

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 that the treatment team actively partners with the individual and his/her parent or legal guardian and indicate efforts to accommodate scheduling conflicts for therapy sessions, meetings and calls to ensure active participation by all parties 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 as a treatment modality.
 - b) The treatment plan must document and address any interventions that may be contraindicated or inappropriate for the individual.

- c) 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 revised therapeutic measures should be 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 , and include feedback from the individual and his/her parent or legal guardian regarding the discussion of treatment options available in the community. 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.

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- B. The treatment team must include the number of staff members necessary for the optimal treatment of the individual.
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10. Identification of goals, objectives and treatment strategies , and include feedback from the individual and his/her parent or legal guardian regarding the discussion of treatment options available in the community.~~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.

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b) An estimated discharge target date, and

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