

Residential Mental Health Treatment for Children and Adolescents

Requirement: Chapter 394, F.S.
Section 39.407, F.S.
Fla. R. Juv. P. 8.350
Chapter 65E-9, F.A.C.

Frequency: Ongoing

Due Date: Not Applicable

Discussion:

Chapter 394, F.S., governs the provision of mental health services in Florida, including residential mental health treatment for children and adolescents.

- *Section 394.4781, F.S.* - Residential care for psychotic and emotionally disturbed children. This section outlines the Department's responsibility for administering residential mental health treatment services for children and adolescents in the following areas:
 - Eligible population;
 - Funding of the program;
 - Administration of the program; and
 - Rule adoption.
- *Section 394.491, F.S.* - Guiding principles for the child and adolescent mental health treatment and support system. This section outlines principles established by the Legislature to guide the development and implementation of the publicly funded child and adolescent mental health system of care. These guiding principles state that services and supports should be provided in the least restrictive environment that is clinically appropriate for the service needs of the child or adolescent.
- *Section 394.875(8), F.S.* – This section directs the Department, in consultation with the Agency for Health Care Administration (AHCA), to adopt rules governing a residential treatment center for children and adolescents which specify licensure standards for:
 - Admission;
 - Length of stay;
 - Program and staffing;
 - Discharge and discharge planning;
 - Treatment planning;
 - Seclusion, restraints, and time-out;
 - Rights of patients under s. 394.459 F.S.;
 - Use of psychotropic medications; and
 - Standards for the operation of such centers.

The following administrative rules relate to the purchasing of residential mental health treatment services and the licensing of residential mental health treatment centers, as defined in s. 394.67(21), F.S.

- *Chapter 65E-9, F.A.C. - Licensure of Residential Treatment Centers.* These rules set licensing standards for all residential treatment centers, including therapeutic group homes to provide treatment services to children with an emotional disturbance or serious emotional disturbance who are admitted to services pursuant to Chapter 39 or 394, F.S.

The Statewide Inpatient Psychiatric Program (SIPP) is administered by AHCA in partnership with the Department and authorized by *Title XIX of the Social Security Act; Title 42 of the Code of Federal Regulations; Chapter 409, F.S.; and Rule Division 59G, F.A.C.* SIPP serves Medicaid recipients up to 21 years of age who require placement in a psychiatric residential setting due to emotional disturbance or a serious mental illness or emotional disturbance and meet the medical necessity criteria.

PROGRAM DESCRIPTION:

Residential Mental Health Treatment Defined

The behavioral health system of care includes a continuum of services that vary in intensity from community based services and supports provided in the home and community to residential mental health treatment provided in an out of home placement. Residential treatment programs provide 24 hour live-in support and include the following levels of care:

- Therapeutic foster home means a residential program in a community-based setting where one or two minors live in a licensed foster home with adults who receive specialized mental health training and support. Such support is also provided to natural parents, legal guardians, and others as determined in the treatment plan.
- Therapeutic group home means a 24 hour residential program providing community-based mental health services in a home-like setting for up to twelve children who may safely attend school and participate in activities in the community.
- Residential treatment center means a 24 hour residential program that provides 24-hour inpatient and highly structured level of care. These are not considered crisis placements.

In accordance with s. 394.875, F.S., the purpose of a residential treatment center is to provide mental health assessment and treatment services pursuant to ss. 394.491, 394.495, and 394.496, F.S. to children and adolescents who meet the target population criteria specified in s. 394.493(1)(a), (b), or (c), F.S.

Licensure

Both therapeutic group homes and residential treatment center levels of care are defined as “residential treatment centers” in s. 394.67(22), F.S. and licensed as such by AHCA under 65E-9, F.A.C. A residential mental health treatment provider may also be licensed as a hospital by AHCA, under the provisions of Chapters 395, Part I, and 408, Part II, F.S. SIPP providers must be licensed by AHCA as a hospital in accordance with Chapter 395, F.S. and Chapter 59A-3, F.A.C. or as a residential treatment center for children and adolescents in accordance with Chapter 394, F.S. and Chapter 65E-9, F.A.C.

