Bed Based Services

Therapeutic Group Homes

Therapeutic group homes (TGHs) provide a community-based residential service in a home-like setting of no greater than ten beds, for members under the age of 21, who are under the supervision and program oversight of a psychiatrist or psychologist. TGHs are located in residential communities in order to facilitate community integration through public education, recreation and maintenance of family connections.

TGHs deliver an array of clinical and related services within the home, including psychiatric supports, integration with community resources and skill-building taught within the context of the home-like setting. The treatment should be targeted to support the restoration of adaptive and functional behaviors that will enable the child or adolescent to return to and remain successfully in their home and community, and to regularly attend and participate in work, school or training, at the child's best possible functional level.

Integration with community resources is an overarching goal of the TGH level of care, which is in part achieved through rules governing the location of the TGH facility, the physical space of the TGH facility, and the location of schooling for resident youth. The intention of the TGH level of care is to provide a 24-hour intensive treatment option for youth who need it, and to provide it in a location with more opportunities for community integration than can be found in other more restrictive residential placements (e.g., inpatient hospital or psychiatric residential treatment facility (PRTF)). To enhance community integration, TGH facilities must be located within a neighborhood in a community, must resemble a family home as much as possible, and resident youth must attend community schools integrated in the community (as opposed to being educated at a school located on the campus of an institution). This array of services, including psychiatric supports, therapeutic services (individual counseling, family therapy, and group therapy), and skill-building, prepares the youth to return back to their community.

The setting shall be geographically situated to allow ongoing participation of the child's family. In this setting, the child or adolescent remains involved in community-based activities and attends a community educational, vocational program or other treatment setting.

Components

Pretreatment assessment

The supervising practitioner should review the referral *Pretreatment Assessment* at admission or within 72 hours of admission and prior to service delivery.

Assessment and Treatment Planning

The supervising practitioner must complete an initial diagnostic assessment at admission or within seventy –two (72) hours of admission and prior to service delivery and must provide face to face assessment of the member at least every 28 days or more often as necessary per LAC I:42, chapter 62.

Assessments shall be completed with the involvement of the child or adolescent and the family and support system, to the extent possible. A standardized assessment and treatment planning tool must be used such as the Child and Adolescent Needs and Strengths (CANS) Comprehensive Assessment. The assessment protocol must differentiate across life domains, as well as risk and protective factors, sufficiently so that a treatment plan can be tailored to the areas related to the presenting problems of each youth and their family in order to ensure targeted treatment. The tool should also allow tracking of progress over time. The specific tools and approaches used by each program must be specified in the program description and are subject to approval by the State. The TGH must ensure that youth are receiving appropriate therapeutic care to address assessed needs on the child's treatment plan.

Within seven days of admission, a comprehensive treatment plan shall be developed by the established multidisciplinary team of staff providing services for the member. Each treatment team member shall sign and indicate their attendance and involvement in the treatment team meeting. The treatment team review shall be directed and supervised by the supervising practitioner at a minimum of every 28 days.

Treatment

Treatment provided in the TGH or in the community should incorporate research-based approaches appropriate to the child's needs, whenever possible. The family/guardian should be involved in all aspects of treatment and face to face meetings as much as possible. Family

members should be provided assistance with transportation and video conferencing options to support their engagement with the treatment process.

The individualized, strengths-based services and supports must meet the following criteria:

1. Be identified in partnership with the child or adolescent and the family and support system, to the extent possible;

2. Be implemented with oversight from a licensed mental health professional (LMHP);

3. Be based on both clinical and functional assessments;

4. Assist with the development of skills for daily living, and support success in community settings, including home and school;

5. Focus on reducing the behavior and symptoms of the psychiatric disorder that necessitated the removal of the child or adolescent from their usual living situation;

6. Decrease problem behavior and increase developmentally appropriate, normative and pro-social behavior in children and adolescents who are in need of out-of-home placement. As much as possible, this work should be done with the engagement of, and in the context of the family with whom the youth will live next, such that the skills learned to increase pro-social behavior are practiced within family relationships and so can be expected to generalize to the youth's next living situation;

7. Transition the child or adolescent from TGH to home- or community-based living, with outpatient treatment (e.g., individual and family therapy);

8. Care coordination is provided to plan and arrange access to a range of educational and therapeutic services; and

9. Psychotropic medications should be used with specific target symptoms identification, with medical monitoring and 24-hour medical availability when appropriate and relevant.

