employ at least one licensed mental health therapist/s to provide management and oversight of the treatment program, ongoing clinical supervision, consultation and training to all direct care staff. The individual or individuals must provide, on average, at least **five** hours of documented management, oversight, supervision, consultation and training per client per month. (For example, if the average daily census in a given month is 3, there must be at least 15 hours of documented service by one or more licensed mental health therapists for that month.);
2. **Clinical and Treatment Services:** The program must employ or contract with a sufficient number of licensed mental health therapists to provide direct treatment services to clients including a comprehensive assessment, individual therapy, group therapy and skills development services to implement treatment plans to improve client's functioning and prevent regression. (Direct service hours by clinical staff may not be counted towards the required hours of management oversight required in item V-A-1 above.)

### **B. Non-Clinical Staff**

1. **Facility Manager:** The program must employ a facility manager who will be responsible for the day-to-day supervision of the residents and the operation of the facility. At a minimum, the facility manager must have a Bachelor's degree or equivalent combination of education and related experience.
2. **Other Non-Clinical Direct Care Staff:** The program must employ a sufficient number of well-trained direct care staff to assure there is adequate 24-hour supervision of the residents during the day, night time sleeping hours, weekends, and school hours.

## **VI. Staff to Client Ratio**

At a minimum, the program must be staffed at a ratio of 1 staff to 4 clients at all times except nighttime sleeping hours when staff may be reduced. However, at least **two** awake direct-care staff must be on duty during nighttime sleeping hours. If there are both male and female clients, then one male and one female staff member must also be on duty at all times.

## **VII. Staff Training Requirements**

- A. **All Staff:** The provider must ensure that all staff (clinical, non-clinical, administrative staff, and volunteers) are well trained and receive at a minimum the following training within the first week of employment:

1. Orientation to the requirements of the contract;
2. Review of the Department of Human Services Code of Conduct that is then signed and placed in the individual's personnel file;
3. Emergency response and evacuation procedures.

- B. **Direct Care Staff (Non-Clinical Staff):** In addition to the above requirements, the provider must provide sufficient documentation to demonstrate that non-clinical direct care staff have received at least the following training as specified:

1. Within the first month of employment, at least 25 hours of training in the subject areas listed in Section VII-A above and as listed below. Prior training may be substituted for the items listed below on an hour-for hour basis if documented and received within two years of employment.
  - a. Basic First Aid and CPR including certification;
  - b. Basic child/adolescent behavior and development;
  - c. If the facility provides services to sexual abuse victims or perpetrators, pre-service training must include sexual abuse victim/perpetrator specific related training including behavioral characteristics, family dynamics, assessment, and treatment issues.
  - d. Other training as needed based on the program model and an assessment of individual staff training needs.
  - f. Division Community Standards and Policy.
2. Within the first 12 months of employment, an additional 25 hours of training in the following subject areas:

- a. Adolescent behavior management and discipline methods including specialized skill training in aggression management;
  - b. Parenting skills and skills development requirements.
  - c. Appropriate court and parole procedures;
  - d. Other training as needed based on the program model and an assessment of individual staff training needs.
3. Annually thereafter, an additional 30 hours of training based on an assessment of individual staff training needs.

## **VIII. Assessment and Treatment Planning**

- A. Assessment: Within two weeks of program admission, each client must have a current comprehensive mental health assessment on file. If the assessment is more than 30 days old or does not meet the following requirements, the provider must conduct or arrange for a review and, when needed, an update or new assessment. The assessment must contain the following:
  1. Must be developed and signed by a licensed mental health therapist in consultation with the client and other individuals who have knowledge of the client.
  2. Must contain a history and evaluation of the client's, emotional and mental adjustment; social functioning (including social, interpersonal and communication skills); basic living skills; academic, educational/vocational status; mental and physical health status.
  3. Must include a summary, diagnostic results, if applicable, and recommendations for treatment.
- B. Treatment Plan
  1. Based on the assessment, an individualized written treatment plan must be developed by a licensed mental health therapist.
  2. The plan must be developed within one month of the client's admission into the program and include consultation with the client, parents, legal guardians or others in whose care the client will be released after discharge.
  3. At a minimum, the plan must address the client's strengths and needs in the following areas: emotional and mental adjustment, social functioning (including social, interpersonal and communication skills); basic living skills; academic educational/vocational; mental and physical health.
  4. The plan must include:
    - a. Individualized treatment objectives to address the client's needs and prescribe an integrated program of therapies, activities and experiences to meet the objectives. Therapies, activities and experiences may include individual therapy; group therapy, medication management, additional or on going diagnostic services and/or skills development, recreational, occupational or other rehabilitative services designed to improve the client's functioning;
    - b. A projected schedule for delivery of services including the expected frequency and duration of each type of planned therapeutic session or encounter;
    - c. The credentials of the individuals who will deliver the services;
    - d. Reasonable measures to evaluate whether the objectives are met;
    - e. Discharge criteria and, at the appropriate time, post discharge plans and coordination of residential services with related community services to ensure continuity of care with the client's family (or others in whose care the client will be released after discharge), school and community;
    - f. Signature of the licensed mental health therapist responsible for overseeing the treatment plan and evidence of approval of the Division case manager.
- C. Review of the Treatment Plan
  1. The plan must be reviewed and updated at least quarterly or more often as needed if there is a change in the client's condition or status or as determined by the licensed mental health therapist responsible for overseeing the treatment program.
  2. The review shall include an update of progress toward established treatment goals, the appropriateness of the services being furnished and the need for the client's continued participation in the program.

