

Regulatory Analysis Form

(Completed by Promulgating Agency)

**INDEPENDENT REGULATORY
REVIEW COMMISSION**

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Independent Regulatory
Review Commission
October 2, 2024

IRRC Number: 3417

(All Comments submitted on this regulation will appear on IRRC's website)

(1) Agency: Department of Human Services

(2) Agency Number: 14

Identification Number: 555

(3) PA Code Cite: 55 Pa. Code Chapters 1330, 5330 and 3800

(4) Short Title: Psychiatric Residential Treatment Facilities

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(6) Type of Regulation (check applicable box):

- Proposed Regulation
- Final Regulation
- Final Omitted Regulation

- Emergency Certification Regulation
- Certification by the Governor
- Certification by the Attorney General

(7) Briefly explain the regulation in clear and nontechnical language. (100 words or less)

The proposed rulemaking will codify the minimum licensing standards and Medical Assistance (MA) participation requirements and payment conditions for psychiatric residential treatment facilities (PRTFs) that provide medically necessary behavioral health treatment to children, youth or young adults under 21 years of age with a behavioral health diagnosis who cannot be effectively treated in their home and community.

(8) State the statutory authority for the regulation. Include specific statutory citation.

The Department has the authority under sections 201(2), 911 and 1021 of the Human Services Code (62 P.S. §§ 201(2), 911 and 1021) and section 201(2) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4201(2)).

(9) Is the regulation mandated by any federal or state law or court order, or federal regulation? Are there any relevant state or federal court decisions? If yes, cite the specific law, case or regulation as well as, any deadlines for action.

The proposed rulemaking is not mandated by any Federal or State law, court order or Federal regulation. There are no relevant Federal or State court decisions.

(10) State why the regulation is needed. Explain the compelling public interest that justifies the regulation. Describe who will benefit from the regulation. Quantify the benefits as completely as possible and approximate the number of people who will benefit.

The Department currently licenses residential treatment facilities (RTFs) that serve children, youth or young adults. A subset of the RTFs that provide medically necessary psychiatric treatment in a residential setting to children, youth or young adults under 21 years of age with a behavioral health diagnosis is also certified by the Department. The proposed rulemaking is needed to codify the minimum licensing standards and MA participation requirements and payment conditions for these RTFs, which are referred to as PRTFs in the proposed rulemaking. Currently, there are 22 providers with 76 licensed programs that are accredited by The Joint Commission (TJC), the Commission on Accreditation of Rehabilitation Facilities (CARF) or the Council on Accreditation (COA). In addition, there are 6 providers with 27 licensed programs that are not accredited. During calendar year 2019, there were 2,564 children, youth or young adults who received MA-funded behavioral health treatment in an RTF certified by the Department.

The proposed rulemaking will streamline the licensure process and enable the Department to evaluate and monitor PRTFs to ensure that children, youth or young adults receive medically necessary behavioral health treatment.

The proposed rulemaking will support children, youth or young adults who receive behavioral health treatment in a residential setting by retaining many of the current requirements, while adding requirements that specifically address the health, safety and treatment needs of children, youth or young adults who receive medically necessary behavioral health treatment in a residential setting.

The proposed rulemaking benefits children, youth or young adults who receive behavioral health treatment in a residential setting by adding requirements for minimum standards for treatment services, including the required frequency for individual therapy, group therapy and family therapy. The proposed rulemaking also makes changes to staff qualifications, roles, responsibilities and training that are intended to result in behavioral health treatment being delivered by qualified staff, which will result in children, youth or young adults receiving services that meet their clinical needs on a consistent and therapeutic basis. Children, youth and young adults will further benefit from the proposed rulemaking because it enhances the staff ratio requirements and requires mental health professionals to be present at the PRTF during all awake hours, which will increase the availability of clinicians to respond to immediate treatment needs.

In addition, the proposed rulemaking increases reportable and recordable incidents. Further, the proposed rulemaking proposes to reduce the length of time for a manual restraint to be applied to a child, youth or young adult. These changes will benefit children, youth and young adults because they will lead to better treatment of their behavioral health needs and promote the goal of their return to their home and community in the shortest time possible.

The proposed rulemaking will also benefit children, youth and young adults who receive services in a PRTF because the proposed rulemaking requires planning for discharge upon admission.

Furthermore, by setting minimum training standards and requiring staff training in trauma-informed care, child development, cultural competency, diversity, equity and inclusion, the proposed rulemaking will ensure that staff are appropriately trained.

The proposed rulemaking also will benefit children, youth and young adults and their parents, legal guardians and caregivers regarding admission to a secure PRTF. Secure PRTFs are PRTFs from which egress from the PRTF or a portion of the PRTF is prohibited through internal locks, exterior locks or secure fencing around the PRTF. Under the proposed rulemaking, admission to a secure PRTF of a child, youth or young adult whose treatment is funded by MA will depend on the child's, youth's or young adult's medically recommended treatment needs, rather than the delinquency status. In addition, the proposed rulemaking establishes more stringent staff ratios for secure PRTFs, which will protect the safety of children, youth and young adults who receive services in a secure PRTF.

The proposed rulemaking will also benefit parents, legal guardians and caregivers of children, youth and young adults who receive treatment in a PRTF by setting a minimum requirement for weekly family therapy sessions, and promoting the participation of parents, legal guardians and caregivers in treatment and discharge planning.

(11) Are there any provisions that are more stringent than federal standards? If yes, identify the specific provisions and the compelling Pennsylvania interest that demands stronger regulations.

The provisions in the proposed rulemaking that address the use of restrictive procedures are different than Federal regulations, and what is currently permitted. Current Federal regulations permit the use of seclusion, chemical restraints and physical restraints (see 42 CFR §§ 483.352, 483.358 (relating to definitions; orders for the use of restraint or seclusion)). Federal regulations do not specifically prohibit physical restraints that place a child, youth or young adult in a prone position (face down, stomach to floor). Also, Federal regulations permit physical restraints to occur for no longer than 4 hours for young adults ages 18 to 21 years of age, 2 hours for youth ages 9 to 17 years of age, and 1 hour for children under 9 years of age (see 42 CFR § 483.358(e)(2)). The proposed rulemaking, however, prohibits prone restraints, exclusion, seclusion, chemical restraints and mechanical restraints due to the significant risk of injury and trauma that they place on children, youth or young adults. The proposed rulemaking also prohibits physical restraints that exceed 30 minutes to limit the risk of injury and trauma for children, youth or young adults.

In addition, the provisions in the proposed rulemaking that address reportable incidents are more expansive than the Federal regulations, and what is currently required. Current Federal regulations require that a child's, youth's or young adult's death, serious injury or suicide attempt be reported no later than the close of business the next business day (see 42 CFR § 483.374(b)(1) (relating to facility reporting)). Federal regulations also require that parents, legal guardians or caregivers be informed of their child's death, serious injury or suicide attempt no later than 24 hours after the occurrence (see 42 CFR § 483.374(b)(2)). The proposed rulemaking strengthens the Federal requirements by requiring that incidents involving a fire that results in children, youth or young adults being displaced and incidents involving the disruption of water, heat, cooling or power be reported to the Department. In addition, the proposed rulemaking requires that all incidents be reported to the Department, and parents, legal guardians and caregivers within 12 hours after the PRTF learns of the incident.

The proposed rulemaking also expands the list of serious incidents that would need to be reported to the Department and requires notification of the child's, youth's or young adult's parents, legal guardians or caregivers. Additional incidents that need to be reported to the Department and require parental notification include disruption of water, heat or electricity, use of a prohibited restrictive procedure and any medication error. This change is to ensure that the child's, youth's or young adult's parents, legal

guardians or caregivers and the Department are better informed about serious incidents occurring at a PRTF.

Additionally, Federal regulations do not address how often children, youth or young adults should individually meet with their treatment team leader or their assigned mental health professional, attend group therapy or attend family therapy. However, the proposed rulemaking includes the following minimum treatment requirements: individual therapy with the child's, youth's or young adult's psychiatrist must be provided for at least 1 hour each month; individual therapy with the child's, youth's or young adult's mental health professional must be provided for at least 2 hours each week; group therapy must be provided for at least 3 hours each week; family therapy must be provided for at least 1 hour each week and psychoeducation group must be provided for at least 3 hours each week. These minimum standards are included in the proposed rulemaking as a result of discussions with a stakeholder workgroup, as further discussed below. The minimum standards will support the continuity of care that is needed for children, youth or young adults to transition to their home or community in the shortest amount of time.

(12) How does this regulation compare with those of the other states? How will this affect Pennsylvania's ability to compete with other states?

Pennsylvania does not compete with other states for the provision of PRTF services to children, youth or young adults enrolled in the MA program in Pennsylvania. The proposed rulemaking will allow Pennsylvania to better serve children, youth or young adults with mental, emotional or behavioral health needs.

As an integral part of comparing the proposed rulemaking with other states, the Department reviewed the regulations for licensure and payment conditions for PRTFs in Pennsylvania's bordering states. Specifically, the Department reviewed current PRTF requirements for the neighboring states of Maryland, New Jersey, New York, Virginia and West Virginia. (Links provided in response to Question 28 below). The Department did not review Delaware's requirements because it does not have in-state PRTFs and utilizes other states for this service. Ohio's requirements were not reviewed because Ohio is currently in the process of promulgating PRTF regulations.

The Department included in the proposed rulemaking a myriad of similar minimum standards that are included in bordering states' regulations. For example, the Department, consistent with requirements imposed by neighboring states, is allowing a PRTF to choose which accreditation body it will use to accredit it. Only Maryland requires that PRTFs be accredited by a specific accreditation body. The Department also observed that similar to other states, a detailed service description for each program is required.

The Department examined the following areas when it reviewed the requirements of bordering states: quality assurance processes; staff ratios; mental health professional qualifications; minimum standards for individual, group, and family therapy sessions; restrictive procedures; and trauma-informed care approaches. The Department determined that there were both similarities and differences with the proposed rulemaking.

For example, the proposed rulemaking requires a PRTF to have a quality assurance process. Similarly, New York and West Virginia also have requirements for a quality assurance process.

The proposed rulemaking requires a minimum staff ratio of one staff person for every six children, youth or young adults during awake hours and one staff person for every 12 children, youth or young adults during sleeping hours. This ratio was determined based on feedback from the stakeholder workgroup, the population served and comparison to bordering states. The Department is aware that many of the RTFs under the scope of the proposed rulemaking currently exceed the existing staff ratio requirements. West Virginia has more stringent staff ratio requirements than the proposed rulemaking as it requires one staff person for every three children, youth or young adults during awake hours and one staff person for every six children, youth or young adults during sleeping hours. Further, New York has a more stringent staff ratio requirement during awake hours, and a less stringent standard for sleeping hours. New York requires one staff person for every five children, youth or young adults during awake hours, and one staff person for every 14 children, youth or young adults during sleep hours. Maryland, New Jersey and Virginia do not specify minimum staff ratio requirements during awake and sleeping hours.

In addition, the proposed rulemaking does not require a mental health professional to be licensed to work in a PRTF. This is similar to New Jersey's, New York's and West Virginia's requirements for PRTFs. Virginia was the only state that requires mental health professionals to be licensed to work in a PRTF.

Another distinction between the proposed rulemaking and other state's requirements is the hourly minimum standard for the frequency of individual, group and family therapy sessions. The proposed rulemaking requires that individual therapy be provided at least 2 hours each week with a mental health professional and at least 1 hour each month with a psychiatrist, group therapy be provided at least 3 hours each week and family therapy be provided at least 1 hour each week. In comparison, West Virginia requires individual therapy be provided at least 1 hour each week, group therapy be provided at least 3 hours each week and family therapy be provided at least 2 hours each month. Virginia, however, requires that individual therapy be provided 3 times each week, but does not specify the amount of time for each session. In addition, Virginia requires that group and family therapy be provided when indicated. The Department believes the minimum standards for therapy in the proposed rulemaking will support the physical and psychological well-being of the child, youth or young adult and promote the active involvement of the child's, youth's or young adult's parent, legal guardian or caregiver.

The Department's review of restrictive procedures also revealed differences among the bordering states. The proposed rulemaking prohibits the use of seclusion, mechanical restraints and chemical restraints and limits the length of time a manual restraint can be continuously applied to 30 minutes, regardless of the child's, youth's or young adult's age. These maximum limits are different and less restrictive than the Federal requirements and all of the bordering states' requirements, as the Department sought to utilize a trauma-informed approach to restrictive procedures if they are deemed necessary. Maryland, New York and New Jersey follow the Federal allowances for seclusion, mechanical, and chemical restraints and extended time for a physical restraint based on the child's, youth's or young adult's age.

The Department is aware of the widespread impact of trauma and understands the importance of integrating trauma-informed care into policies, procedures and practices. For this reason, trauma-informed care approaches were embedded into the proposed rulemaking. The use of trauma-informed care approaches was the most significant difference between the proposed rulemaking and requirements

from bordering states. No neighboring state included requirements that were specific to trauma-informed approaches in their regulations. The proposed rulemaking provides a strengths-based approach to service delivery that requires the incorporation of trauma-informed care. Specifically, PRTFs will need to describe how trauma-informed practices, trauma assessments and staff training on trauma-informed care will be implemented and utilized.

(13) Will the regulation affect any other regulations of the promulgating agency or other state agencies? If yes, explain and provide specific citations.

When the proposed rulemaking is promulgated, RTFs that are currently licensed and certified by the Department to provide behavioral health treatment to children, youth or young adults will need to be regulated under the new licensing and payment chapters as PRTFs.

(14) Describe the communications with and solicitation of input from the public, any advisory council/group, small businesses and groups representing small businesses in the development and drafting of the regulation. List the specific persons and/or groups who were involved. (“Small business” is defined in Section 3 of the Regulatory Review Act, Act 76 of 2012.)

The Department consulted with the Mental Health Planning Council in the development of the proposed rulemaking. The Mental Health Planning Council advises the Department on issues related to mental health, substance abuse, behavioral health disorders and cross-system disability. The proposed regulations have been an ongoing discussion item with the council. The council has not identified any concerns.

In addition, the Department also actively engaged with a stakeholder workgroup of approximately 70 individuals representing an array of stakeholders that provided input into the development of Chapter 5330 and Chapter 1330.

The stakeholder workgroup included representation from the following: RTF providers currently certified and licensed by the Department; family advocate agencies; family members of children, youth or young adults who received RTF services; the Mental Health Association of Pennsylvania; Rehabilitation and Community Providers Association; Pennsylvania Council of Children, Youth & Family Services; Disability Rights of Pennsylvania; National Partnership for Juvenile Services; behavioral health managed care organizations and county mental health representatives.

The stakeholder workgroup held an initial face-to-face meeting on February 11, 2020. After the onset of the COVID-19 pandemic, the workgroup held virtual meetings on June 11, 2020; June 17, 2020, and July 31, 2020. The stakeholder workgroup reviewed and discussed staff qualifications and training, treatment planning, administering medication, ensuring health and safety and the use of restrictive procedures. A summary of each meeting was provided to the workgroup members. The workgroup members were encouraged to ask questions, make suggestions and share concerns during and after meetings via email to a secure resource account which continues to be available for stakeholders to use. Following the meetings, the Department continued to gather stakeholder input for consideration and facilitated ongoing internal discussions throughout the development of the proposed rulemaking.