Funding

Residential mental health treatment services are funded by a variety of sources that include but are not limited to private pay, private insurance, and public funds including Department general revenue and Medicaid. Placement of children and youth in therapeutic out of home settings with Department general revenue funds is dependent on the availability of funds, per 394.493, F.S. Residential treatment services funded by private pay or private insurance may be accessed directly by the family.

Publically funded residential mental health treatment has procedural guidelines regarding eligibility, the process for accessing services, and payment established in statute and administrative rule. Medicaid funded SIPP services include a utilization management component that requires prior-authorization and continued authorization for services regarding medical necessity and active treatment.

Eligibility

Publicly funded residential mental health treatment is intended to serve children and adolescents who have been assessed and diagnosed as being emotionally disturbed by a psychiatrist or clinical psychologist who has specialty training and experience with children, per s. 394.4781, F.S., and who meet the following criteria, per Chapters 65E-9, F.A.C.:

- (a) Be under the age 18 for services funded through the Managing Entity or under age 21 for SIPP services funded through Medicaid;
- (b) Be currently assessed (within 90 days prior to placement) by a psychologist or a psychiatrist licensed to practice in the State of Florida, with experience or training in children's disorders; who attests, in writing, that:
 - 1. The child has an emotional disturbance as defined in s. 394.492(5), F.S., or a serious emotional disturbance as defined in s. 394.492(6), F.S.;
 - 2. The emotional disturbance or serious emotional disturbance requires treatment in a residential treatment setting;
 - 3. A less restrictive setting than residential treatment is not available or clinically recommended;
 - 4. The treatment provided in the residential treatment setting is reasonably likely to resolve the child's presenting problems as identified by the psychiatrist or psychologist; and
 - 5. The nature, purpose, and expected length of treatment have been explained to the child and the child's parent or legal guardian.

- (c) Have been reviewed at a minimum by the child and family team and been presented with all available options for treatment.

A child and family team staffing is optional for children referred for SIPP services and may be "waived" by the family. The purpose of a child and family team staffing for these children is to discuss appropriate alternatives to residential treatment and not to determine eligibility for the service. Complete SIPP referral packets must be forwarded by the Managing Entity, or designee, and Community Based Care providers to the SIPP provider for all children being considered for SIPP services to allow the prior

authorization process established by Medicaid to occur. Recipients who are enrolled in a Managed Medical Assistance (MMA) plan will receive authorization through the MMA plan.

Refer to the Statewide Inpatient Psychiatric Program Coverage Policy, the Therapeutic Group Care Services, and the Specialized *Therapeutic Services Coverage and Limitations Handbook* at the link internet address below for specific eligibility requirements for SIPP, and Therapeutic Group Care services.

<https://ahca.myflorida.com/medicaid/medicaid-policy-quality-and-operations/medicaid-policy-and-quality/medicaid-policy/medical-and-behavioral-health-coverage-policy/behavioral-health-and-health-facilities/statewide-inpatient-psychiatric-program-services.html>**Referral Process for Publicly Funded Residential Mental Health Treatment**

Dependent children must be assessed for suitability for residential treatment through the suitability assessment process described in s. 39.407, F.S. All other children or adolescents being considered for mental health residential treatment (hospital, residential treatment center, or therapeutic group home) funded by Medicaid or General Revenue funds must be assessed by and have a written recommendation from a psychologist or psychiatrist stating they meet the eligibility criteria outlined in the Eligibility section, regardless of the funding source.

The following process applies for a **non-dependent** child or adolescent whose family is seeking Medicaid funded SIPP and Therapeutic Group Care services or general revenue funds from the Department to purchase residential treatment services.