## **IX. Documentation**

- A. Facility Administrative Records: The provider will develop/ maintain sufficient written documentation to support the following:
  1. Current License.
  2. Staff training and copies of applicable licensure.

3. Records indicating regular supervision of all direct care staff by clinical staff.
  4. Weekly or daily program schedules indicating the routine and planned activities.
  5. Staff attendance and time sheets.
  6. Client daily attendance and absences including reason for absence.
  7. Facility incident reports.
  8. Any other documentation required in the contract to assure compliance with Division policy and billing requirements.
- B. Individual Client Records: The provider will develop and maintain sufficient written documentation to support the following:
1. Comprehensive mental health assessment and any updates (See Section VIII-A).
  2. Treatment plan developed by a licensed mental health therapist (See Section VIII-B).
  3. Documentation that the licensed mental health therapist responsible for overseeing the client's treatment plan has reviewed the treatment plan at least quarterly (See Section VIII-C).
  4. For each treatment goal, monthly notes summarizing progress toward treatment goals completed by the staff directly providing the service or the staff responsible for overseeing the implementation of the treatment goal. The notes will indicate the methodology and/or activity, frequency and duration of services provided.
  5. Client specific incident reports.
  6. Any other documentation required by the contract to assure compliance with Division policy and billing requirements.

**X. Rate**

- A. The Provider will be reimbursed on a fee for service at the current set daily rate.
- B. The daily rate includes reimbursement for room and board and supervision (including an allotment for clothing, hair care, personal incidentals for each client) and treatment services including assessment and treatment planning, individual therapy, group therapy, skills development services and any other treatment services that are required in Section IV - Provider Capacity. The daily rate does not include reimbursement for psychological evaluation services, psychiatric evaluation services, and medication management services by an MD. In general, academic educational costs are not covered but should be negotiated with the local school district.
- C. Although the Division may authorize reimbursement the provider at the daily rate for up to 10 days per episode to hold a bed when the client is absent from the facility/program under the conditions listed below, Medicaid will allow reimbursement for only 8 absence day per month as indicated below:
1. Planned family/home visit;
  2. Planned visit to prospective foster home, independent living, kin placement, or other prospective home or program.
  3. Unanticipated absence such as a run-away or detention (no Medicaid reimbursement if youth is in a detention facility);
  4. Short-term hospitals or nursing facility stay (no Medicaid reimbursement).