The Department also individually consulted with family advocates; family members of children, youth or young adults who received PRTF services; medical directors of behavioral health managed care

organizations; psychiatrists and other offices within the Department about whether there is a clinical need for secure treatment settings and determined that there are circumstances where there is a clinical need for children, youth or young adults to receive treatment in a secure PRTF.

Throughout the development of the proposed rulemaking, the Department was committed to having active participation from family members whose children are receiving behavioral health treatment in an RTF. The Department met with family members on March 19, 2021, June 25, 2021, September 1, 2021, and September 10, 2021.

The Department provided updates and information on the proposed rulemaking to interested parties and organizations throughout the drafting of the proposed rulemaking to ensure a transparent process. Comments and feedback received from all interested parties and organizations were considered in the drafting process.

(15) Identify the types and number of persons, businesses, small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012) and organizations which will be affected by the regulation. How are they affected?

All RTFs that are currently licensed and certified by the Department to provide behavioral health treatment to children, youth or young adults will need to comply with the proposed rulemaking. Currently, there are 22 providers with 76 licensed programs that are accredited by The Joint Commission (TJC), the Commission on Accreditation of Rehabilitation Facilities (CARF) or the Council on Accreditation (COA). In addition, there are 6 providers with 27 licensed programs that are not accredited. As provided in further detail below, the Department's behavioral health managed care organizations' capitation rates and MA provider rates are anticipated to be adjusted to reflect the increased costs.

The effect of the proposed rulemaking on each RTF will depend on the current qualifications and training of its staff and its organizational structure. In addition, all RTFs seeking licensure as a PRTF will need to comply with new requirements included in the proposed rulemaking and RTFs that are not accredited will need to successfully complete the steps needed to be accredited to comply with the proposed rulemaking.

In addition, facilities that intend to start providing PRTF services will need to comply with the requirements in the proposed rulemaking in order to be licensed and receive MA payment for PRTF services.

Section 3 of the Regulatory Review Act (71 P.S. § 745.3) includes the following definition of "small business:" "As defined in accordance with the size standards described by the United States Small Business Administration's Small Business Size Regulation under 13 CFR Ch. 1 Part 121 (relating to Small Business Size Regulation) or its successor regulation." The Federal regulations reference the North American Industry Classification System (NAICS) standards. The NAICS small business standard for psychiatric and substance abuse hospitals is \$41,500,000 in annual revenue.

Of the 28 accredited and nonaccredited providers enrolled in the MA program, six are for-profit businesses. The remaining 22 providers are non-profit businesses. Based upon a review of the Department's paid claims data for calendar years 2018, 2019 and 2020, each of the six for-profit and the remaining 22 non-profit providers that provide RTF level of care received less than \$41,500,000 in

Department funds in calendar years 2018, 2019 and 2020. The Department does not have access to information on the total revenue generated by each provider that is reported on Internal Revenue Service (IRS) tax forms, as these for-profit and non-profit providers contract with private insurance companies and other businesses to provide treatment which generates additional revenue. Therefore, based only upon the Department's paid claims data, the Department will consider all 28 providers as small businesses.

The proposed rulemaking does not have any exemptions for small businesses due to minimum health, safety and payment requirements and will equally affect all RTFs under the scope of the proposed rulemaking.

Staff employed by an RTF that seeks licensure as a PRTF may be affected by the proposed rulemaking because the minimum qualifications and responsibilities of positions will be changed to meet the behavioral health needs of children, youth or young adults in PRTFs. Staff may also need to obtain additional education or training.

All children, youth or young adults who are and will receive treatment in an RTF that is licensed and certified by the Department will be affected by the proposed rulemaking. During the calendar year 2019, there were 2,564 children, youth or young adults who received MA funded behavioral health treatment in an RTF certified by the Department. Within that year, approximately 2,183 of the 2,564 children, youth or young adults received treatment in an accredited RTF certified by the Department and approximately 381 children, youth or young adults received treatment in a nonaccredited RTF certified by the Department. Monthly, there was an average of 1,027 children, youth or young adults in an accredited RTF certified by the Department each month in 2019 and there was an average of 251 children, youth or young adults in a nonaccredited RTF certified by the Department each month in 2019. Data from the 2019 calendar year is being used because it reflects utilization of RTFs certified by the Department prior to the disruptions caused by the onset of the COVID-19 pandemic.

Children, youth or young adults who receive treatment in a PRTF will be affected by the proposed rulemaking because it increases staff ratio requirements. The increased staff ratio requirements will provide increased supervision of children, youth or young adults and provide additional access to mental health professionals during awake hours, which will allow their treatment needs to be addressed immediately and allow for more opportunities for family therapy. Increased staffing also provides families with additional opportunities to contact a staff member to discuss any treatment concerns that they may have regarding their child, youth or young adult. In addition, there will be more clinical staff onsite to provide support and guidance to direct care staff.

Children, youth or young adults will also be affected by the proposed rulemaking because it establishes minimum standards for the frequency and duration of individual, group and family therapy and psychoeducation groups, which is more likely to improve the behavioral health treatment children, youth and young adults receive while in a PRTF. Furthermore, by setting minimum training standards and requiring staff training in trauma-informed care, child development, cultural competency, diversity, equity and inclusion, the proposed rulemaking will ensure that staff are appropriately trained. The increased staff qualifications included in the proposed rulemaking will also help ensure that services are delivered by qualified staff, which will result in services that meet the clinical needs of the children, youth or young adults on a consistent and therapeutic basis.

The proposed rulemaking also affects children, youth or young adults by including requirements for secure PRTFs. A child, youth or young adult whose treatment is funded by MA may receive medically

necessary treatment in a secure PRTF without being an alleged delinquent or adjudicated delinquent, which is currently required. It also affects children, youth or youth adults by adding safety requirements, including expanding upon the list of incidents that are currently required to be reported and significantly reducing the length of time a manual restraint can be applied to a child, youth or young adult compared to what is currently permitted. In addition, the proposed rulemaking will protect the health and safety of children, youth or young adults receiving services in a PRTF by prohibiting the use of seclusion, exclusion, prone, chemical and mechanical restraints.

The proposed rulemaking will affect parents, legal guardians and caregivers of children, youth or young adults that receive treatment in a PRTF because it sets a standard for family therapy and promotes the participation of parents, legal guardians and caregivers in treatment and discharge planning.

(16) List the persons, groups or entities, including small businesses, that will be required to comply with the regulation. Approximate the number that will be required to comply.

All RTFs that currently provide medically necessary behavioral health treatment in a residential setting to children, youth or young adults, including those which qualify as small businesses (see #15 for additional information), will be required to comply with the proposed rulemaking if they want to continue to provide services.

All future providers that seek to provide medically necessary behavioral health treatment in a residential setting to children, youth and young adults will need to comply with the proposed rulemaking.

Although the proposed rulemaking includes requirements for children, youth or young adults to receive treatment in a PRTF, children, youth and young adults do not need to comply with the proposed rulemaking. Rather, providers must comply with the proposed rulemaking to be licensed and receive MA payment.

(17) Identify the financial, economic and social impact of the regulation on individuals, small businesses, businesses and labor communities and other public and private organizations. Evaluate the benefits expected as a result of the regulation.

The financial impact of the proposed rulemaking on RTFs that are currently licensed and certified by the Department and future providers that seek to provide PRTF services is the same regardless of whether the RTF or facility is a small business.

Existing providers who operate unaccredited RTFs will need to incur the cost to become accredited. The cost to become accredited depends upon the accreditation body selected by the provider as well as the size of the provider.

Currently, if a child, youth or young adult who is eligible for MA receives medically necessary behavioral health treatment in an accredited RTF that is certified by the Department, the MA program will pay for the child's, youth's or young adult's behavioral health treatment and for room and board. However, if the child, youth or young adult is receiving medically necessary behavioral health treatment in a nonaccredited RTF certified by the Department, the MA program will only pay for the child's, youth's or young adult's behavioral health treatment. The cost for the room and board is covered by another funding source, such as local governments.

The Department will require both accredited and nonaccredited RTFs certified by the Department to comply with the proposed rulemaking 12 months after promulgation.

RTFs may also incur additional costs because of an increase in staff training requirements, an increase in supervisory staff, and changes to staff responsibilities and supervisory ratios. Costs will vary among providers because they are dependent on the provider's current organizational structure.

The proposed rulemaking includes minimum treatment standards for individual therapy, group therapy, family therapy and psychoeducation groups. The financial impact of these minimum standards will vary and depends on the current organizational structure of the RTF. Based on feedback from stakeholders, it is believed that if an RTF is fully staffed, there will be a nominal financial impact on the RTF as a result of the addition of minimum treatment standards.

The proposed rulemaking will not have a financial or economic impact on labor communities or other public and private organizations.

The proposed rulemaking does not have a social impact on small businesses, businesses, labor communities and other public or private organizations.

The proposed rulemaking will benefit the 28 accredited and nonaccredited providers who currently provide behavioral health treatment to children, youth or young adults in a residential setting by creating a streamlined approach to licensing by eliminating the requirement to obtain an additional certification from the Department.

The proposed rulemaking will create a clear distinction between PRTFs and RTFs. This distinction will benefit all children, youth or young adults serving systems, families and providers because it will help them make informed decisions on coordination of care.

If providers incur additional costs as a result of the new requirements in the proposed rulemaking, allowable costs may be submitted for payment through the cost reporting process. The Department's behavioral health managed care organizations' capitation rates and MA provider rates are anticipated to be adjusted to reflect the increased PRTF costs. Since all current licensed and certified RTFs are MA providers, the Department does not anticipate a cost to the regulated community.

(18) Explain how the benefits of the regulation outweigh any cost and adverse effects.

The benefits of the proposed rulemaking to RTFs and facilities that seek to become PRTFs outweigh any cost or adverse effects of the proposed rulemaking. The costs are balanced against the benefits of the proposed rulemaking which streamlines the licensing process, distinguishes PRTFs from RTFs, and provides comprehensive services to children, youth and young adults receiving treatment in a PRTF. There are no adverse effects identified by the Department.

The benefit of the proposed rulemaking also outweighs any costs or adverse effects to providers of RTF services because the proposed rulemaking establishes minimum standards for staff qualifications, staff responsibilities, staff ratios, staff training and treatment requirements for all PRTFs. These standards will increase safety and enhance the behavioral health treatment of the children, youth and young adults receiving treatment in a PRTF, which can result in reduced lengths of stay.

Having consistent staff training will also benefit current RTFs and future providers that seek to provide PRTF services because a staff member will not need to be retrained if the staff member transfers from one PRTF to another and the provider will not need to incur additional costs for training when hiring a new staff member. In addition, children, youth and young adults will benefit from the requirement that staff have higher qualifications and additional training because that will ensure that their clinical needs are being met on a consistent and therapeutic basis.

The proposed rulemaking increases the staff ratio requirements currently required. The new staff ratio requirements will allow for increased supervision of children, youth and young adults and allow for additional support from direct care staff if there is an emergency at a PRTF. In addition, the staff ratio requirement is more stringent for a secure PRTF, which will enhance the safety of the children, youth and young adults served and allow the PRTF to better meet severe behavioral health needs.

The proposed rulemaking also requires that a mental health professional be available at the PRTF during awake hours each day. Awake hours will be determined by the PRTF but can range from 7:00 am to 9:00 pm, depending on the PRTF's structure. The availability of a mental health professional throughout the day and evening hours will ensure that there is a clinician immediately available to respond to treatment needs and will allow for more frequent family therapy, as many families struggle with attending therapy sessions during traditional work hours. Families would also have an extended opportunity to contact the mental health professional working with their child to discuss any concerns that they may have about the treatment their child is receiving. In addition, a mental health professional will be onsite to provide support and guidance to direct care staff relating to treatment.

The proposed rulemaking will also ensure clarity and consistency and will streamline the licensing and payment processes.

The benefits of the proposed rulemaking also outweigh any increased costs and adverse effects because it makes secure PRTF settings available to children, youth and young adults based on their behavioral health treatment needs and not on their delinquency status.

The benefits of the proposed rulemaking also outweigh any cost or adverse effects because it sets a standard for family therapy and promotes the participation of parents, legal guardians and caregivers in treatment and discharge planning.

(19) Provide a specific estimate of the costs and/or savings to the **regulated community** associated with compliance, including any legal, accounting or consulting procedures which may be required. Explain how the dollar estimates were derived.

To be licensed as a PRTF under the proposed rulemaking, accreditation is required. Nonaccredited RTFs certified by the Department that seek to become PRTFs will incur the cost of becoming accredited. The cost to become accredited depends upon the accreditation body selected by the nonaccredited RTF as well as the size of the provider. The cost for accreditation can be up to \$10,000. Accreditation costs incurred by nonaccredited RTFs seeking to become PRTFs may be submitted for payment through cost reporting. MA provider rates and capitation rates are anticipated to be adjusted as needed to include the increased costs related to accreditation and re-accreditation.

As further discussed below, RTFs that seek to be licensed as PRTFs may also incur costs related to changes in staff qualifications, staff responsibilities, staff ratios and staff training requirements. The exact cost for each RTF is dependent upon the RTF's current treatment modalities, organizational structure, staff qualifications and supervision and training requirements. Costs incurred as a result of the changes to staff qualifications, staff responsibilities, staff ratios and staff training requirements in the proposed rulemaking may also be submitted for payment through the cost reporting process. MA provider rates and capitation rates are anticipated to be adjusted as needed to include the increased costs related to changes to staff qualifications, staff responsibilities, staff ratios and staff training requirements.

The proposed rulemaking makes changes to the existing staff requirements to allow PRTFs to better meet the behavioral health needs of the children, youth or young adults served. While the proposed rulemaking maintains the structure of a director, child care worker and child care worker supervisor, the requirements for these positions are changed in the proposed rulemaking.

The "program director" under § 5330.46 (relating to program director) is less stringent than the existing "director" position. Specifically, the proposed rulemaking allows a program director with a master's degree to have 1 year less work experience and a program director with a bachelor's degree to have 2 years less work experience. The proposed rulemaking also allows an individual with an associate's degree and 3 years of work experience or an individual with a high school diploma or equivalent and 5 years of work experience to become a program director.

The "mental health worker" position under § 5330.49 (relating to mental health worker) updates requirements for a "child care worker". Specifically, the proposed rulemaking requires mental health workers to have a high school diploma or the equivalent of a high school diploma and 1 year of experience working directly with children, youth or young adults. Child care workers are not required to have experience working directly with children, youth or young adults.

The "mental health worker supervisor" under § 5330.50 (relating to additional staff positions) is less stringent than the current "child care supervisor" position with respect to education and experience. Specifically, the proposed rulemaking allows individuals with an associate's degree to have 1 year less work experience. The proposed rulemaking also allows individuals with a high school diploma or equivalent and 3 years of work experience to become mental health worker supervisors.

The proposed rulemaking also requires additional positions that are not currently required. The additional positions were added to meet Federal requirements specified in 42 CFR § 441.156 (relating to team developing individual plan of care) for PRTFs and to better support the children, youth or young adults with behavioral health needs receiving medically necessary treatment in a PRTF. The new positions include a medical director, treatment team leader, clinical director, mental health professional and a registered nurse. A medical director may also serve as the treatment team leader and clinical director as long as the requirements of each position are met. The costs of these additional positions may be submitted for payment through the cost reporting process. MA provider rates and capitation rates are anticipated to be adjusted as needed to include the increased costs related to staffing.