Discharge Planning

Discharge planning begins on the day of admission using the TGH treatment episode to facilitate helping the youth progress towards be able to successfully reintegrate into a family setting. Discharge planning should be guided by the family/guardian and should identify and coordinate aftercare services and supports that will help the youth maintain safe and healthy functioning in a family environment.

Eligibility Criteria

The medical necessity for these rehabilitative services must be determined by and recommended by an LMHP or physician to promote the maximum reduction of symptoms and/or restoration of an individual to their best age-appropriate functional level.

Less intensive levels of treatment must have been determined to be unsafe, unsuccessful or unavailable. The child under the age of 21 must require active treatment provided on a 24-hour basis with direct supervision/oversight by professional behavioral health staff that would not be able to be provided at a less restrictive level of care.

Allowed Mode(s) of Delivery

1. On-site.

Provider Responsibilities

The provider must comply with all responsibilities as outlined in the licensing regulations (LAC Title 48 Part 1, Chapter 62):

1. TGHs provide a twenty-four (24) hours/day, seven (7) days/week, structured and supportive living environment;

2. Although the psychologist or psychiatrist does not have to be on the premises when the member is receiving covered services, the supervising practitioner must assume accountability to direct the care of the member at the time of admission and during the entire TGH stay; and assure that the services are medically appropriate; and

3. The psychiatrist or psychologist/medical psychologist must provide twenty-four (24) hour, on-call coverage seven (7) days a week.

Staffing schedules must reflect overlap in shift hours to accommodate information exchange for continuity of youth treatment, adequate numbers of staff reflective of the tone of the home, appropriate staff gender mix and the consistent presence and availability or professional staff on nights and weekends, when parents are available to participate in family therapy and to provide input on the treatment of their child.

The TGH is required to coordinate with the child's or adolescent's community resources, including schools with the goal of transitioning the youth out of the program to a less restrictive care setting for continued, sometimes intensive, services as soon as possible and appropriate. Discharge planning begins upon admission, with concrete plans for the child to transition back into the community beginning within the first week of admission with clear action steps and target dates outlined in the treatment plan. The treatment plan must include behaviorally measurable discharge goals.

Provider Qualifications

Agency

Facilities that operate as TGHs must be licensed by the Louisiana Department of Health (LDH), in accordance with LAC 48:1, Chapter 62, to provide community-based residential services in a home-like setting of no greater than ten beds, and under the supervision and oversight of a psychiatrist or licensed psychologist, to children under the age of 21. A TGH must be accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA), or The Joint Commission (TJC). Denial, loss of, or any negative change in accreditation status must be reported in writing immediately upon notification to the managed care entities with which the agency contracts or is being reimbursed.

NOTE: Facilities must apply for accreditation and pay accreditation fees prior to being contracted or reimbursed by a Medicaid managed care entity, and must maintain proof of accreditation application and fee payment. Agencies must attain full accreditation within 18 months of the initial accreditation application date.

TGHs may not be IMDs. Each organization owning TGHs must ensure that in no instance, does the operation of multiple TGH facilities constitute operation of an IMD. All new construction, newly acquired property or facilities or new provider organizations must comply with facility bed limitations not to exceed ten beds. Existing facilities may not add beds if the bed total would exceed ten beds in the facility. Any physical plant alterations of existing facilities must be completed in a

manner to comply with the ten bed per facility limit (i.e., renovations of existing facilities exceeding ten beds must include a reduction in the bed capacity to ten beds).