- The referral process for SIPP is as follows:
 - A child and family staffing is scheduled with the family to discuss all treatment options, unless the family waives/declines the staffing, which is not required for the SIPP packet to be sent forward to the SIPP provider.
 - The SIPP packet is reviewed for completeness and submitted by the Community Based Care or Managing Entity, or designee to the SIPP provider to seek prior-authorization through the utilization management process.
 - For recipients enrolled in a Managed Medical Assistance (MMA) plan, prior authorization and utilization management is completed by the MMA plan.
- The referral process for families requesting Department general revenue funds to purchase residential treatment center services such as therapeutic group homes is as follows:
 - A child and family staffing is scheduled with the family to determine the most appropriate and least restrictive treatment options available to meet the child's needs.
 - If residential treatment is determined to be necessary as the least restrictive treatment option and funds are available, the Department may assist the family to purchase services.

- The appropriate documentation for admission is reviewed for completeness and submitted by the Community Based Care or Managing Entity, or designee to the residential treatment center provider to seek prior authorization through the utilization management process.

Eligibility, referral and approval guidelines for Medicaid funded Specialized Therapeutic Group Care and Specialized Therapeutic Foster Care services can be referenced in the Medicaid *Specialized Therapeutic Services Coverage and Limitations Handbook* at the link below:

<https://ahca.myflorida.com/medicaid/medicaid-policy-quality-and-operations/medicaid-policy-and-quality/medicaid-policy/medical-and-behavioral-health-coverage-policy/behavioral-health-and-health-facilities/specialized-therapeutic-foster-care-services.html> Prior to placing **dependent** children/adolescents in a residential mental health treatment center, Community Based Care agencies must follow CFOP 170-11, Chapter 39.407, F.S. and Florida Rule of Juvenile Procedure 8.350, as applicable.

Dependent children are staffed by the Community-Based Care (CBC) organization prior to requesting residential placement, and CBC and/or its designated team is responsible for completing their process for review, approval and securing of placement, if needed.

For children not in the dependency system or for children without third party insurance coverage or Medicaid, and prior to the submission of a SIPP referral and packet, the families are to attend a local child and family staffing (CFS) team meetings coordinated by the Managing Entity and the Network Service Provider serving the child. The child and family staffing may be “waived” by the family. The purpose of this staffing meeting shall be to ensure that all least restrictive means of treatment have been explored, exhausted, or are unavailable. Written verification of this staffing shall be included in the SIPP packet. The local FSPT (Family Service Planning Team) meeting may serve as this staffing. If it has been determined that the child is in need of residential placement in a SIPP placement, the SIPP packet will be sent to the Managing Entity, or its contracted provider for review. At a minimum, the following information should be contained in the SIPP packet:

Clinical Records:

1. Psychiatric evaluation with recommendation completed within the last year
2. Psychological evaluation (including full-scale IQ) completed within the last year or
 - a. Most recent school Psychological Evaluation if the child is under ESE classification
 - b. Other performance factors may help a child’s intellectual capacity
3. Psychosocial Evaluation, if applicable
4. Previous clinical information from Baker Acts, residential and in-patient admissions, partial hospitalizations, outpatient treatment, etc.
5. Baker Act reports (admission, discharge, history, physical)
6. Previous residential information
7. Psychiatric notes/medication log

Medical and School Records:

1. Birth Certificate
2. Immunization records
3. Medical stability or medical clearance (physical within the last 90 days)
4. IEP if applicable

5. Last report card
6. Dental records
Financial worksheet (non-Medicaid children and Medicaid children recommended for RTC or STGH)

Managing Entity forms for completion:

1. Family Involvement Commitment Letter
2. LSF Health Systems Consent Form
3. LSF Health Systems Release of Information
4. Sunshine Medicaid Administration Release of Information
5. LSF Health Systems Residential Application form
6. LSF Health Systems sliding fee scale/Financial worksheet (non-Medicaid children and Medicaid children recommended for RTC or STGH)