If an RTF needs to hire a medical director, treatment team leader, clinical director, mental health professional or registered nurse to meet the requirements of the proposed rulemaking, the approximate annual cost for each position is as follows: \$289,300 for a medical director or a treatment team leader; \$66,450 for a clinical director, unless a physician assumes the role (which would increase the salary);

\$51,500 for a mental health professional, unless the individual is a licensed practitioner (which would increase the salary); and \$66,500 for a registered nurse.

The proposed rulemaking allows a PRTF to also utilize a licensed practical nurse or an advanced practice professional. Should an RTF opt to employ a licensed practical nurse, the average annual salary is approximately \$47,100.

An advanced practice professional can be either licensed as a physician assistant or a certified registered nurse practitioner. Should an RTF opt to employ a physician assistant or a certified registered nurse practitioner, the average annual salary is approximately \$110,140 and \$120,550 respectively.

The staff ratio requirements in the proposed rulemaking are more stringent than what is currently required. During the stakeholder workgroup meetings, many RTF providers stated their staff ratios exceed the requirements and already meet the staff ratio requirements in the proposed rulemaking. RTF providers that are not currently exceeding the minimum staff ratio requirements will incur costs under the proposed rulemaking.

Currently, there shall be one child care worker for every eight children, youth or young adults during awake hours and one child care worker for every 16 children, youth or young adults during sleeping hours. Under the proposed rulemaking, § 5330.42 (relating to staff requirements), however, requires one mental health worker for every six children, youth or young adults during awake hours and one mental health worker for every 12 children, youth or young adults during awake hours.

Using a 16-bed provider as an example, a PRTF that is not currently exceeding the minimum staffing requirements will need to hire 2 additional mental health workers at an average salary of approximately \$35,700. The total additional cost to the provider would be \$71,400. Any costs to come into compliance with the staff-ratio requirements may be submitted for payment through the cost reporting process. MA provider rates and capitation rates are anticipated to be adjusted as needed to include the increased costs related to staff ratio requirements.

While the number of hours of training staff must receive prior to working with children, youth or young adults and annually are consistent with the current requirements, the proposed rulemaking also updates who must complete training and some of the training topics. Under §§ 5330.51 and 5330.52 (relating to initial staff training; annual staff training), all PRTF staff are to complete the initial and annual training hours. Further, additional training topics were added under the proposed rulemaking. Some of the additional training topics include cultural competency and equity, child development, diagnosis and treatment, and trauma-informed care principles. These additional training topics were added as a result of feedback from workgroup members and to support the Commonwealth's initiative of becoming a trauma-informed and healing-centered state. If an RTF did not provide training on the additional topics and does not have the resources to provide training on the additional training topics, the cost for the training would be approximately \$1,620. This cost was determined by factoring in cost for the additional training topics and an assumption of 35% staff turnover. Costs to come into compliance with the staff-training requirements may be submitted for payment through the cost reporting process.

The proposed rulemaking also includes requirements for secure PRTFs. There are currently no secure PRTFs in the Commonwealth. An MA-enrolled provider that chooses to become a secure PRTF will incur the costs to meet all the increased staff requirements. The staff ratio requirements for secure PRTFs are more stringent than the requirements for non-secure PRTFs. The proposed rulemaking

requires that secure PRTFs have one mental health worker for every four youth or young adults during awake hours and one mental health worker for every eight youth or young adults during sleeping hours.

Should an RTF under the scope of the proposed rulemaking that isn't exceeding the minimum staff requirements choose to transition to a secure PRTF, the RTF would need to hire additional mental health workers at an average salary of approximately \$35,700. Using a 16-bed provider as an example, an RTF will need to hire 3 additional mental health workers at an average salary of approximately \$35,700. The total additional cost to the provider would be \$107,100. Any costs to come into compliance with the staff-ratio requirements for a secure PRTF may be submitted for payment through the cost reporting process. MA provider rates and capitation rates are anticipated to be adjusted as needed to include the increased costs related to staff ratio requirements.

The proposed rulemaking imposes additional paperwork requirements (see #22 for additional information). Should an RTF not meet the requirements of the proposed rulemaking, the one-time cost for the RTF to develop the documents will be approximately \$2,763. The cost is based on an average hourly rate of \$34.54 for a program director needing an estimated 80 hours to develop the documents.

PRTFs may incur the cost of having an automated external defibrillator (AED) on grounds. Should a PRTF not currently have an AED on grounds, the cost to purchase one can range from \$1,500 to \$2,500 depending on the type of AED purchased. The Department anticipates that most RTFs seeking to be licensed as PRTFs already have an AED on grounds.

Regarding quality assurance plans, RTFs accredited by entities such as TJC, the CARF or COA are currently required by these entities to complete quality improvement plans. Given the common practice of utilizing quality assurance activities, increased costs to implement this requirement are expected to be minimal.

Any other additional costs for RTFs under the scope of the proposed rulemaking to comply with the new requirements of the proposed rulemaking may be submitted for payment through the cost reporting process. MA provider rates and capitation rates are anticipated to be adjusted as needed to include the increased costs related to meeting the new requirements.

No new legal, accounting or consulting procedures will be required as a result of the proposed rulemaking.

The Department cannot estimate if PRTFs will have costs or savings as a result of receiving payment from private insurance, as the Department does not have access to private insurance payment information.

(20) Provide a specific estimate of the costs and/or savings to the **local governments** associated with compliance, including any legal, accounting or consulting procedures which may be required. Explain how the dollar estimates were derived.

Local governments may potentially experience a cost savings of approximately \$4,780,000 due to the proposed rulemaking. Currently, local governments may pay for room and board for children, youth or young adults receiving treatment in a nonaccredited RTF. Once all PRTFs are accredited, local governments will no longer be responsible for paying for room and board because MA will pay for the child's, youth's or young adult's room and board.

These potential savings were determined by breaking out the room and board component and averaging it to \$95.22 per day. The room and board component was then multiplied by the number of billed bed days for current nonaccredited RTFs certified by the Department, which was 103,321 billed bed days. The \$4,780,000 cost savings is based on the State's share of the \$10,000,000 that is anticipated that MA will pay for room and board expenses for the six nonaccredited RTFs certified by the Department.

No new legal, accounting or consulting procedures are required for local governments.

(21) Provide a specific estimate of the costs and/or savings to the **state government** associated with the implementation of the regulation, including any legal, accounting, or consulting procedures which may be required. Explain how the dollar estimates were derived.

The proposed rulemaking will result in an annual cost to the MA program of approximately \$18,782,000 (\$9,007,000 in State funds). Because it is anticipated that the proposed rulemaking will not be promulgated at the start of a fiscal year, the cost for the first fiscal year is estimated to be half of the total annual cost for subsequent years after promulgation. As a result, the proposed rulemaking will result in an additional cost of \$9,420,000 (\$4,518,000 in State funds) during the fiscal year in which it is promulgated. These costs consist of MA payments for room and board for previously nonaccredited RTFs, payment for costs in complying with new requirements in the proposed rulemaking, costs to employ additional Department positions and costs for increased staffing in secure PRTFs required as a result of this proposed rulemaking.

It is anticipated that MA payment for room and board expenses for the six nonaccredited RTFs certified by the Department that are expected to convert to PRTFs will result in an annual cost of approximately \$10,000,000 (\$4,780,000 in State funds). The annual cost was determined by breaking out the room and board component and averaging it to \$95.22 per day. The room and board component was then multiplied by the number of billed bed days for current nonaccredited RTFs certified by the Department, which was 103,321.

It is anticipated that RTFs that participate in the MA program will seek payment through the cost reporting process for the costs related to changes to staffing requirements identified above, which will result in an annual cost to the MA program of approximately \$7,000,000 (\$3,340,000 in State funds). In addition, it is anticipated that MA payment for the more stringent staff ratio requirements for four facilities that are not currently providing an RTF level of care but are expected to develop a secure PRTF will result in an annual cost to the MA program of approximately \$1,000,000 (\$480,000 in State funds).

In addition, the Department will need to hire six additional human services program representative staff positions in order to carry out the work associated with licensing PRTFs. It is anticipated that these added positions will result in an annual cost of approximately \$782,000 (\$407,000 in State funds).

Improved outcomes from the behavioral health treatment provided to children, youth or young adults in a PRTF may also potentially decrease costs to the Department because improved outcomes may result in shorter lengths of stay at a PRTF and less utilization of more costly higher levels of care, such as hospitalizations.

No new legal, accounting or consulting procedures will be required as a result of the proposed rulemaking.

(22) For each of the groups and entities identified in items (19)-(21) above, submit a statement of legal, accounting or consulting procedures and additional reporting, recordkeeping or other paperwork, including copies of forms or reports, which will be required for implementation of the regulation and an explanation of measures which have been taken to minimize these requirements.

While the proposed licensing Chapter 5330 maintains most of the current paperwork required for RTFs licensed and certified by the Department, it also includes some new documentation requirements. The proposed rulemaking will require PRTFs to develop written policies and procedures on the following:

- Identification and reporting of abuse and plan of supervision for any staff implicated in abuse.
- Reporting, investigating and management of reportable incidents.
- Reporting, investigating and management of recordable incidents.
- Management and disbursement of a child's, youth's or young adult's funds.
- Visits with legal guardians, parents or caregivers.
- Rights of children, youth or young adults and their parents, legal guardians or caregivers.
- Searches of a child, youth or young adult or the child's, youth's or young adult's personal property.
- Designated awake and sleeping hours.
- Supervision of PRTF staff.
- Monitoring of initial and annual staff training.
- Use of hazardous equipment.
- Fire safety monitoring if a smoke detector, fire alarm or carbon monoxide detector becomes inoperative.
- Inclusion of the assessment of health and safety risks in initial medical assessments.
- Use of a level system.
- Handling of discontinued and expired medications.
- Debriefing after a manual restraint.

The proposed rulemaking will also require PRTFs to enter into written agreements to coordinate services with other service providers and to develop a written quality assurance plan and generate annual quality assurance reports.

The proposed rulemaking will not require children, youth or young adults who receive treatment in a PRTF or their parents, legal guardians or caregivers to complete additional reporting, recordkeeping or other paperwork requirements.

Further, the payment provisions under proposed Chapter 1330 (relating to psychiatric residential treatment facility) do not require additional paperwork.

The proposed rulemaking does not require any legal, accounting or consulting procedures.

(22a) Are forms required for implementation of the regulation?

The Department will require all facilities seeking to be licensed as a PRTF to complete a licensing application, which can be accessed by contacting the Department.

All facilities seeking to become a PRTF must complete the PROMISe enrollment application. The link to the Department's website for provider enrollment in PROMISe is provided below.

(22b) If forms are required for implementation of the regulation, **attach copies of the forms here**. If your agency uses electronic forms, provide links to each form or a detailed description of the information required to be reported. **Failure to attach forms, provide links, or provide a detailed description of the information to be reported will constitute a faulty delivery of the regulation.**

The electronic forms for MA enrollment, including instructions, are available at the following address: www.dhs.pa.gov.

(23) In the table below, provide an estimate of the fiscal savings and costs associated with implementation and compliance for the regulated community, local government, and state government for the current year and five subsequent years.

	23-24 Current FY Year	24-25 FY +1 Year	25-26 FY +2 Year	26-27 FY +3 Year	27-28 FY +4 Year	28-29 FY +5 Year
	\$	\$	\$	\$	\$	\$
SAVINGS:	0	0	0	0	0	0
Regulated Community	0	0				
Local Government	0	\$2,390,000	\$4,780,000	\$4,780,000	\$4,780,000	\$4,780,000
State Government	0	0				
Total Savings		\$2,390,000	\$4,780,000	\$4,780,000	\$4,780,000	\$4,780,000
COSTS:	0	0	0	0	0	0
Regulated Community	0	0	0	0	0	0
Local Government	0	0				
State Government¹	0	\$4,518,000	\$9,007,000	\$9,007,000	\$9,007,000	\$9,007,000
Total Costs		\$4,518,000	\$9,007,000	\$9,007,000	\$9,007,000	\$9,007,000
REVENUE LOSSES:	0	0	0	0	0	0
Regulated Community	0	0	0	0	0	0
Local Government	0	0	0	0	0	0
State Government	0	0	0	0	0	0
Total Revenue Losses	0	0	0	0	0	0

(23a) Provide the past three-year expenditure history for programs affected by the regulation.

Program	FY -2020-2021	FY -2021-2022	FY -2022-2023	Current FY- 2023-2024
Medical Assistance - Fee-for-Service	\$808,350,000	\$644,059,000	\$589,143,000	\$755,834,000
Medical Assistance – Capitation	\$3,060,301,000	\$4,557,295,000	\$3,418,498,000	\$4,034,679,000
General Government Operations	\$106,235,000	\$120,570,000	\$120,016,000	\$128,196,000

¹ The Department’s behavioral health managed care organizations’ capitation rates and MA provider rates are anticipated to be adjusted to reflect the increased PRTF costs. Since all current licensed and certified RTFs are MA providers, the Department does not anticipate a cost to the regulated community.

(24) For any regulation that may have an adverse impact on small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012), provide an economic impact statement that includes the following:

- (a) An identification and estimate of the number of small businesses subject to the regulation.
- (b) The projected reporting, recordkeeping and other administrative costs required for compliance with the proposed regulation, including the type of professional skills necessary for preparation of the report or record.
- (c) A statement of probable effect on impacted small businesses.
- (d) A description of any less intrusive or less costly alternative methods of achieving the purpose of the proposed regulation.

- (a) Of the 28 accredited and nonaccredited providers currently enrolled in the MA program that will need to be licensed as PRTFs, six are for-profit providers, while the remaining are non-profit providers. These providers may also contract with private insurance companies, which generates additional revenue for the provider. Based upon a review of the Department's paid claims data for calendar years 2018, 2019 and 2020 all of the providers received less than \$41,500,000 in Department funds, which would meet the small business definition in section 3 of the Regulatory Review Act (71 P.S. § 745.3). The Department does not have access to information on all revenue generated by each provider and can only base its estimate of the number of small businesses on the Department's paid claims data.
- (b) The proposed rulemaking includes new documentation requirements, including the requirement for PRTFs to develop several new written policies and procedures, enter into written agreements to coordinate services with other service providers, develop a written quality assurance plan and generate annual quality assurance reports (see #22 for more information). In addition, all facilities seeking to provide PRTF level of care will need to complete the PROMISE enrollment application.
- (c) The proposed rulemaking will affect all PRTFs equally since the Department considers all currently licensed and certified facilities to meet the definition of a small business based on the Department's paid claims data.
- (d) There are no less intrusive or less costly alternative methods of achieving the purpose of the proposed rulemaking.

(25) List any special provisions which have been developed to meet the particular needs of affected groups or persons including, but not limited to, minorities, the elderly, small businesses, and farmers.

There are no provisions of the proposed rulemaking specifically developed to meet the needs of affected groups or persons including minorities, small businesses or farmers.