**INTENSIVE RESIDENTIAL TREATMENT SERVICES (YRM) CONTRACT REVIEW**

CONTRACTOR: \_\_\_\_\_ CONTRACT #: \_\_\_\_\_

LOCATION(S): \_\_\_\_\_

CONTRACT PERIOD: \_\_\_/\_\_\_/\_\_\_

REVIEW DATE: \_\_\_/\_\_\_/\_\_\_

| OB<br>NO.   | Objective Description  | COMPLIANCE |    |                           | Comments. |
|---|--|------------|----|---------------------------|-----------|
|   |  | YES        | NO | NEEDS<br>IMPROVE-<br>MENT |           |
| <b>SECTION III SERVICE TYPES - INTENSIVE RESIDENTIAL TREATMENT SERVICES (YRM)</b> |  |            |    |                           |           |
| 1.  | <p><b><u>GENERAL DEFINITION</u></b><br/> <b>CONTRACTOR:</b><br/>                     Provided twenty-four (24) hour intensive residential treatment program for four or more youth that provides room &amp; board and treatment services in a residential treatment facility that provides intensive awake night supervision.<br/>                     Provided services under the direction of a licensed mental health therapist.<br/>                     Based services on a comprehensive diagnostic evaluation of the medical, psychologist, social, behavioral and developmental aspects of the youth with the expectation that the services offered reasonably improved the youth's condition or prevented further regression in order for intensive services to be discontinued.</p>                                      |            |    |                           |           |
| 2.  | <p><b><u>POPULATION TO BE SERVED</u></b><br/> <b>CONTRACTOR:</b><br/>                     A. Served youth with severe emotional, behavioral, or similar disorders who require intensive behavioral treatment, structured therapeutic rehabilitative interventions and continuous monitoring?<br/>                     B. Served youth who may be aggressive or markedly withdrawn, socially isolated, presented a moderate risk of causing harm to self/others.<br/>                     C. Served youth who have impaired reality testing, communication, cognition, or affect?<br/>                     D. Provided required continuous monitoring and supervision, including intensive awake night supervision of the youth.</p>  |            |    |                           |           |
| 3.  | <p><b><u>PROVIDER QUALIFICATIONS</u></b><br/> <b>CONTRACTOR:</b><br/>                     A. Provided services licensed by the Utah Department of Human Services, Office of Licensing to provide Residential Treatment Services, Immediate Secure Treatment Services or licensed by the Utah Department of Health to provide Residential Treatment Services.<br/>                     B. Met the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18) for all persons employed or associated with the provider/licensee.<br/>                     C. Enrolled as a Medicaid Provider and allowed the Division to bill Medicaid, on their behalf, for the covered Medicaid diagnostic and rehabilitative services included in the rate paid by the Division.</p> |            |    |                           |           |

| OB<br>NO. | Objective Description  | COMPLIANCE |    |                           | Comments. |
|-----------|--|------------|----|---------------------------|-----------|
|           |  | YES        | NO | NEEDS<br>IMPROVE-<br>MENT |           |
| 4.        | <p><b><u>PROVIDER CAPACITY</u></b><br/> <b>CONTRACTOR:</b><br/> A. Provided the following services directly to each youth in the program:<br/> (a) A comprehensive mental health assessment by a licensed mental health therapist within two weeks of program admission.<br/> (b) An update of the assessment if completed by a licensed mental health therapist prior to the youth's admission to the program.<br/> (c) A review and update of the mental health assessment annually or more frequently as needed based on changes in the youth's condition.<br/> (d) Skills development and other rehabilitative services to assist the youth to develop competence in basic living skills, appropriate social, interpersonal and communication skills, compliance with medication regimes.<br/> (e) A licensed or trained staff provided the services as indicated by the assessment and direction of the licensed mental health therapist responsible for overseeing the youth's treatment plan.</p>   |            |    |                           |           |
|           | <p>B. Arranged for the services listed below as indicated by the youth's assessment or treatment plan and approved by the DYC case manager:<br/> (a) Skills development or other rehabilitative services by a licensed day treatment program<br/> (b) Individual therapy by a licensed mental health therapist<br/> (c) Group therapy by a licensed mental health therapist<br/> (d) Psychological evaluation by a licensed psychologist<br/> (e) Psychiatric evaluation and medication management by a licensed psychiatrist<br/> C. Arranged for each youth to attend an individualized accredited educational program.</p>  |            |    |                           |           |
| 5.        | <p><b><u>STAFFING REQUIREMENTS</u></b><br/> <b>CONTRACTOR:</b><br/> Provided the following <i>Clinical Services</i>:<br/> A. Clinical Oversight by at least one licensed mental health therapist/s to provide:<br/> (a) Provides management and oversight of the treatment program, ongoing clinical supervision, consultation and training to all direct care staff.<br/> (b) Provides on average at least 5 hours per month of documented management, oversight, supervision, consultation, and training per youth per month<br/> B. Treatment Services by a sufficient number of mental health therapists who:<br/> (a) Provide direct treatment services including comprehensive assessment and skills development services<br/> (b) Implement treatment plans to improve the youth's functioning and prevent regression<br/> Provided the following <i>Non-Clinical Services</i>:<br/> A. Program with a Facility Manager who:<br/> (a) Is responsible for the day-to-day supervision of the youth<br/> (b) Is responsible for the operation of the facility<br/> (c) Has a Bachelor's degree or equivalent combination of education and related experience<br/> B. Other Non-Clinical Direct Care Staff who:<br/> (a) Are well-trained direct care staff<br/> (b) Assure adequate 24 hour supervision of the youth during the day, night time sleeping hours, weekends, and school hours</p> |            |    |                           |           |