Upon review for completeness utilizing the SIPP Packet Component Checklist, the Managing Entity, or its designated contracted provider, will schedule a Child and Family Staffing (CFS). A copy of the completed packet will be forwarded to the appropriate AHCA or MMA representative with notification of the scheduled staffing. The CFS team may be comprised of the following: AHCA/Medicaid, Department's SAMH program office or designee, Parent/Guardian, Child, the treating Network Service Provider, and other invitees such as the Department of Juvenile Justice (DJJ), School Liaison (SEDNET), Family Advocate, or persons invited by the child or family.

At the CFS staffing, the parent, guardian, or family member will be told the availability of treatment programs in their area. The youth's responsible party will be provided information regarding how to request a tour of the facilities and receive a determination as to if this is an acceptable course of treatment (medical necessity). The packet will then be forwarded to the identified SIPP providers and once the SIPP provider determines that admission is appropriate, the SIPP provider will contact the referring entity, the Managing Entity (or designated contracted provider), or parent to advise, schedule and coordinate admission.

The Network Service Provider serving the child shall not close the case to case management services solely based upon admission to SIPP. After admission to a SIPP, the Network Service Provider staff may be asked to participate in on-going Child and Family Staffing/Quality of Care reviews with AHCA and Medicaid regarding the youth. These reviews shall be conducted no less than every 30 days when the child is age 10 and under, and no less than every 90 days for a child age 11 and over. The Network Service Provider shall be present at these ongoing staffing to update the team regarding the child's progress in treatment and to assist the SIPP provider and family in planning for discharge and aftercare services.

The role of Managing Entity staff during the quality of care review is to evaluate the residential treatment provider's compliance with federal and state requirements on the use of restraint and seclusion in children's residential mental health treatment facilities.

Rule 65E-9.008(4). F.A.C. specifies the process of residential placement. It states, "Children placed by the department and funded in full or in part by state, Medicaid, or local matching funds shall be admitted only after they have a recommendation from the appropriate multidisciplinary team and been personally examined and assessed for suitability for residential treatment."

Depending on who holds custody of the child and where the child is residing, determines the requirements for placement in residential treatment including therapeutic group home. This document is to provide a guideline for the suitability assessment process and residential placement for community children.¹

Suitability Assessments

The purpose of the independent evaluation is to determine the suitability for residential treatment and appropriateness of treatment. In order for a child/adolescent to be considered for admission, a psychologist or psychiatrist licensed to practice in the state of Florida must conduct an examination and assessment of the child/adolescent and provide written findings on the following:

- The child has an emotional disturbance as defined in s. 394.492(5), F.S., or a serious emotional disturbance as defined in s. 394.492(6), F.S.;
- The emotional disturbance or serious emotional disturbance requires treatment in a residential treatment center;
- All available treatment that is less restrictive than residential treatment has been considered or is unavailable;
- The treat provided in the residential treatment center is reasonably likely to resolve the child's presenting problems as identified by the qualified evaluator;
- The provider is qualified by staff, program and equipment to give the care and treatment required by the child's condition, age and cognitive ability;
- The child is under the age of 18; and
- The nature, purpose and expected length of the treatment have been explained to the child and the child's parent or guardian.

A copy of the written findings of the evaluation or the suitability assessment must be provided to Medicaid within five (5) working days of the date the child was seen. They will then forward the assessment to the local Single Point of Access (SPOA) within three (3) working days of receipt. Prior to sending the completed report to the SPOA, Medicaid staff must review for corrections, additions and compliance with statutory and Agency for Health Care Administration (AHCA) standards. The SPOA is then responsible for disseminating, as required.

Suitability Assessment Referral Process

A suitability assessment can be achieved in two different ways:

1. The family can obtain the suitability assessment and letter from their psychologist or psychiatrist recommending residential care; or
2. The multidisciplinary team can request and refer a family for a suitability assessment once the determination has been made that residential care is needed.