(26) Include a description of any alternative regulatory provisions which have been considered and rejected and a statement that the least burdensome acceptable alternative has been selected.

The minimum standards in the proposed rulemaking are needed to ensure the health, safety and well-being of children, youth or young adults who receive medically necessary behavioral health treatment in a PRTF. The minimum standards also provide for increased safety regarding the use of manual restraints. As such, the proposed rulemaking is the least burdensome method to ensure the health, safety and well-being of children, youth or young adults who receive treatment in a PRTF.

(27) In conducting a regulatory flexibility analysis, explain whether regulatory methods were considered that will minimize any adverse impact on small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012), including:

- (a) The establishment of less stringent compliance or reporting requirements for small businesses.
 - (b) The establishment of less stringent schedules or deadlines for compliance or reporting requirements for small businesses.
 - (c) The consolidation or simplification of compliance or reporting requirements for small businesses.
 - (d) The establishment of performance standards for small businesses to replace design or operational standards required in the regulation; and
 - (e) The exemption of small businesses from all or any part of the requirements contained in the regulation.
- (a) The Department did not propose to establish less stringent compliance or reporting requirements for small businesses because the Department considers all RTFs that currently provide behavioral health treatment in a residential setting to children, youth or young adults to be small businesses. These proposed reporting requirements are needed to maintain the health and safety of the children, youth or young adults being served.
 - (b) The Department did not propose to establish less stringent schedules or deadlines for compliance or reporting requirements for small businesses because the Department considers all RTFs that currently provide behavioral health treatment in a residential setting to children, youth or young adults to be small businesses. These proposed requirements are needed to maintain the health and safety of the children, youth or young adults being served.
 - (c) The Department did not propose to further consolidate or simplify compliance or reporting requirements for small businesses because the Department considers all of the RTFs that currently provide behavioral health treatment in a residential setting to children, youth or young adults to be small businesses. The licensure standards are the proposed minimum requirements for health and safety as such the Department did not consolidate or further simplify them.
 - (d) The Department did not propose to establish performance standards for small businesses to replace design or operational standards required in the regulation because the Department considers all of the RTFs that currently provide behavioral health treatment in a residential setting to children, youth or young adults to be small businesses. The licensure standards are the proposed minimum requirements for health and safety as such the Department did not propose to replace them with other standards.

- (e) The Department did not propose to exempt small businesses from all or any part of the requirements contained in the regulation because the Department considers all of the RTFs that currently provide behavioral health treatment in a residential setting to children, youth or young adults to be small businesses.

(28) If data is the basis for this regulation, please provide a description of the data, explain in detail how the data was obtained, and how it meets the acceptability standard for empirical, replicable and testable data that is supported by documentation, statistics, reports, studies or research. Please submit data or supporting materials with the regulatory package. If the material exceeds 50 pages, please provide it in a searchable electronic format or provide a list of citations and internet links that, where possible, can be accessed in a searchable format in lieu of the actual material. If other data was considered but not used, please explain why that data was determined not to be acceptable.

Neighboring states' standards and regulations for treatment received in a PRTF were reviewed. Requirements and standards for Maryland, New Jersey, New York, Virginia and West Virginia were reviewed to assist in determining staffing patterns, staff qualifications, admission processes, treatment planning, quality management methods and documentation requirements. Delaware's requirements were not reviewed because they utilize other states for a PRTF level of care. Ohio's requirements were not reviewed because they are currently in the process of promulgating PRTF regulations.

The standards and regulations reviewed can be accessed at:

Maryland

- [Pages - COMAR Search \(maryland.gov\)](#)

New Jersey

- [N.J.A.C. 10:75 \(state.nj.us\)](#)

New York

- [Browse – New York Codes, Rules and Regulations \(westlaw.com\)](#)
[https://govt.westlaw.com/nycrr/Document/I50375babcd1711dda432a117e6e0f345?viewType=FullText&originatiOnContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](https://govt.westlaw.com/nycrr/Document/I50375babcd1711dda432a117e6e0f345?viewType=FullText&originatiOnContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default))

Virginia

- <https://law.lis.virginia.gov/admincode/title12/agency30/chapter50/section130/>

West Virginia

- [Chapter 531 Psychiatric Residential Treatment facility services \(wv.gov\)](#)

(29) Include a schedule for review of the regulation including:

- A. The length of the public comment period: 30 days
- B. The date or dates on which any public meetings or hearings will be held: No public meetings or hearings will be held.
- C. The expected date of delivery of the final-form regulation: Fourth quarter of 2025
- D. The expected effective date of the final-form regulation:

With the exception of the amendment to § 3800.3 (relating to exemptions), the proposed rulemaking will be effective upon publication of the final-form rulemaking in the Pennsylvania Bulletin. The amendment to § 3800.3 will be effective 12 months after publication of the final-form rulemaking.

- E. The expected date by which compliance with the final form regulation will be required:

The Department will require both accredited and nonaccredited RTFs certified by the Department to comply with the proposed rulemaking 12 months after promulgation.

Effective immediately upon publication of the final-form rulemaking, RTFs that are licensed and certified by the Department shall provide a projected cost report in accordance with § 1330.39 (a) (relating to annual cost reporting and independent audit) to the Department. The projected cost report must include the RTF's anticipated costs to come into compliance with the proposed rulemaking.

New facilities seeking to provide behavioral health residential treatment to children, youth or young adults shall obtain a license under Chapter 5330 prior to operating a PRTF.

- F. The expected date by which required permits, licenses or other approvals must be obtained:

RTFs currently licensed and certified by the Department must obtain a new license under Chapter 5330 within 12 months after promulgation. The Department will issue licenses in accordance with each RTF's license renewal date.

New facilities seeking to provide behavioral health residential treatment to children, youth or young adults shall obtain a license under Chapter 5330 prior to operating a PRTF.

(30) Describe the plan developed for evaluating the continuing effectiveness of the regulations after its implementation.

Once promulgated, the Department will review the rulemaking on an ongoing basis to ensure compliance with Federal and State law and to assess the appropriateness and effectiveness of the rulemaking.

The Department will monitor the impact of the rulemaking through yearly licensing audits and discussions between offices. In addition, the Department will meet with representatives of RTFs, behavioral health advocates, family advocates, the Mental Health Association of Pennsylvania, provider associations, Disability Rights of Pennsylvania, behavioral health managed care organizations and counties on an ongoing basis. The Department will also meet with children, youth or young adults receiving PRTF treatment, their families and other persons impacted by the rulemaking on an ongoing basis. Any issues identified will be researched and addressed by the Department as needed.

PURPOSE OF APPLICATION

New Facility/Agency

Renewal

Certificate # _____

IDENTIFICATION

<p>1. NAME and ADDRESS OF AGENCY/FACILITY</p> <p>NAME _____</p> <p>NUMBER and STREET _____</p> <p>CITY _____ STATE _____ ZIP CODE _____</p> <p>EMAIL ADDRESS (if available) _____ PHONE NUMBER _____</p>	<p>2. NAME and ADDRESS OF LEGAL ENTITY</p> <p>NAME _____</p> <p>P.O. BOX or NUMBER and STREET _____</p> <p>CITY _____ STATE _____ ZIP CODE _____</p> <p>EMAIL ADDRESS (if available) _____ PHONE NUMBER _____</p>				
<p>3. COUNTY and MUNICIPALITY/CITY/TOWNSHIP/BOROUGH</p>	<p>4. RESPONSIBLE PERSON</p> <p>NAME _____ TITLE _____</p>				
<p>5. TYPE OF AGENCY/FACILITY SERVICE</p>	<p>6. REQUESTED/LICENSED CAPACITY (Assisted Living, Personal Care Homes ONLY)</p>				
<p>7. <input type="checkbox"/> FEDERAL EMPLOYER IDENTIFICATION NUMBER or <input type="checkbox"/> SOCIAL SECURITY NUMBER OF LEGAL ENTITY _____</p>					
<p>8. TYPE OF OPERATION</p> <p><input type="checkbox"/> PROFIT <input type="checkbox"/> NON-PROFIT</p>					
<p>9. TYPE OF OWNERSHIP/CONTROL</p> <p> <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> FOREIGN PART <input type="checkbox"/> LLP <input type="checkbox"/> LP <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> SCHOOL DISTRICT <input type="checkbox"/> CORPORATION <input type="checkbox"/> FOREIGN CORP <input type="checkbox"/> LLC <input type="checkbox"/> OTHER </p>					
<p>10. PRIOR LICENSE STATUS (If YES to any of the items 10 through 12 inclusive, explain on a separate sheet of paper.) Has the agency/facility (item 1), or Legal Entity (item 2), or the Person Responsible (operator) (item 4), or the person signing the application ever been denied a Certificate or license, had a Certificate of Compliance or license revoked, or had a Certificate of Compliance or license non-renewed in Pennsylvania or any other state?</p>					
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">YES</th> <th style="width:50%;">NO</th> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>				
<p>11. HAS THE LEGAL ENTITY, OWNER OR OPERATOR: Ever been convicted of a felony; convicted of a crime involving child abuse, child neglect, moral turpitude, or physical violence; named a perpetrator in an indicated or founded report of child abuse in accordance with the Child Protective Services Law or the Care-Dependent Services Act (18 Pa.C.S.Ch.632713)?</p>					
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">YES</th> <th style="width:50%;">NO</th> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>				
<p>12. IS THE LEGAL ENTITY, OWNER OR OPERATOR CURRENTLY CHARGED WITH A FELONY OR MISDEMEANOR?</p>					
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">YES</th> <th style="width:50%;">NO</th> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>				

ATTACHMENTS

If this is an **Initial Application** for a new facility/agency or change of name of legal entity, submit copies of the following documents with this application.

- **Certificate of Occupancy** (issued from Department of Health, Department of Labor and Industry or municipality.)
- **Articles of Incorporation** (if the facility or agency is operated by a corporation.)
- **State Fictitious Name Approval** (if the facility or agency is operated for profit and a fictitious name is used.)

DECLARATION

(Any false information or statement knowingly given in this application is punishable under Section 4904 of the Pennsylvania Crimes Code.)

I understand that the Certificate of Compliance will be issued to me on the condition that I will operate the above named facility or agency in accordance with the laws of the Commonwealth of Pennsylvania and with the rules and regulations of the Department of Human Services; Title VI and Title VII of the Civil Rights Act of 1964; the Age Discrimination Act of 1975; the Rehabilitation Act of 1973 and the Pennsylvania Human Relations Act of 1955, and the Americans with Disabilities Act of 1990.

Specifically, the above named facility will not permit discrimination on the basis of color, race, religious creed, disability, ancestry, national origin, age or sex in any aspect of service delivery and employment.

I hereby declare that the information given in this application is true to the best of my knowledge.

NAME/TITLE (print or type)
(Where the legal entity is a corporation, the individual must be a corporate officer.)

ADDRESS

SIGNATURE OF THE LEGAL ENTITY REPRESENTATIVE

DATE (mm/dd/yyyy)

INSTRUCTIONS FOR COMPLETION OF APPLICATION FOR CERTIFICATE OF COMPLIANCE FOR A FACILITY OR AGENCY, HS 633

PURPOSE OF APPLICATION:

New Facility: A new agency or an agency that has had an agency/facility name change, agency/facility address change or a change in the legal entity name. **Renewal:** Any agency/facility applying to renew their existing Certificate of Compliance. The name and address of the agency/facility and the name of the legal entity should be the same as it is on the existing Certificate of Compliance. If it is a renewal application, supply the Certificate of Compliance number.

1. **NAME, ADDRESS, EMAIL ADDRESS AND TELEPHONE NUMBER OF PHYSICAL SITE OF AGENCY/FACILITY:** Indicate name, address, email address and telephone number of the physical facility or agency where the services will be provided. If the application is for renewal, the name and address of the facility or agency should be the same as on the previous application unless there is a change in name or address.
2. **NAME, MAILING ADDRESS, EMAIL ADDRESS AND TELEPHONE NUMBER OF LEGAL ENTITY:** Indicate the name of the legal entity, for example, the person, partnership, association, organization, corporation or governmental body responsible for the operation of the facility or agency and mailing address, email address and telephone number of legal entity.
3. **COUNTY AND MUNICIPALITY/TOWNSHIP/BOROUGH:** Indicate the name of the county in which the facility or agency is located. Indicate the municipality/township/borough in which the facility or agency is located.
4. **RESPONSIBLE PERSON:** Indicate the full name and title of the person who is responsible for the daily operation of the facility or agency.
5. **TYPE OF AGENCY/FACILITY/SERVICE:** Use the most specific type available -
Mental Health Facilities: Community Residential Rehabilitation Service, Crisis Intervention Programs, Family Based Services, Long Term Structured Residence, Partial Hospitalization, Private Psychiatric Hospital, Psychiatric Outpatient Clinic, Psychiatric Rehabilitation Facility, Residential Treatment Facilities Adults, Peer Support Services.
Intellectual Disability Facilities: Intermediate Care Facility/Intellectual Disability (ICF/ID).
Children, Youth and Families Facilities: Adoption Services, County Children and Youth Agency, Day Care Center, Day Treatment Program, Foster Family Care Agency Services, Group Day Care Home, Mobile Programs, Non-Secure Residential Services, Outdoor Program, Private Children and Youth Agency, Residential Child Care Facility, Secure Care Program, Secure Detention Facilities, Secure Residential Services, Supervised Independent Living Program, Transitional Living Program.
Human Service Programs: Intermediate Care Facility for Other Related Conditions (ICF/ORC), Personal Care Home, Assisted Living.
6. **REQUESTED/LICENSED CAPACITY:** This column applies only to Personal Care Homes and Assisted Living Residences. If this is an application for a new facility or renewal fill in requested capacity.
7. **FEDERAL EMPLOYER IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER OF LEGAL ENTITY:** Indicate the social security number or FEIN of the person, partnership, association, organization, corporation or governmental body responsible for the operation of the facility or agency. (Disclosure of a Social Security number is voluntary. DHS requests a Social Security number under its authority to create application forms pursuant to 62. P.S. § § 1003, 1072(a), and 55 Pa. Code § 20.21(c). The number will be used as a unique provider identifier for purposes of tracking, linking providers to services delivered, payment and reporting.
8. **PROFIT:** Operating with the expectation of providing a financial benefit to someone or something other than the facility or agency itself. The focus is upon the ultimate aim of the enterprise, not the financial results of any particular period of operation. The focus is also upon the particular premises involved and not the legal entity which operates the facility or agency. A non-profit legal entity may be considered as operating a facility or agency for profit if the particular premises involved provides a financial benefit to the parent legal entity. Any legal entity not possessing a certificate of tax exempt status form from the Internal Revenue Service will be considered operating for profit unless it provides satisfactory proof otherwise.
NONPROFIT: Operating other than for profit. Copy of tax exempt certificate should be submitted with the initial application.
9. **TYPE OF OWNERSHIP/CONTROL:** Fill in the type of ownership.
10. **Please answer YES or NO and explain any YES response on a separate piece of paper.**
11. **ATTACHMENTS:** Attach Current Certificate of Occupancy, Articles of Incorporation, State Fictitious Name Approval.
12. **DECLARATION:** The declaration must be signed by the legal entity. If the legal entity is a partnership, association, or organization, the person authorized to sign such documents must sign. Where the legal entity is a corporation, the signature must be of a corporate officer. Type or print name and title of person signing.