| OB<br>NO. | Objective Description  | COMPLIANCE |    |                           | Comments. |
|-----------|--|------------|----|---------------------------|-----------|
|           |  | YES        | NO | NEEDS<br>IMPROVE-<br>MENT |           |
| 6.        | <p><b><u>STAFF TO CLIENT RATIO</u></b><br/> <b>CONTRACTOR:</b><br/>           Provided a 1 to 4 staff to youth ratio at all times except nighttime sleeping hours.<br/>           Provided at least two awake direct care staff on duty during nighttime sleeping hours.<br/>           Provided in a mixed gender population one male and one female staff on duty at all times.</p>  |            |    |                           |           |
| 7.        | <p><b><u>STAFF TRAINING REQUIREMENTS</u></b><br/> <b>CONTRACTOR:</b><br/>           Provided the following training during the first week of employment to:</p> <p>A. All Staff<br/>           (a) Orientation to the requirements of the contract<br/>           (b) Review of the Department of Human Services Code of Conduct which is signed and placed in the staff personnel file<br/>           (c) Medical and emergency response and evacuation procedures</p> <p>Provided the following training in addition to the above requirements to:</p> <p>B. Direct Care Staff (Non-Clinical Staff)<br/>           (a) 25 hours of training in areas listed above and below prior to providing direct care<br/>           (b) Basic First Aid and CPR including certification<br/>           (c) Emergency response and evacuation procedures<br/>           (d) Basic child/adolescent behavior and development<br/>           (e) Sexual abuse victim/perpetrator specific related training if the facility provides services to sexual abuse victims or perpetrators<br/>           (f) Other training as needed based on the program model and an assessment of the individual staff training needs<br/>           (g) Division Community Residential Standards and Policy</p> |            |    |                           |           |
|           | <p>Provided within the first 12 months of employment the following:</p> <p>C. An additional 25 hours of training in the subject areas listed below<br/>           (a) Adolescent behavior management<br/>           (b) Discipline methods<br/>           (c) Specialized skill training in aggression management<br/>           (d) Parenting skills<br/>           (e) Skills development requirements<br/>           (f) Appropriate court and parole procedures<br/>           (g) Other training as needed based on the program model and an assessment of individual staff training needs</p> <p>D. Provided annually thereafter, an additional 30 hours of training based on an assessment of individual staff training needs.</p>  |            |    |                           |           |
| 8.        | <p><b><u>ASSESSMENT AND TREATMENT PLANNING</u></b><br/> <b>CONTRACTOR:</b><br/>           Provided within two weeks of a youth's admission to the program the following:</p> <p>A. Assessment<br/>           (a) A comprehensive mental health assessment on file<br/>           (b) An update or new assessment if over 30 days old or did not meet requirements<br/>           (c) An assessment developed and signed by a licensed mental health therapist in consultation with the youth and other individuals with knowledge of the youth<br/>           (d) A history and evaluation of the youth's emotional and mental adjustment<br/>           (e) A history and evaluation of the youth's social functioning, interpersonal, communication and social skills<br/>           (f) A history and evaluation of the youth's basic living skills</p>   |            |    |                           |           |