¹ For further guidance on suitability assessments for children in the dependency, criteria for the placement of children in department's custody, outline of steps to achieve placement for these children in a residential treatment center, and designation for regularly scheduled reviews of the treatment center, community based care organization (CBC), and the courts, see s. 39.407, F.S., or the CBC Suitability Assessment and Residential Placement Guidelines.

A family or treatment provider can request a multidisciplinary team (MDT) meeting to identify community resources to prevent the need for residential care. These meetings are held in local communities and may be comprised of the following: AHCA/Medicaid, department's SAMH program office or designee, Parent/Guardian, Child, the treating provider, and the invitees such as the Department of Juvenile Justice (DJJ), School Liaison (SEDNET), Family Advocate, or other persons invited by the child or family.

Process for Placement of Child Based On Suitability Assessment Results

All children referred to a SIPP must have an application completed. The multidisciplinary staff can help the family gather the required information and navigate the intake process. Families have the right to waive this staffing option.

Children being referred to a Therapeutic Group Home must attend a MDT Staffing and may not utilize the "waived staffing" option. Once an Application is completed with required documents, the application should be forwarded to the lead MDT Facilitator which is identified by the MDT.

The Team will read through the information provided by the family and assist the family in clarifying what has and has not worked therapeutically. The team may identify resources that are available in the community that have not been tried and would be appropriate and helpful for the family. If no less restrictive options are available, the application packet will be completed and submitted to Magellan Medicaid Administration. This office will review the packet for admission criteria and the family will be contacted by the SIPP program.

Once the packet is complete, a designated staff person in the regional SAMH office completes referrals to SIPP. The parent, guardian, or family member will be told the availability of treatment programs in their area. The youth and the youth's responsible party will be able to tour the facility and receive an assessment from the provider to determine if all parties involved agree that this is an acceptable course of action. Once the SAMH staff, the youth, responsible party, and the provider determine that admission is appropriate, the SIPP provider will contact the state utilization management contractor for prior authorization of the admission. Then scheduled admission is discussed.

LOCATION OF SERVICES

Hospitals and residential treatment centers, including therapeutic group homes that provide mental health treatment services are located in every region in the state. AHCA's website provides the following link to locate and obtain information about the facilities they license.

- [Facility/provider locator and information search:
http://www.floridahealthfinder.gov/facilitylocator/facloc.aspx.](http://www.floridahealthfinder.gov/facilitylocator/facloc.aspx)

PROGRAM GOALS AND OBJECTIVES

Residential mental health treatment is provided to children/adolescents for the specific purpose of addressing their mental health needs through observation, diagnosis, and treatment in a therapeutic setting. Residential mental health treatment services are not intended to be used for emergency placements or to provide secure shelter for a child/adolescent. Children/adolescents in acute psychiatric crisis should be referred to a crisis stabilization unit for emergency screening and stabilization.

MONITORING

Residential treatment centers are licensed and monitored by AHCA. Facilities may choose to be accredited and may ask AHCA to accept their accreditation, in lieu of receiving routine on-site licensure surveys, by submitting the required documentation from a recognized or approved accreditation organization. Additional information regarding the licensing and accreditation requirements can be referenced on the AHCA website at the following link:

<https://ahca.myflorida.com/health-quality-assurance/bureau-of-health-facility-regulation/hospital-outpatient-services-unit/health-care-clinics/licensing-requirements.html> RESIDENTIAL TREATMENT PROVIDER RESPONSIBILITIES AND EXPECTATIONS

Residential treatment providers are required to comply with relevant federal and state statutes, accreditation requirements, and licensure and contract requirements.

The Residential Mental Health Treatment for Children and Adolescents will be administered according to DCF Guidance 5, which can be found at following link using the applicable fiscal year:
<https://www.myflfamilies.com/services/samh/providers/managing-entities>