CDL-1

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Deputy Attorney General,
email=ae Elliott@attorneygeneral.gov, c=US
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By: Amy M. Elliott
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LEGAL COUNSEL: Hebere Eichenwald Law

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NOTICE OF PROPOSED RULEMAKING

DEPARTMENT OF HUMAN SERVICES

OFFICE OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Psychiatric Residential Treatment Facilities

[55 Pa. Code Chapter 1330 Psychiatric Residential Treatment Facility]

[55 Pa. Code Chapter 3800 Child Residential and Day Treatment Facilities]

[55 Pa. Code Chapter 5330 Psychiatric Residential Treatment Facility]

Statutory Authority

Notice is hereby given that the Department of Human Services (Department) under the authority of sections 201(2), 911 and 1021 of the Human Services Code (62 P.S. §§ 201(2), 911 and 1021) and section 201(2) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4201(2)) intends to adopt the rulemaking set forth in Annex A.

Purpose of Regulation

The Department licenses residential treatment facilities (RTFs) that serve children, youth or young adults under the authority of 55 Pa. Code Chapter 3800 (relating to child residential and day treatment facilities). A subset of the RTFs that provide medically necessary behavioral health treatment in a residential setting to children, youth or young adults under 21 years of age with a behavioral health diagnosis is also certified by the Department. These RTFs are referred to as psychiatric residential treatment facilities (PRTFs) in the proposed rulemaking.

Under the proposed rulemaking, the Department proposes to codify the minimum licensing standards, Medical Assistance (MA) participation requirements and MA payment conditions for PRTFs that serve children, youth or young adults with a behavioral health diagnosis in two new chapters: Chapters 1330 and 5330. Chapter 5330 establishes the Department's minimum program and operational standards for a provider to obtain a license as a PRTF. Chapter 1330 establishes the Department's MA payment conditions and MA participation requirements for PRTFs. All PRTFs will need to be licensed under and comply with Chapter 5330, but only those PRTFs that want to receive MA payment must comply with Chapter 1330. The proposed rulemaking will distinguish licensed PRTFs from other RTFs licensed by the Department and streamline the current licensure and certification process. Upon

promulgation of the final-form rulemaking, PRTFs will be subject to the new Chapters 1330 and 5330.

The proposed rulemaking specifically addresses medically necessary behavioral health treatment for children, youth or young adults provided by a PRTF. It also includes requirements for PRTFs that are in line with the Federal requirements for PRTFs. Finally, the proposed rulemaking adds language to address specific health, safety and treatment needs of children, youth or young adults with a behavioral health diagnosis. The proposed rulemaking supports the goal of better services for children, youth or young adults with behavioral health needs and promotes the goal of children, youth or young adults returning to their home and community in the shortest time possible.

The proposed rulemaking will support children, youth or young adults who receive behavioral health treatment in a residential setting by adding requirements for minimum standards for treatment services, including the required frequency for individual therapy, group therapy and family therapy, and the qualifications for the individuals who provide therapy. The proposed rulemaking will also further delineate staff roles and responsibilities and enhance staff ratio requirements for direct supervision of children, youth or young adults.

The proposed rulemaking proposes to update the current staff requirements to allow PRTFs to better meet the behavioral health needs of the children, youth or young adults served. While the proposed rulemaking maintains the current structure of a director, child care worker and child care worker supervisor, the minimum standards for these positions and the job titles are proposed to be updated under the proposed rulemaking. The proposed rulemaking also requires additional positions to meet Federal requirements and to better support the children, youth or young adults with behavioral health needs receiving treatment in a PRTF. The new positions

include a medical director, treatment team leader, clinical director, mental health professional and registered nurse. The proposed rulemaking also includes minimum standards for additional positions, including an advanced practice professional and a licensed practical nurse. The fiscal impact of the changes to staff requirements is explained in detail below.

The current staff ratio requirements are also increased in the proposed rulemaking for both secure and nonsecure PRTFs, as described below. In addition, the proposed rulemaking proposed to increase certain types of reportable incidents. New incidents that are proposed to be reported include disruption of utilities, use of prohibited restrictive procedures and all medication errors. Because manual restraints have the potential to cause physical harm and can also have a traumatic impact on both the individual who is restrained and on the staff applying the restraint, the proposed rulemaking proposes to reduce the length of time for a manual restraint to be applied to a child, youth or young adult.

The proposed rulemaking also includes different admission requirements for secure PRTFs. Secure PRTFs prohibit egress from the facility or a portion thereof through internal locks, exterior locks or secure fencing around the facility. Generally, a child, youth or young adult needs to be alleged delinquent or adjudicated delinquent to receive care in a secure setting. The proposed rulemaking, however, proposes to remove the delinquency requirement because MA can be used to pay for a child's, youth's or young adult's medically necessary behavioral health treatment in a secure PRTF if the secure PRTF does not exclusively treat children, youth or young adults who are alleged delinquent or adjudicated delinquent. As a result, admission of a child, youth or young adult whose treatment is funded by MA to a secure PRTF will depend on the child's, youth's or young adult's medically recommended treatment needs, rather than on the child's, youth's or young adult's delinquency status.

Finally, the proposed rulemaking codifies the payment requirements for treatment in a PRTF.

Requirements

As discussed previously, proposed Chapter 1330 contains the requirements PRTF providers will need to follow to receive MA payment for the services provided to a child, youth or young adult who receives medically necessary behavioral health services. Proposed Chapter 5330 identifies the minimum program and operational standards for a provider to obtain a license as a PRTF.

The following is a summary of the major provisions of each chapter included in the proposed rulemaking.

Chapter 1330. Psychiatric Residential Treatment Facility – Payment

General Provisions (§§ 1330.1 – 1330.2).

The proposed rulemaking proposes to require a PRTF to be enrolled in the MA program to receive payment for medically necessary behavioral health services rendered to children, youth or young adults with a behavioral health diagnosis. The proposed rulemaking also establishes definitions of key terms used under Chapter 1330. Terms that are used in both Chapter 1330 and Chapter 5330 are defined consistently.

Scope of Benefits (§ 1330.11).

The proposed rulemaking establishes that children, youth or young adults who are MA recipients and have a behavioral health diagnosis are eligible to receive medically necessary services in a PRTF.

Provider Participation (§§ 1330.21 — 1330.23).

The proposed rulemaking includes both the initial and ongoing requirements for a PRTF to participate in the MA program. The proposed rulemaking also establishes requirements for when a PRTF changes ownership.

Payment (§§ 1330.31 — 1330.43).

The proposed rulemaking addresses MA payment for treatment in a PRTF, including a secure PRTF; the requirement that services be medically necessary; and the conditions for payment for admission and continued stay at a PRTF. The proposed rulemaking includes additional requirements for admission to a secure PRTF. The proposed rulemaking adds a requirement for approval by the Department prior to admission to a secure PRTF if a child's, youth's or young adult's treatment is being funded by MA. Further, the proposed rulemaking does not require that a child, youth or young adult be an alleged delinquent or adjudicated delinquent to be admitted to a secure RTF. Rather, admission to a secure PRTF is based on the clinical need for a secure PRTF. The proposed rulemaking also addresses limitations on payment, including payment for hospital-reserved bed days and during periods of elopement, visitation and days of care for which no payment will be made. The proposed rulemaking explains how the Department will set rates for treatment provided in a PRTF, including the

Department's rate-setting policy, cost reporting procedures, allowable and nonallowable costs, income and offsets to allowable and nonallowable costs, and how costs should be allocated. It also includes requirements for related party transactions, billing requirements, financial records and third-party liability.

Utilization Review (§ 1330.51).

The proposed rulemaking requires claims submitted for MA payment to be subject to the utilization review procedures under Chapter 1101 (relating to general provisions).

Administrative Sanctions (§ 1330.61).

The proposed rulemaking addresses when sanctions will be imposed on a PRTF and when the Department will deny or recover payment for services or items.

Provider Right to Appeal (§ 1330.71).

The proposed rulemaking provides that appeals related to Chapter 1330 shall be made in accordance with Chapter 41 (relating to medical assistance provider appeal procedures).

Chapter 3800. Child Residential and Day Treatment Facilities

Exemptions (§ 3800.3).

The proposed rulemaking amends Chapter 3800 to specifically exclude PRTs licensed under the new Chapter 5330. This provision will take effect 12 months after the effective date of the final form regulation.

Chapter 5330. Psychiatric Residential Treatment Facility – Licensing

General Provisions (§§ 5330.1 – 5330.7).

The proposed rulemaking establishes the minimum requirements and treatment standards that must be met for a PRTF to obtain a license to serve children, youth or young adults with a behavioral health diagnosis. While the proposed rulemaking maintains much of the current licensing requirements for RTFs, the proposed rulemaking includes a new requirement that the facility be accredited to be licensed as a PRTF. The accreditation requirement is consistent with the Federal requirements to be a PRTF (see 42 CFR 441.151 (relating to general requirements)). For a facility to be licensed as a PRTF under the proposed rulemaking, the facility must obtain a certificate of compliance from the Department; comply with 55 Pa. Code Chapter 20 (relating to licensure or approval of facilities and agencies), Articles IX and X of the Human Services Code (62 P.S. §§ 901—1088), 42 CFR Part 441 Subpart D (relating to inpatient psychiatric services for individuals under age 21 in psychiatric facilities or programs), and be accredited by The Joint Commission (TJC), the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA) or another accrediting body approved by the Department.

General Requirements (§§ 5330.11 – 5330.21).

The proposed rulemaking codifies the current minimum standards for a facility to be certified by the Department as an RTF, including the requirement that a PRTF have written agreements with other service providers to coordinate physical health care, educational services and other community-based behavioral health services and the requirement for a detailed service description. The proposed rulemaking also includes minimum standards for PRTFs that are required by Federal regulations, including the requirement to have an emergency preparedness

plan (see 42 CFR 441.184 (relating to emergency preparedness)). In addition, the proposed rulemaking includes new requirements that address visits with the child's, youth's or young adult's parents, legal guardians or caregivers, as well as a new requirement for a PRTF to have a written policy to designate awake and sleeping hours.

The proposed rulemaking addresses identification and reporting of abuse; complying with laws that prevent abuse of children, youth or young adults; safeguarding a child's, youth's or young adult's funds; obtaining consent for treatment and keeping records confidential. In addition, language was added to the proposed rulemaking requiring a plan of supervision for any PRTF staff implicated in abuse and a plan for protection of the child, youth or young adult who was subject to abuse.

The proposed rulemaking contains and expands the list of serious incidents that would need to be reported to the Department. Further, the proposed rulemaking proposes to require notification to the child's, youth's or young adult's parents, legal guardians or caregivers. Additional incidents that need to be reported to the Department and require parental notification include disruption of water, heat or electricity, use of a prohibited restrictive procedure and any medication error. This proposed requirement is to ensure that the child's, youth's or young adult's parents, legal guardians or caregivers and the Department are better informed about serious incidents occurring at a PRTF.

The proposed rulemaking includes increased timeframes for reportable incidents than Federal regulations. Current Federal regulations require that a child's, youth's or young adult's

death, serious injury or suicide attempt be reported no later than the close of business the next business day (see 42 CFR § 483.374(b)(1) (relating to facility reporting)). Federal regulations also require that parents, legal guardians or caregivers be informed of their child's death, serious injury or suicide attempt no later than 24 hours after the occurrence (see 42 CFR § 483.374(b)(2)). The proposed rulemaking strengthens the Federal requirements by requiring that incidents involving a fire that results in children, youth or young adults being displaced and incidents involving the disruption of water, heat, cooling or power also be reported to the Department. In addition, the proposed rulemaking requires that all incidents be reported to the Department, and parents, legal guardians and caregivers within 12 hours after the PRTF learns of the incident.

Rights (§§ 5330.31 — 5330.34).

The proposed rulemaking addresses children's, youth's or young adult's rights; the rights of their parents, legal guardians or caregivers; the grievance process that must be available for children, youth or young adults, parents, legal guardians or caregivers and prohibitions on discrimination. The proposed rulemaking also expands on rights by including rights under 55 Pa. Code § 5100.53 (relating to bill of rights for patients). Further, the proposed rulemaking clarifies the requirements that must be met to conduct a search of a child, youth or young adult or the child's, youth's or young adult's property.

Staffing (§§ 5330.41 — 5330.53).

The proposed rulemaking maintains several existing requirements for several staff. However, staff titles and qualifications are proposed to be updated and staff may need to have

additional years of experience and meet new educational requirements, which are being proposed to enable staff to better serve children, youth or young adults with behavioral health needs.

In addition, staff positions were added to the proposed rulemaking to meet the treatment needs of children, youth or young adults in a PRTF setting and to incorporate requirements included in the Federal regulations for PRTFs (see 42 CFR 441.156 (relating to team developing individual plan of care)). New required positions include a treatment team leader, mental health professional and a registered nurse.

The proposed rulemaking also includes new requirements for the supervision of clinical and direct care staff at a PRTF. Supervision requirements were added for registered nurses, clinical directors, advanced practice professionals, licensed practical nurses, mental health professionals, mental health worker supervisors and mental health workers, including requirements for direct observation, face-to-face supervision and documentation of the supervision. These requirements were added to increase oversight of the behavioral health treatment of children, youth or young adults.

The staffing ratios for a PRTF were also proposed to be enhanced. The staff-to-child, youth or young adult ratios are proposed to be increased to ensure that children, youth or young adults receive additional oversight based on their behavioral health needs. Under the proposed rulemaking, when there are less than 12 children, youth or young adults, at least one PRTF supervisory staff person shall be physically present or on call to consult with PRTF staff. When there are 12 or more children, youth or young adults, at least one PRTF supervisory staff person

shall be physically present for every 12 children, youth or young adults. The proposed increased staff ratios also ensure that direct care staff have additional support if there is an incident at the PRTF. A mental health professional is also required to be at the PRTF during awake hours to provide children, youth or young adults in a PRTF additional time to meet with the mental health professional and allow parents, legal guardians or caregivers more time to contact the mental health professional or participate in family therapy.

The training requirements for staff in the proposed rulemaking are proposed to include relevant behavioral health training areas that will better prepare staff to work with children, youth or young adults with behavioral health needs. New proposed behavioral health training areas include trauma-informed care principles; cultural competency and equity; principles of child development and behavioral health diagnosis; and conditions and needs that impact the child, youth or young adult.

Physical Site (§§ 5330.61 – 5330.86).

The proposed rulemaking maintains the current requirements for a physical site of a PRTF, such as equipment be operable, poisonous materials be secured, proper air temperature be maintained, first aid kits be available and there be adequate space for recreational and treatment activities. The proposed rulemaking also requires the PRTF to provide accommodations, equipment and furnishings needed to meet the health and safety needs of the children, youth or young adults served. The proposed rulemaking further requires the PRTF to ensure that heat sources are inaccessible to children, youth or young adults and sanitary conditions are maintained. The PRTF must also be properly lit and ventilated and free of hazards. The PRTF

must have water that is safe to drink, a functioning communication system and post emergency telephone numbers by all telephones accessible to staff. These proposed facility requirements are to protect the health, safety and wellbeing of children, youth, young adults and PRTF staff.