| OB<br>NO. | Objective Description  | COMPLIANCE |    |                           | Comments. |
|-----------|--|------------|----|---------------------------|-----------|
|           |  | YES        | NO | NEEDS<br>IMPROVE-<br>MENT |           |
|           | <ul style="list-style-type: none"> <li>(g) A history and evaluation of the youth's academic, educational/vocational status</li> <li>(h) A history and evaluation of the youth's mental and physical health status</li> <li>(i) A summary, diagnostic results and if applicable, recommendations for treatment</li> </ul>   |            |    |                           |           |
|           | <p><b>B. Treatment Plan</b></p> <ul style="list-style-type: none"> <li>(a) An individualized <i>written</i> plan developed by a licensed mental health therapist</li> <li>(b) A plan developed within one month of the youth's admission into the program in consultation with the youth, parents, legal guardians or others in whose care the youth will be released after discharge</li> <li>(c) A plan which addressed the youth's strengths and needs in the following areas - emotional and mental adjustment, social functioning, interpersonal, communication and social skills, basic living skills, academic, educational/vocational status, mental and physical health</li> <li>(d) A plan which included individualized treatment objectives which addressed the youth's needs and prescribed an integrated program of therapies, activities and experiences to meet the objectives</li> <li>(e) A plan which may include individual therapy, group therapy, medication management, additional or on-going diagnostic services and/or skills development, recreational, occupational or other rehabilitative services designed to improve the youth's functioning</li> <li>(f) A projected schedule for delivery of service which included the frequency and duration of each type of planned therapeutic session or encounter</li> <li>(g) A plan which included the credentials of the individuals who delivered the services</li> <li>(h) A plan which included reasonable measures to evaluate whether the objectives are met</li> <li>(i) A plan with discharge criteria, appropriate post-discharge plans, coordination of residential services with related community services to ensure continuity of care with the youth's family or others in whose care the youth will be released after discharge, school and community</li> <li>(j) A signature of the licensed mental health therapist responsible for oversight of the treatment plan</li> <li>(k) An approval from the Division case manager</li> </ul> |            |    |                           |           |
|           | <p><b>C. Review of the Treatment Plan</b></p> <ul style="list-style-type: none"> <li>(a) A review of the treatment plan at least quarterly or more often as needed if there is a change in the youth's condition or status or as determined by the licensed mental health therapist responsible for oversight of the treatment program</li> <li>(b) A review, which included an update of progress toward, established treatment goals, the appropriateness of the services being furnished and the need for the youth's continued participation in the program.</li> </ul>  |            |    |                           |           |
| 9.        | <p><b>DOCUMENTATION</b><br/> <b>CONTRACTOR:</b><br/> Maintained <i>written</i> documentation to support the following:</p> <p><b>A. Facility Administrative Records</b></p> <ul style="list-style-type: none"> <li>(a) Current license</li> <li>(b) Staff training and copies of applicable licensure</li> <li>(c) Records indicating regular supervision of all direct care staff by clinical staff</li> <li>(d) Weekly or daily program schedules indicating the routine and planned activities</li> <li>(e) Staff attendance and time sheets</li> </ul>   |            |    |                           |           |

| OB<br>NO. | Objective Description  | COMPLIANCE |    |                           | Comments. |
|-----------|--|------------|----|---------------------------|-----------|
|           |  | YES        | NO | NEEDS<br>IMPROVE-<br>MENT |           |
|           | <ul style="list-style-type: none"> <li>(f) Client daily attendance and absences including reason for absence</li> <li>(g) Facility incident reports</li> <li>(h) Any other documentation required in the contract to assure compliance with Division policy and billing requirements</li> </ul> <p><b>B. Individual Client Records</b></p> <ul style="list-style-type: none"> <li>(a) Comprehensive mental health assessment and any updates</li> <li>(b) Treatment plan developed by a licensed mental health therapist</li> <li>(c) Documentation that the licensed mental health therapist responsible for overseeing the youth's treatment plan has reviewed the treatment plan at least quarterly</li> <li>(d) For each treatment goal, monthly notes summarizing progress toward treatment goals completed by staff directly providing the service or the staff responsible for overseeing the implementation of the treatment goal</li> <li>(e) Notes indicate the methodology and/or activity, frequency and duration of services provided</li> <li>(f) Youth specific incident reports</li> <li>(g) Any other documentation required by the contract to assure compliance with Division policy and billing</li> </ul> |            |    |                           |           |
| 10.       | <p><b>RATE CONTRACTOR:</b><br/>           Provided room, board, and supervision, personal allotments, treatment services and other treatment services as required at the current rate.<br/>           Negotiated with the local school district, as academic educational costs are usually not covered. Followed Medicaid reimbursement requirements as indicated:</p> <ul style="list-style-type: none"> <li>(a) Only 8 absence days per month per youth</li> <li>(b) Planned family/home visit</li> <li>(c) Planned visit to prospective foster home, independent living, kin placement, or other prospective home or program</li> <li>(d) Unanticipated absence such as a run-away or detention (Medicaid does not reimburse if youth is in detention)</li> <li>(e) Short-term hospital or nursing facility stay (Medicaid does not reimburse if the youth is in the hospital or nursing facility for a short-term stay)</li> </ul>   |            |    |                           |           |