TGH staff must be supervised by a licensed mental health professional (LMHP) with experience in evidence-based treatments and operating within their scope of practice license. LMHP staff also provide individual, family, and group therapy. Staff includes paraprofessional and bachelor's level staff (who provide integration with community resources, skill building and peer support services) and master's level staff (who provide individual, group, and family interventions) with degrees in social work, counseling, psychology or a related human services field, with oversight by a psychologist or psychiatrist. The human service field is defined as an academic program with a curriculum content in which at least 70 percent of the required courses are in the study of behavioral health or human behavior. A TGH must provide the minimum amount of active treatment hours established by the Department, and performed by qualified staff per week for each child, consistent with each child's treatment plan and meeting assessed needs.

Facilities that operate as TGHs must meet the following criteria:

1. Arrange for and maintain documentation that prior to employment (or contracting, volunteering, or as required by law) individual's pass the enhanced criminal background checks, including sexual offender registry checks, in accordance with all of the below:

    a. The Therapeutic Group Homes (licensing regulations established by the Louisiana Administrative Code (LAC) 48:I.Chapter 62, which includes those for owners, managers, and administrators; and all employees or non-employees, including independent contractors, consultants, students, volunteers, trainees, or any other associated person, who performs paid or unpaid work with or for the TGH;

    b. La. R.S. 40:1203.1 et seq. associated with criminal background checks of un-licensed workers providing patient care;

    c. La. R.S. 15:587, as applicable; and

    d. Any other applicable state or federal law.

    NOTE: The enhanced criminal background check described in LAC 48:1, Chapter 62, §6210 is now required for each TGH, pursuant to the federal Family First Prevention Services Act (Public Law 115-123 enacted February 9, 2018) on child

care institutions and Act 243 of the 2019 Regular Session of the Louisiana Legislature. This new enhanced criminal background check process encompasses the state requirements in R.S. 40:1203.1 et seq. A TGH's compliance with this new enhanced criminal background check process will be deemed in compliance with the requirements in R.S. 40:1203.1.

2. Not hire individuals failing to meet enhanced criminal background check requirements and regulations. Individuals not in compliance with the enhanced criminal background check requirements and regulations shall not be utilized on an employment, contract nor volunteer basis. Criminal background checks performed over 90 days prior to the date of employment will not be accepted as meeting the criminal background check requirement. Results of criminal background checks are to be maintained in the individual's personnel record;

3. Review the Department of Health and Human Services' Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) and the LDH State Adverse Actions website prior to hiring or contracting any employee or contractor that performs services that are compensated with Medicaid/Medicare funds, including but not limited to licensed and unlicensed staff, interns and contractors. Once employed, the lists must be checked once a month thereafter to determine if there is a finding that an employee or contractor has abused, neglected or extorted any individual or if they have been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General. The provider is prohibited from knowingly employing or contracting with, or retaining the employment of or contract with, anyone who has a negative finding placed on the Louisiana State Adverse Action List, or who have been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General;

4. Maintain results in personnel records that checks have been completed. The OIG maintains the LEIE on the OIG website (http://exclusions.oig.hhs.gov) and the LDH Adverse Action website (https://adverseactions.ldh.la.gov/SelSearch);

5. Arrange for and maintain documentation that all persons, prior to employment, are free from tuberculosis (TB) in a communicable state via skin testing (or chest exam if recommended by physician) to reduce the risk of such infections in members and

staff. Results from testing performed over 30 days prior to date of employment will not be accepted as meeting this requirement;

6. Establish and maintain written policies and procedures inclusive of drug testing staff to ensure an alcohol and drug-free workplace and a workforce free of substance use (See Appendix D in this manual chapter);

7. Maintain documentation that all direct care staff, who are required to complete first aid, and cardiopulmonary resuscitation (CPR) training, complete the training within 90 days of hire;

8. Maintain documentation of verification of staff meeting educational and professional requirements, licensure (where applicable), as well as completion of required trainings for all staff; and

9. Ensue and maintain documentation that all unlicensed persons employed by the organization complete training in a recognized crisis intervention curriculum prior to handling or managing crisis calls, which must be updated annually.

Program Requirements

All programs should incorporate some form of research-based, trauma-informed programming and training. For clinical intervention, the program must incorporate at least one research-based approach pertinent to the population of TGH members to be served by the specific program. All research-based programming in TGH settings must be approved by the State.