Fire Safety (§§ 5330.91 – 5330.103).

The proposed rulemaking maintains existing fire safety requirements, such as the requirement to comply with fire safety statutes, regulations and ordinances; the need to develop evacuation procedures; the requirement that exit routes be available and clear of obstruction; and the minimum standards on the location and number of detectors, alarms and fire extinguishers. The proposed rulemaking also provides that a PRTF shall safely store flammable and combustible materials, to have its furnace inspected, to take other measures that will prevent a fire from starting and to provide local first responders with information that will be needed in case of a fire. The proposed rulemaking also includes requirements for fire drills. Lastly, the proposed rulemaking also proposes to require that carbon monoxide alarms be installed in a PRTF to prevent carbon monoxide poisoning.

Health (§§ 5330.111 – 5330.119).

The proposed rulemaking maintains the existing standards for the provision of medical care to children, youth or young adults, such as the PRTF arrange for or provide necessary physical or behavioral health treatment, that each child, youth or young adult undergo an initial medical assessment when admitted to a PRTF and, if the child, youth or young adult, has not had a medical examination within 12 months prior to admission to the PRTF, the child, youth or young adult must have a medical examination. Under the proposed rulemaking, PRTFs are also

required to ensure that children, youth or young adults receive dental, vision and hearing examinations. Further, the proposed rulemaking requires that if the child's, youth's or young adult's health or safety is at risk, a health and safety plan be developed and that the PRTF have a medical emergency plan.

The proposed rulemaking also addresses the use of drugs, alcohol, tobacco and e-cigarettes. Requirements for e-cigarettes were added due to the growth in the use of e-cigarettes. Under the proposed rulemaking, the use or possession of drugs, alcohol, tobacco and e-cigarette products by a child, youth or young adult is prohibited.

Staff Health (§§ 5330.121 — 5330.123).

The proposed rulemaking includes a requirement that each PRTF staff person have undergone a health assessment within 12 months of hire and every 24 months thereafter and have a tuberculosis screening upon employment. The proposed rulemaking also requires that each PRTF staff person show proof that they are free of any serious communicable diseases that may spread through casual contact.

Nutrition (§§ 5330.131 — 5330.133).

The proposed rulemaking maintains the existing requirements for nutrition. In addition, the proposed rulemaking proposes a new requirement that there cannot be more than 15 hours between an evening and morning meal the following day.

Treatment Services (§§ 5330.141 — 5330.148).

The requirements in the proposed rulemaking for treatment services comply with the Federal requirements specified in 42 CFR Part 441, Subpart D (relating to inpatient psychiatric services for individuals under age 21 in psychiatric facilities or programs).

The proposed rulemaking proposes that a child's, youth's or young adult's treatment be provided under the direction of a psychiatrist, including the development and updating of a child's, youth's or young adult's treatment plan. It also provides minimum standards for individual, family and group therapy and psychoeducation groups. The proposed rulemaking expands upon planning requirements for a child's, youth's or young adult's discharge from a PRTF. Finally, the proposed rulemaking proposes new requirements on utilizing a level system for PRTFs that utilize such a system. Specifically, a PRTF is required to develop written policies and procedures that utilize trauma-informed care principles to provide incentives, structure, limit setting, encouragement and support to a child, youth or young adult. Further, the level system must be individualized, consistent with treatment objectives and developmentally appropriate and cannot be punitive in nature.

Transportation (§ 5330.151).

The proposed rulemaking maintains existing requirements for safely transporting a child, youth or young adult, such as requiring compliance with applicable laws and regulations regarding the transportation of children, youth or young adults. The proposed rulemaking also proposes to increase the staff-to-child, youth or young adult ratio during transportation to allow for additional support in the event an incident occurs during transportation.

Medication (§§ 5330.161 - 5330.170).

The proposed rulemaking maintains existing requirements for the storage and labeling of medications, such as the use of and the administration of medications, maintenance of a medication log, and documentation of medication errors. The proposed rulemaking also proposes, as a result of feedback from the stakeholder workgroup, to add requirements that address the right to refuse medication in accordance with Federal and State laws and regulations. Further, additional language was added prohibiting the use of pro re nata medication to control a child's, youth's or young adult's acute, episodic behavior in a PRTF.

Restrictive Procedures (§§ 5330.181 — 5330.190).

The proposed rulemaking differs significantly from existing requirements regarding restrictive procedures, including those in Federal regulations. Specifically, the proposed rulemaking proposes to prohibit the use of mechanical restraints and seclusion in both secure and nonsecure PRTFs. The proposed rulemaking also proposes to prohibit the use of chemical restraints and exclusion in secure and nonsecure PRTFs. While the proposed rulemaking permits the use of manual restraints, the proposed rulemaking prohibits the application of a manual restraint for more than 30 minutes. The 30-minute time limit for the application of a manual restraint is more stringent than what is required by the Federal regulations (see 42 CFR 483.358(e)(2) (relating to orders for the use of restraint or seclusion)), which permit a manual restraint for no more than 4 hours if the individual being restrained is 18 years of age or older but under 21 years of age; for no more than 2 hours if the individual being restrained is 9 years of age or older but under 18 years of age; or for no more than 1 hour if the individual being restrained is under 9 years of age. These proposed additional requirements are included to

eliminate the excessive use of restraints and minimize the trauma that can arise as a result of the use of a restraint.

Further, the proposed rulemaking proposes to require that a restrictive procedure plan be developed for all children, youth or young adults. Also, the proposed rulemaking includes requirements on who can order a manual restraint that are consistent with Federal regulations (see 42 CFR 483.358). Additionally, the proposed rulemaking proposes to require PRTFs to document the use of a manual restraint and implement follow-up procedures to prevent the use of another manual restraint. These proposed additional requirements are intended to protect the health and safety of a child, youth or young adult on whom a manual restraint is used.

Finally, the proposed rulemaking includes requirements for the use of time-outs that are consistent with Federal regulations (see 42 CFR 483.368 (relating to application of time out)) and incorporates the requirements in the Federal regulations for the submission of an initial and annual attestation that the PRTF is complying with the Centers for Medicare and Medicaid Services' standards on the use of restrictive procedures (see 42 CFR 483.374 (relating to facility reporting)).

Secure PRTF (§§ 5330.201 — 5330.202).

The proposed rulemaking addresses the minimum standards for a secure PRTF, including the mechanisms that can be used to prohibit egress from a secure PRTF or a portion of a PRTF and the staffing requirements. The staff ratio requirements in the proposed rulemaking for

secure PRTFs are proposed to be increased because of the severe behavioral health needs of the children, youth or young adults that may be served in secure PRTFs.

Records (§§ 5330.211 — 5330.214).

The proposed rulemaking addresses the required content and retention of a child's, youth's or young adult's records and the requirements for PRTF records. In addition, the proposed rulemaking proposes additional content requirements that are specific to children, youth or young adults receiving behavioral health treatment in a PRTF, including the requirement that the certification of need for continued stay and the child's, youth's or young adult's psychiatric evaluations are included in the record. The proposed rulemaking also proposes requirements for maintaining PRTF records and properly handling protected health information in accordance with Federal and State regulations, including the requirement to maintain licenses, emergency preparedness plans and policies.

Quality Assurance (§ 5330.221).

The proposed rulemaking requires PRTFs to establish and implement quality assurance practices that include evaluation of services provided to children, youth or young adults; review of manual restraints utilized and adherence to the parameters identified in the PRTF's service description. Quality assurance requirements are proposed to be consistent with the requirements for other behavioral health facilities licensed by the Department.

Waivers (§ 5330.231).

The proposed rulemaking contains requirements for a PRTF to obtain a waiver of a specific program requirement. The proposed rulemaking also addresses when the Department may revoke a waiver.

Affected Individuals and Organizations

RTFs that are currently licensed and certified by the Department to provide behavioral health treatment to children, youth or young adults will be affected by the proposed rulemaking. Currently, 22 providers with 76 licensed programs are accredited by TJC, CARF or COA. In addition, there are six providers with 27 licensed programs that are not accredited by TJC, CARF or COA. Any new provider intending to provide PRTF services will have to meet the requirements proposed under Chapters 1330 and 5330.

Children, youth or young adults who receive treatment in a PRTF will be affected by the proposed rulemaking. Approximately 2,564 children, youth or young adults a year receive treatment funded by MA in an RTF certified by the Department. There may be additional children, youth or young adults affected by the proposed rulemaking whose services are funded by private insurance and other resources.

Staff employed by an RTF that seeks licensure as a PRTF may be affected by the proposed rulemaking because the minimum qualifications and responsibilities of positions have been changed to meet the behavioral health needs of children, youth or young adults in PRTFs.

The Department consulted with the Mental Health Planning Council in the development of this proposed rulemaking. The Mental Health Planning Council advises the Department on issues related to mental health, substance abuse, behavioral health disorders and cross-system disability. The Department also worked with a stakeholder workgroup to develop the proposed rulemaking. The stakeholder workgroup included representation from the following: RTF providers currently certified and licensed by the Department; family advocates; family members of children, youth or young adults who received RTF services; the Mental Health Association of Pennsylvania; Rehabilitation and Community Providers Association; Pennsylvania Council of Children, Youth & Family Services; Disability Rights of Pennsylvania; National Partnership for Juvenile Services; behavioral health managed care organizations and county mental health representatives.

The stakeholder workgroup held an initial face-to-face meeting on February 11, 2020. After the onset of the COVID-19 pandemic, the workgroup held virtual meetings on June 11, 2020, June 17, 2020, and July 31, 2020. The stakeholder workgroup discussed staff qualifications and training, treatment planning, administering medication, ensuring health and safety and the use of restrictive procedures. A summary of each meeting was provided to workgroup members. Workgroup members were encouraged to ask questions, make suggestions or share concerns via email.

The Department also consulted individually with family advocates; family members of children, youth or young adults who received RTF services; medical directors of behavioral health managed care organizations; psychiatrists and other offices within the Department about

whether there is a clinical need for secure treatment settings and determined that there are circumstances where there is a clinical need for children, youth or young adults to receive treatment in a secure PRTF. Because the Department is committed to ensuring active participation from family members whose children are currently receiving treatment in an RTF, the Department met with family members on March 19, 2021, June 25, 2021, September 1, 2021, and September 10, 2021.

The Department updated interested parties and organizations throughout the drafting of the proposed rulemaking to ensure a transparent process. Comments and feedback received from interested parties and organizations were considered in the drafting process.

Accomplishments and Benefits

The proposed rulemaking benefits children, youth or young adults receiving services in a PRTF by making changes that are intended to result in decreases in lengths of stay and reductions in readmissions. The proposed rulemaking encourages a robust commitment to trauma-informed principles; emphasizes active engagement of children, youth or young adults in their treatment and promotes planning for discharge to begin upon admission.

The proposed rulemaking also benefits children, youth or young adults who receive treatment in a PRTF by increasing staff ratios, which will allow for increased supervision of children, youth or young adults and provides children, youth or young adults with additional access to mental health professionals during awake hours. Requiring mental health professionals to be present at the PRTF during all awake hours will increase the availability of clinicians to

respond to immediate treatment needs and allow for more opportunities for family therapy. Increased staffing also provides families with additional opportunities to contact a staff member to discuss any treatment concerns that they may have regarding their child. In addition, there will be more clinical staff onsite to provide support and guidance to direct care staff.

Children, youth or young adults will also benefit because the proposed rulemaking establishes minimum standards for the frequency and duration of individual, group and family therapy and psychoeducation groups, which will improve the behavioral health treatment children, youth or young adults receive while in a PRTF. Furthermore, by setting minimum training standards and requiring staff training in trauma-informed care, child development, cultural competency, diversity, equity and inclusion, the proposed rulemaking will ensure that staff are appropriately trained. The increased staff qualifications proposed under the proposed rulemaking will also help ensure that services are delivered by qualified staff, which will result in services that meet the clinical needs of the children, youth or young adults on a consistent and therapeutic basis.

The proposed rulemaking will also benefit children, youth or young adults and their parents, legal guardians and caregivers because it changes the requirements for admission to a secure PRTF. Specifically, the proposed rulemaking does not require that a child, youth or young adult be alleged delinquent or adjudicated delinquent to be admitted to a secure PRTF. Instead, admission to a secure PRTF will depend on the child's, youth's or young adult's medically recommended treatment needs. In addition, the proposed rulemaking proposes more

stringent staff ratios for secure PRTFs, which will protect the safety of children, youth and young adults who receive services in a secure PRTF.

Finally, the proposed rulemaking also benefits children, youth or youth adults by expanding upon the list of incidents to be reported and significantly reducing the length of time a manual restraint may be applied to a child, youth or young adult. In addition, the proposed rulemaking protects the health and safety of children, youth and young adults receiving services in a PRTF by prohibiting the use of seclusion, exclusion and prone, chemical and mechanical restraints.

The proposed rulemaking will benefit parents, legal guardians and caregivers of children, youth or young adults that receive treatment in a PRTF by setting a standard for family therapy and promoting the participation of parents, legal guardians and caregivers in treatment and discharge planning. The proposed rulemaking will also benefit PRTFs because it will allow for a more streamlined and codified approach to licensing.

Fiscal Impact

Because each RTF that is currently licensed and certified by the Department has a unique staffing, training and organizational structure, the Department does not have sufficient information to determine the fiscal impact the proposed rulemaking would have for each individual RTF. Therefore, the Department's fiscal analysis assumes that all RTFs are currently meeting, and not exceeding, the minimum licensure standards and the requirements to be certified by the Department to provide medically necessary behavioral health treatment. If

providers incur additional costs as a result of the new requirements in the proposed rulemaking, allowable costs may be submitted for payment through the cost reporting process. The Department's behavioral health managed care organizations' capitation rates and MA provider rates are anticipated to be adjusted to reflect the increased PRTF costs.

The proposed rulemaking will result in an annual cost to the MA program of approximately \$18,782,000 (\$9,007,000 in State funds). Based on the anticipated time frame for the proposed rulemaking to be promulgated, the cost for the first fiscal year will be half of the total annual cost for subsequent years after promulgation. This will amount to approximately \$9,420,000 (\$4,518,000 in State funds) in the first year. These costs include MA payments for room and board expenses for children, youth or young adults residing at previously nonaccredited RTFs, payment for costs PRTFs incur to comply with new requirements in the proposed rulemaking, costs for increased staffing in secure PRTFs required as a result of this proposed rulemaking and the cost to the Department to hire additional staff to carry out the work associated with licensing PRTFs.

The proposed rulemaking proposes to require accreditation to be licensed as a PRTF. Nonaccredited RTFs certified by the Department that seek to become PRTFs will incur the cost of becoming accredited. The cost to become accredited depends upon the accreditation body selected by the nonaccredited RTF as well as the size of the provider. The cost for accreditation can be up to \$10,000.

In addition, if a child, youth or young adult who is eligible for MA receives medically necessary behavioral health treatment in an accredited RTF that is certified by the Department, MA will pay for the child's, youth's or young adult's behavioral health treatment and for room and board. However, if the child, youth or young adult is receiving medically necessary behavioral health treatment in a nonaccredited RTF certified by the Department, MA will only pay for the child's, youth's or young adult's medically necessary behavioral health treatment. The cost for the room and board is covered by another funding source, such as local governments. Because all PRTFs are proposed to be accredited under the proposed rulemaking, it is anticipated that MA payment for room and board expenses for the six nonaccredited RTFs certified by the Department that are anticipated to convert to PRTFs will result in an annual cost to the MA program of approximately \$10,000,000 (\$4,780,000 in State funds). The annual cost was determined by breaking out the room and board component and averaging it to \$95.22 per day. The room and board component was multiplied by the number of billed bed days for current nonaccredited RTFs certified by the Department, which was 103,321 billed bed days.

RTFs that seek to be licensed as PRTFs may also incur costs related to changes in staff qualifications, staff responsibilities, staff ratios and staff training. The exact cost for each RTF is dependent upon the RTF's current treatment modalities, organizational structure, staff qualifications and supervision and training requirements. Additionally, PRTFs may incur the cost of having an automated external defibrillator (AED) on grounds. Should a PRTF not currently have an AED on grounds, the cost to purchase one can range from \$1,500 to \$2,500 depending on the type of AED purchased. The Department anticipates that most of the RTFs that seek to be licensed as PRTFs already have an AED on the grounds.

The proposed rulemaking proposes changes to the existing staff requirements to allow PRTFs to better meet the behavioral health needs of the children, youth or young adults served. While the proposed rulemaking maintains the structure of a director, child care worker and child care worker supervisor, the requirements for these positions are proposed to be updated in the proposed rulemaking.

The proposed requirements for the director position are less stringent under § 5330.46 (relating to program director) than existing requirements. Specifically, the proposed rulemaking allows a program director with a master's degree to have 1 year less work experience and a program director with a bachelor's degree to have 2 years less work experience. The proposed rulemaking also allows an individual with an associate's degree and 3 years of work experience or an individual with a high school diploma or equivalent and 5 years of work experience to become a program director.

Under the proposed rulemaking, the child care worker, which is identified as a mental health worker in § 5330.49 (relating to mental health worker), has different qualifications. Specifically, the proposed rulemaking requires mental health workers to have a high school diploma or the equivalent of a high school diploma and 1 year of experience working directly with children, youth or young adults.

The education and experience requirements for a child care supervisor, which is referred to as mental health worker supervisor under § 5330.50 (relating to additional staff positions), are also less stringent than current requirements. Specifically, the proposed rulemaking allows individuals with an associate's degree to have 1 year less work experience. The proposed

rulemaking also allows individuals with a high school diploma or equivalent and 3 years of work experience to become mental health worker supervisors.

The proposed rulemaking also requires additional positions. The additional positions were added under the proposed rulemaking to meet Federal requirements for PRTFs and to better support the children, youth or young adults with behavioral health needs receiving medically necessary treatment in a PRTF. The new positions include a medical director, treatment team leader, clinical director, mental health professional and a registered nurse.

A medical director may serve as the treatment team leader and clinical director as long as the requirements of each position are met. If an RTF needs to hire a medical director, treatment team leader, clinical director, mental health professional or registered nurse to meet the requirements of the proposed rulemaking the approximate average annual cost for each position is as follows: \$289,300 for a medical director or a treatment team leader; \$66,450 for a clinical director, unless a physician assumes the role (which would increase the salary); \$51,500 for a mental health professional, unless the individual is a licensed practitioner (which would increase the salary); and \$66,500 for a registered nurse.

Finally, the proposed rulemaking allows a PRTF to also utilize a licensed practical nurse or an advanced practice professional. Should an RTF opt to employ a licensed practical nurse, the average annual salary is approximately \$47,100.

An advanced practice professional may either be licensed as a physician assistant or a certified registered nurse practitioner. Should an RTF opt to employ a physician assistant or a

certified registered nurse practitioner, the average annual salary is approximately \$110,140 and \$120,550 respectively.

The staff ratio requirements in the proposed rulemaking are more stringent than what is currently required. During the stakeholder workgroup meetings, many RTF providers stated that staff ratios exceed existing requirements and meet the staff ratio requirements in the proposed rulemaking. RTF providers that are not currently exceeding the minimum staff ratio requirements will incur costs under the proposed rulemaking.

Currently, one child care worker is required for every eight children, youth or young adults during awake hours and one child care worker for every 16 children, youth or young adults during sleeping hours. The proposed rulemaking requires one mental health worker for every six children, youth or young adults during awake hours and one mental health worker for every 12 children, youth or young adults during awake hours.

Using a 16-bed provider as an example, a PRTF provider that is not currently exceeding the minimum staffing requirements will need to hire 2 additional mental health workers at an average salary of approximately \$35,700. The total additional cost to the provider would be \$71,400.

It is anticipated that RTFs that participate in the MA program will seek payment from the cost reporting process for the costs related to changes to staffing requirements identified above, which will result in an annual cost to the MA program of approximately \$7,000,000 (\$3,340,000 in State funds).

While the number of hours of annual training staff must receive prior to working with children, youth or young adults is being maintained, the proposed rulemaking changes who must complete training and some of the training topics. Under the proposed rulemaking, all PRTF staff will be required to complete initial and annual training hours. In addition, additional training topics are proposed to be added. Some of the additional training topics include cultural competency and equity, child development, diagnosis and treatment and trauma-informed care principles. These additional training topics are proposed as a result of feedback from workgroup members and to support the Commonwealth's initiative of becoming a trauma-informed and healing-centered state. If an RTF does not provide training on the additional topics and does not have the resources to provide training on the additional training topics, the cost for the additional trainings would be approximately \$1,620. This cost was determined by factoring in the cost for training staff in the additional training topics and an assumption of 35% staff turnover.

The proposed rulemaking includes requirements for secure PRTFs. There are currently no secure PRTFs in the Commonwealth. Any MA enrolled provider that chooses to operate a secure PRTF will incur costs to meet the staffing requirements.

The staff ratio requirements for secure PRTFs are more stringent than the requirements for non-secure PRTFs. The proposed rulemaking proposed to require that secure PRTFs have one mental health worker for every four children, youth or young adults during awake hours and one mental health worker for every eight children, youth or young adults during sleeping hours.

Existing RTFs that choose to transition to secure PRTFs and do not employ staff in excess of current requirements will need to hire additional mental health workers. Using a 16-

bed provider as an example, an RTF will need to hire three additional mental health workers at an average salary of approximately \$35,700. The total additional cost to the provider would be \$107,100. Any costs to come into compliance with the staff-ratio requirements for a secure PRTF may be submitted for payment through the cost reporting process. MA provider rates and capitation rates are anticipated to be adjusted as needed to include the increased costs related to staff ratio requirements. The Department assumes that four facilities that are not currently providing an RTF level of care may develop secure PRTFs, which will result in an annual cost to the MA program of approximately \$1,000,000 (\$480,000 in State funds).

The proposed rulemaking imposes additional paperwork requirements, which are discussed below. Should an RTF not meet the requirements of the proposed rulemaking, the one-time cost for the RTF to develop the documents will be approximately \$2,763. The cost is based on an average hourly rate of \$34.54 for a program director needing an estimated 80 hours to develop the documents.

As for quality assurance plans, RTFs accredited by entities such as TJC, CARF or COA are currently required by these entities to complete quality improvement plans. Given the common practice of utilizing quality assurance activities, increased costs to the MA program to implement this requirement are expected to be minimal.

As noted above, any other additional costs incurred by an RTF to comply with the proposed rulemaking may be submitted for payment through the cost reporting process.

Behavioral health managed care organizations' capitation rates and MA provider rates are anticipated to be adjusted to reflect the increased costs.

The Department will need to hire six additional human services program representative staff positions to carry out the work associated with licensing PRTFs. It is anticipated that these added positions will result in an annual cost to the MA program of approximately \$782,000 (\$407,000 in State funds).

The implementation of the requirements in the proposed rulemaking may result in improved outcomes, which may result in shorter lengths of stay at a PRTF and less utilization of more costly higher levels of care such as hospitalizations. The Department, however, cannot estimate the amount of any savings resulting from improved outcomes because the Department cannot determine the potential decrease in the utilization of higher levels of care or the length of stay as a result of the requirements in the proposed rulemaking.

In addition, there may be a decrease in costs to local governments of approximately \$4,780,000 as a result of the proposed rulemaking because they will no longer be paying for the cost of room and board for children, youth or young adults being served in nonaccredited RTFs certified by the Department.

Paperwork Requirements

While the proposed Chapter 5330 maintains most of the current paperwork requirements for RTFs that are licensed and certified by the Department, it also includes new documentation

requirements. The proposed rulemaking requires PRTFs to develop written policies and procedures on the following:

- Identification and reporting of abuse and plan of supervision for any staff implicated in abuse.
- Reporting, investigating and management of reportable incidents.
- Reporting, investigating and management of recordable incidents.
- Management and disbursement of a child's, youth's or young adult's funds.
- Visits with legal guardians, parents or caregivers.
- Rights of children, youth or young adults and their parents, legal guardians or caregivers.
- Grievances.
- Searches of a child, youth or young adult or the child's, youth's or young adult's personal property.
- Designated awake and sleeping hours.
- Supervision of PRTF staff.
- Monitoring of initial and annual staff training.
- Use of hazardous equipment.
- Fire safety monitoring if a smoke detector, fire alarm or carbon monoxide detector becomes inoperative.
- Inclusion of the assessment of health and safety risks in the initial medical assessment.
- Use of a level system.
- Handling of discontinued and expired medication.

- Debriefing after a manual restraint.

In addition, the proposed rulemaking will require PRTFs to enter into written agreements to coordinate services with other service providers and to develop a written quality assurance plan and generate annual quality assurance reports.

Chapter 1330 will not result in additional paperwork for providers of PRTF services.

The proposed rulemaking will also not require children, youth or young adults who receive treatment in a PRTF or their parents, legal guardians or caregivers to complete additional reporting, recordkeeping or other paperwork requirements.

Effective Date

With the exception of the amendment to § 3800.3 (relating to exemptions), the proposed rulemaking will be effective upon publication of the final-form rulemaking in the *Pennsylvania Bulletin*. The amendment to § 3800.3 will be effective 12 months after publication of the final-form rulemaking.

The Department will require both accredited and nonaccredited RTFs certified by the Department to comply with the proposed rulemaking 12 months after promulgation.

The MA program will continue to pay for medically necessary behavioral health treatment and room and board for eligible children, youth or young adults provided by an accredited RTF certified by the Department for 12 months after promulgation of the rulemaking.

RTFs currently licensed and certified by the Department must obtain a new license under Chapter 5330 within 12 months after promulgation of the rulemaking. The Department will issue licenses in accordance with each RTF's license renewal date.

New facilities seeking to provide behavioral health residential treatment to children, youth or young adults shall obtain a license under Chapter 5330 prior to operating a PRTF.

Public Comment

Interested persons are invited to submit email comments, suggestions or objections regarding the proposed rulemaking to the Department at the following address: ra-pwprtfregs@pa.gov.

If comments, suggestions or objections regarding the proposed rulemaking cannot be emailed, interested persons may submit written comments, suggestions or objections to the Department at the following address: Donald Hindmarsh, Bureau of Children's Behavioral Health Services, Commonwealth Towers, 11th Floor, P.O. Box 2675, Harrisburg PA 17105-2675.

Comments, suggestions or objections must be submitted within 30 calendar days after the date of publication of the proposed rulemaking in the Pennsylvania Bulletin. Reference regulation No. 14-555 when submitting comments.

Persons with a disability who require an auxiliary aid or service may submit comments by using the Pennsylvania Hamilton Relay Service at 1-800-654-5984 (TDD users) or 1-800-654-5988 (voice users) (844) 308-9292 (Speech-to-Speech) or (844) 308-9291 (Spanish).

Regulatory Review Act

Under section 5(a) of the Regulatory Review Act (71 P.S. § 745.5(a)), on October 2, 2024, the Department submitted a copy of this proposed rulemaking to the Independent Regulatory Review Commission (IRRC) and to the Chairpersons of the House Human Services Committee and the Senate Health and Human Services Committee. In addition to submitting the proposed rulemaking, the Department has provided the IRRC and the Committees with a copy of a Regulatory Analysis Form prepared by the Department. A copy of this form is available to the public upon request.

Under section 5(g) of the Regulatory Review Act, if the IRRC has any comments, recommendations or objections to any portion of the proposed rulemaking, it may notify the Department and the Committees within 30 days after the close of the public comment period. Such notification shall specify the regulatory review criteria that have not been met. The Regulatory Review Act specifies detailed procedures for review by the Department, the General

Assembly and the Governor, of any comments, recommendations or objections raised prior to final promulgation of the rulemaking.

ANNEX A

TITLE 55. HUMAN SERVICES

PART III. Medical Assistance Manual

Chapter 1330. PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY

GENERAL PROVISIONS

§ 1330.1. Policy.

The MA Program provides payment for behavioral health treatment when the services are medically necessary and provided to children, youth or young adults with a behavioral health diagnosis by a licensed PRTF enrolled in the MA Program.

§ 1330.2. Definitions.

The following words and terms, when used in this chapter, have the following meanings, unless the context clearly demonstrates a different meaning:

Caregiver - An individual with the primary responsibility for the care and supervision of a child, youth or young adult.

Child – An individual under 14 years of age.

Cost center - A group of services or staff, or both, or another unit or type of activity into which functions of a PRTF are divided for purposes of expense assignment and allocations.

Cost report – A data collection tool issued by the Department to collect expense and utilization information from a PRTF that may include supplemental schedules or addenda as requested by the Department.

Day of care - Room, board and behavioral health services calculated on a 24-hour day basis using a midnight census hour.

Department – The Department of Human Services.

Elopement – When a child, youth or young adult leaves the premises of a PRTF or a location without staff approval.

Fiscal year - The period of time beginning July 1 and ending June 30 of the following year.

Hospital-reserved bed day - A day when a child, youth or young adult who is expected to return to the PRTF is approved for and admitted to an acute care general hospital or a psychiatric or rehabilitation hospital.

MA - Medical Assistance.

Parent - The biological or adoptive father or mother of a child, youth or young adult.

PRTF - psychiatric residential treatment facility - A residential facility that provides services to treat the behavioral health needs of children, youth or young adults under the direction of a psychiatrist.

Related party - An individual or organization that is associated or affiliated with or has control of or is controlled by a PRTF. Control includes the power to influence or direct the actions or policies of another. Related party does not include a child, youth or young adult.

Secure PRTF – A PRTF from which egress is prohibited.

Staff – Individuals employed or contracted by a PRTF on a full-time or part-time basis. Staff includes temporary staff, volunteers and interns.

Treatment plan – An individualized and detailed written plan of treatment services specifically tailored to address a child's, youth's or young adult's needs.

Treatment team – A group of individuals who are led by a treatment team leader and includes the PRTF staff directly involved in the child's, youth's or young adult's treatment, and the child, youth or young adult. The treatment team may also include the child's, youth's or young adult's

parent, legal guardian or caregiver; and any individuals chosen by the child, youth, young adult or the parent, legal guardian or caregiver.

Treatment team leader – A board-certified or board-eligible psychiatrist who has the overall responsibility of directing the child’s, youth’s or young adult’s treatment.

Visit – When a child, youth or young adult is under the approved temporary supervision of an individual at the individual’s residence or in the community and not under the supervision of PRTF staff.