TGH facilities may specialize and provide care for sexually maladaptive behaviors, substance use or dually diagnosed members. If a program provides care to any of these categories of youth, the program must submit documentation as part of their program description submitted to the State regarding the appropriateness of the research-based, trauma-informed programming and training, as well as compliance with the American Society of Addiction Medicine (ASAM) level of care being provided (if applicable).

The specific research-based model(s) to be used should be incorporated into the program description, including information on the program's plan to ensure training for their staff in the selected research-based model(s), which staff types (direct care staff, therapists, etc.) are trained in the selected research-based model(s), and provisions for continuing education in the research-

based model(s). The program description should be submitted to the State for approval, subject to OBH review.

Staff

To provide TGH services, staff must meet the following requirements:

1. Must be consistent with State licensure regulations. For example, if State licensure requires a ratio of not less than one staff to five members be maintained at all times; then, two staff must be on duty at all times with at least one being direct care staff when there is a member present;

2. Direct care staff must be at least 18 years old and at least three years older than an individual under 18 years of age;

3. Must have a high school diploma, general equivalency diploma or trade school diploma in the area of human services, or demonstrate competency or verifiable work experience in providing support to persons with disabilities. The human service field is defined as an academic program with a curriculum content in which at least 70 percent of the required courses are in the study of behavioral health or human behavior;

4. Must have a minimum of two years of experience working with children, be equivalently qualified by education in the human services field, or have a combination of work experience and education with one year of education substituting for one year of experience;

5. Employees and contractors must not be excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General;

6. Direct care staff must not have a finding on the Louisiana State Adverse Action List;

7. All unlicensed staff must be under the supervision and oversight of a psychiatrist or psychologist;

8. Pass criminal background check through DPS State Police prior to employment;

9. Pass a TB test prior to employment;

10. Pass drug screening tests as required by agency's policies and procedures; and

11. Complete American Heart Association (AHA) recognized First Aid, and CPR training. Psychiatrists, advanced practical registered nurses (APRNs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training. (See Appendix D of this manual chapter).

Allowed Provider Types and Specialties

1. PT AT Therapeutic Group Home PS 5X Therapeutic Group Home.

Service Exclusions

The following services/components must be excluded from Medicaid reimbursement:

1. Components that are not provided to or directed exclusively toward the treatment of the Medicaid eligible member;

2. Services provided at a work site which are job tasks oriented and not directly related to the treatment of the member's needs;

3. Any services or components in which the basic nature of which are to supplant housekeeping, homemaking, or basic services for the convenience of a member receiving substance use treatment services;

4. Services rendered in an institution for mental disease (IMD);

5. Room and board; and

6. Supervision associated with the child's stay in the TGH.

Reimbursement

The unit of service for reimbursement for the TGH is based on a daily rate for the services provided by unlicensed practitioners only.

TGH services will be inclusive of, but not limited to, the allowable cost of clinical and related services, psychiatric supports, integration with community resources and the skill-building provided by unlicensed practitioners.

In addition to the Medicaid per diem rate for treatment services, there is also a separate per diem room and board component to the rate that cannot be paid with Medicaid funds. This room and board rate is typically paid by the youth's custodian (in some cases a child-serving state agency) or another designated payment source.

LMHPs bill for their services separately under the approved State Plan for "Other Licensed Practitioners". Therapy (individual, group and family, whenever possible) and ongoing psychiatric assessment and intervention, as needed, (by a psychiatrist) are required of TGH, but provided and billed separately by licensed practitioners for direct time spent. Therapeutic care may include treatment by TGH staff, as well as community providers.

TGH Cost Reporting Requirements

Cost reports must be submitted annually. The due date for filing annual cost reports is the last day of the fifth month following the facility's fiscal year end. Separate cost reports must be filed for the facilities central/home office when costs of that entity are reported on the facilities cost report. If the facility experiences unavoidable difficulties in preparing the cost report by the prescribed due date, a filing extension may be requested. A filing extension must be submitted to Medicaid prior to the cost report due date. Facilities filing a reasonable extension request will be granted an additional 30 days to file their cost report.