Young adult – An individual 18 years of age or older but under 21 years of age or an individual who is 22 years of age but was admitted to the PRTF prior to turning 21 years of age.

Youth – An individual 14 years of age or older but under 18 years of age.

SCOPE OF BENEFITS

§ 1330.11. Scope of benefits.

Children, youth and young adults who are MA recipients with a behavioral health diagnosis may receive medically necessary services in a PRTF.

PROVIDER PARTICIPATION

§ 1330.21. Participation requirements for a PRTF.

To participate in the MA Program, a PRTF shall:

- (1) Comply with the special provisions applying to psychiatric hospitals set forth in 42 CFR 482.60 (relating to special provisions applying to psychiatric hospitals).
- (2) Comply with the participation requirements in Chapter 1101 (relating to general provisions).
- (3) Be licensed as a PRTF in accordance with Chapters 20 and 5330 (relating to licensure or approval of facilities and agencies; psychiatric residential treatment facility).

- (4) Enter into a written provider agreement with the Department to provide PRTF services.
- (5) Be enrolled in the MA Program by the Department.

§ 1330.22. Ongoing responsibilities of a PRTF.

- (a) A PRTF shall comply with the following requirements:
 - (1) The record keeping and onsite access requirements in § 1101.51(e) (relating to ongoing responsibilities of providers).
 - (2) The record keeping requirements for child, youth or young adult records in § 5330.212 (relating to child, youth or young adult record).
 - (3) The record keeping requirements for PRTF records in § 5330.213 (relating to PRTF record).
- (b) A PRTF shall retain complete, accurate, legible and auditable clinical, medical and fiscal records.

§ 1330.23. Change of ownership.

- (a) If a PRTF changes ownership and the new owner wants to continue to participate in the MA Program, the PRTF shall submit an application, on the form provided by the Department, and meet the requirements in § 1330.21 (relating to participation requirements for a PRTF).
- (b) When a PRTF changes ownership, the Department will approve participation in the MA Program by the new owner if the Department determines the new owner to be eligible to participate in the MA Program under § 1330.21 (relating to participation requirements for a PRTF). The new ownership shall meet Federal and State laws and regulations prior to the Department approving participation in the MA Program.

- (c) When a PRTF changes ownership, the PRTF shall submit an attestation that complies with § 5330.190 (relating to attestation).

PAYMENT

§ 1330.31. General payment.

- (a) Except as provided in subsection (b), the MA Program will pay for medically necessary services provided by a PRTF to a child, youth or young adult who is an MA recipient subject to the conditions and limitations in this chapter and Chapter 1101 (relating to general provisions).
- (b) The MA Program will pay for medically necessary services provided to a child, youth or young adult who is an MA recipient by a residential treatment facility licensed under Chapter 3800 and certified by the Department as of [*effective date of final-form rulemaking*] for 12 months after [*the effective date of this final-form rulemaking*].
- (c) If a PRTF is rendering services to a young adult before the young adult turns 21 years of age, the Department will continue to pay for services if they are medically necessary and the young adult is under 22 years of age.
- (d) The MA Program will not pay for services provided by a PRTF that exclusively serves children, youth or young adults who are alleged delinquent or adjudicated delinquent.

§ 1330.32. Conditions for payment.

- (a) MA will pay a PRTF if the following conditions are met:
 - (1) A psychiatric evaluation of the child, youth or young adult that is a result of a comprehensive in-person diagnostic examination has been completed. The psychiatric evaluation shall:
 - (i) Include a behavioral health diagnosis.

- (ii) Indicate that a PRTF is recommended and medically necessary.
- (iii) Address the following:
 - (A) If ambulatory care provided in the community meets the service needs of the child, youth or young adult.
 - (B) If treatment of the child's, youth's or young adult's behavioral health needs requires services in a PRTF under the direction of a psychiatrist.
 - (C) If services in a PRTF are needed to improve the child's, youth's or young adult's behavioral health needs or prevent further regression.
- (2) The psychiatric evaluation is reviewed by an independent team that includes a psychiatrist who meets the following requirements:
 - (i) Has competence in the diagnosis and treatment of mental illness, preferably in child psychiatry.
 - (ii) Has knowledge of the child's, youth's or young adult's treatment needs.
- (3) The independent team is independent of the psychiatrist who completed the psychiatric evaluation and the PRTF that is being recommended.
- (4) The independent team certifies the following:
 - (i) Ambulatory care provided in the community does not meet the service needs of the child, youth or young adult.
 - (ii) Treatment of the child's, youth's or young adult's behavioral health needs requires services in a PRTF under the direction of a psychiatrist.

- (iii) Services in a PRTF are needed to improve the child's, youth's or young adult's behavioral health needs or prevent further regression.
- (b) The child's, youth or young adult's treatment team leader shall review the need for continued PRTF level of care every 30 days and certify that the child, youth or young adult continues to meet the requirements in subsection (a)(4).

§ 1330.33. Limitations on payment.

- (a) MA will pay for hospital-reserved bed days for a PRTF that is currently participating in MA as follows:
 - (1) Payment will only be made to a PRTF to reserve a bed when a child, youth or young adult is hospitalized if the child, youth or young adult is admitted to a licensed hospital or hospital unit accredited as a hospital, the hospitalization occurs during the child's, youth's or young adult's PRTF stay and the child, youth or young adult is expected to return to the PRTF upon discharge from the hospital.
 - (2) Payment for hospital-reserved bed days is limited to 15 cumulative days per calendar year, for each child, youth or young adult, regardless of whether the child, youth or young adult was in continuous or intermittent treatment at one or more PRTFs during the calendar year.
 - (3) Payment for hospital-reserved bed days begins on the date of a child's, youth's or young adult's admission to the hospital and will be paid at the rate of 1/3 of the PRTF's approved per diem payment rate.
- (b) MA will pay for up to 2 days of elopement from a PRTF per calendar year for each child, youth or young adult.

- (c) MA will pay for a day of care if the child's, youth's or young adult's bed is reserved while the child, youth or young adult is on a visit.
- (d) MA will not pay a PRTF for the following:
 - (1) A day of care during which a child, youth or young adult was absent from the PRTF for one of the following reasons:
 - (i) Elopement, unless the absence meets the criteria in subsection (b).
 - (ii) Leaving the PRTF against medical advice.
 - (iii) Hospitalization, unless the hospitalization meets the criteria in subsection (a).
 - (iv) Visits, unless the visit meets the criteria in subsection (c).
 - (2) Admissions and days of care that do not meet the requirements of this chapter.
 - (3) The day of discharge or transfer to another facility.

§ 1330.34. Allowable costs.

The Department uses Medicare principles as established by the Social Security Act (42 U.S.C.A. §§ 301—1397mm) and Federal regulations and instructions as a basis for determining what cost items are allowable for the purposes of MA reimbursement.

§ 1330.35. Income and offsets to allowable costs.

In an annual cost report, the PRTF shall report income from the following as sources to offset allowable costs in the determination of operating costs:

- (1) Any payments received from a youth or young adult or a child's, youth's or young adult's parent, legal guardian or caregiver.
- (2) Gifts, donations, endowments, bequests and contributions restricted by the donor for allowable costs.

- (3) Refunds and cash discounts.
- (4) Grants designated for allowable costs.
- (5) Income from the National School Lunch Program.
- (6) Income from space rental, vending machines and similar items.
- (7) Fundraising efforts restricted for allowable costs.
- (8) Interest earned on items specified in paragraphs (1)-(7).

§ 1330.36. Cost allocation for multiple programs.

- (a) If a provider operates a PRTF as well as other types of programs, the provider shall document how various costs are allocated between the multiple programs.
- (b) The account of the cost allocation must include the following:
 - (1) Salary costs for individuals responsible for more than one program.
 - (2) Staff fringe benefits for individuals responsible for more than one program.
 - (3) Rental costs that apply to more than one program.
 - (4) Motor vehicles that are used by more than one program.
 - (5) Other related expenses shared by more than one program.

§ 1330.37. Related-party transactions.

- (a) A PRTF shall include in its allowable costs, services and supplies furnished to the PRTF by a related party at an amount equal to the cost of such services and supplies to the related party.
- (b) The cost of services and supplies procured by a PRTF through a related-party transaction may not exceed the cost of comparable services and supplies if purchased elsewhere.
- (c) The related party's costs include reasonable costs incurred in the furnishing of services and supplies to the PRTF.

§ 1330.38. Nonallowable costs.

- (a) The following costs are excluded from the operating costs described in § 1330.34 (relating to allowable costs) and are not included in a PRTF's per diem rate:
- (1) Costs for legal services relating to litigation against the State, including administrative appeals, if the litigation is ultimately decided in favor of the State.
 - (2) Administrative costs of more than 13% of allowable MA costs.
 - (3) Costs for which Federal financial participation is prohibited by statute.
 - (4) Costs for services not provided by a PRTF to a child, youth or young adult residing in the PRTF.
 - (5) Education costs associated with a child's, youth's or young adult's individual educational plan, individual family service plan or treatment plan which are to be paid for by the child's, youth's or young adult's school district.
 - (6) Costs related to a PRTF staff's medical education, residency programs or education field placements.
 - (7) Costs for a service if payment is available from another public agency, insurance or health program or any other source.
 - (8) Expenses not related to providing services to MA recipients.
 - (9) Costs associated with the following:
 - (i) Advertising, excluding employment opportunities.
 - (ii) Charitable contributions.
 - (iii) Staff recognition, such as gifts, awards or dinners.
 - (iv) Staff social functions, such as picnics or athletic teams.
 - (v) Nonstandard fringe benefits.

- (vi) Fundraising and marketing.
- (vii) Life insurance for officers and directors of the governing board, including life insurance premiums necessary to obtain mortgages and other loans.
- (viii) Membership fees for social, fraternal and other organizations involved in activities unrelated to the program or an organization defined as a lobbying group under 65 Pa.C.S. Chapter 13A (relating to Lobbying Disclosure Law).
- (ix) Meals for visitors.
- (x) Political activities.
- (xi) Related-party rental, leases or other payments that exceed the provision outlined in § 1330.37 (relating to related-party transactions).
- (xii) Reorganization costs.
- (xiii) Federal, State or local income and excess profit taxes.
- (xiv) Taxes from which exemptions are available to a PRTF.
- (xv) Bad debts and contractual adjustments.
- (xvi) Barber and beautician services.
- (xvii) Children's, youths' or young adults' allowances.
- (xviii) Clothing and shoes for children, youth or young adults receiving services in the PRTF.
- (xix) Living expenses for live-in staff, including lodging, meals and personal laundry.
- (xx) Meals for staff, except for meals provided during training activities documented in a child's, youth's or young adult's treatment plan.

- (xxi) Penalties, fines or late charges assessed by any source, whether or not related to a PRTF.
- (xxii) Personal hygiene items for children, youth or young adults receiving service in the PRTF.
- (xxiii) Personal travel for staff, including personal use of a PRTF vehicle.
- (xxiv) Transportation and living costs associated with onsite visits by parents, legal guardians or caregivers.
- (xxv) Salaries for PRTF staff no longer employed by the PRTF.
- (xxvi) Free care or discounted services.
- (xxvii) Personal radio, television, internet and telephone service.
- (xxviii) Direct and indirect costs related to nonallowable cost centers as follows:
 - (A) Gift, flower and coffee shops.
 - (B) Homes for administrators or clergy.
 - (C) Convent areas.
 - (D) Nurses' quarters.
- (xxix) Pennsylvania Capital Stock and Franchise Tax.
- (xxx) Collection expenses associated with bad debts.
- (xxxi) Travel expenses for members of the governing body unrelated to the PRTF's program.
- (xxxii) Vocational rehabilitation services.
- (xxxiii) Parties and social activities not related to providing care to children, youth or young adults receiving services in the PRTF.

(xxxiv) Recreation costs not related to providing care to children, youth or young adults receiving services in the PRTF.

(xxxv) Charity, in-kind and courtesy allowances.

(xxxvi) Extraordinary costs related to, or precipitated by, bankruptcy.

(b) The following services are not included in the per diem and may not be included as a cost for the PRTF:

(1) Health care, including dental, vision and hearing care, which is not related to the child's, youth's or young adult's behavioral health needs.

(2) Prescription drugs.

(3) Ambulance services.

(4) Methadone maintenance.

(5) Diagnostic procedures or laboratory tests.

(6) Inpatient hospitalization.

(7) Emergency room visits.

(8) Diagnostic or therapeutic procedures for experimental, research or educational purposes.

(9) Experimental or investigative procedures or clinical trial research and services that are not in accordance with customary standards of medical practice or are not commonly used.

(c) The Department will not contribute to a return on equity for proprietary programs.

(d) Costs that are not recognized as allowable costs in a fiscal year may not be carried forward or backward to other fiscal years for inclusion in allowable costs.

§ 1330.39. Annual cost reporting and independent audit.

- (a) Residential treatment facilities that are licensed under Chapter 3800 and certified by the Department [*as of the publication date of the final-form rulemaking*] shall provide a projected cost report to the Department within 3 months of [*the publication date of the final-form rulemaking*].
- (b) A PRTF shall submit to the Department an annual cost report and an independent audit performed by an independent public accountant.
- (c) If costs have been allocated between programs and supporting services, disclosure shall be made in the independent audit and in accordance with generally accepted accounting principles.
- (d) A PRTF shall disclose in the independent audit the existence of any affiliate and the affiliate's relationship to the PRTF, including the nature of any financial transaction between the affiliate and the PRTF.
- (e) A provider that operates PRTFs in different locations but uses a consolidated financial report shall designate cost centers for each location in the independent audit. Information accompanying the independent audit shall include the basis used to allocate income and expenses to each location.
- (f) A PRTF shall submit an annual cost report on a form specified by and in accordance with the instructions provided by the Department.
- (g) The annual cost report submitted to the Department shall be prepared on an accrual basis.
- (h) A PRTF shall identify allowable services, administration, ancillary and related organization costs based on financial and statistical records maintained by the PRTF. The cost information contained in the annual cost report shall be current and accurate.

- (i) The annual cost report must cover a fiscal period of 12 consecutive months, from July 1 to June 30, except as noted in subsection (k).
- (j) The annual cost report for the preceding fiscal year ending June 30 must be submitted to the Department by September 30 of that year.
- (k) When a PRTF begins operating after the start of the fiscal year, the cost report must cover the period from the date of approval for participation in the MA Program by the Department to June 30.
- (l) The Department may adjust costs reported in the annual cost report as follows:
 - (1) Costs may be adjusted based upon the findings of current or closed audits, cost settlements, approved service descriptions or any information relevant to the costs being adjusted.
 - (2) The Department will inform the PRTF in writing if the annual cost report is adjusted.
 - (3) If the Department does not inform a PRTF of adjustments to the annual cost report in writing within 180 days of receiving the annual cost report, the annual cost report submitted by a PRTF will be accepted by the Department as submitted.

§ 1330.40. Rate setting.

- (a) Per diem rates will be established as follows:
 - (1) A cost report submitted by a PRTF in accordance with § 1330.39 (relating to annual cost reporting and independent audit), as adjusted by the Department, if necessary, will be used for the calculation of the PRTF's per diem rate.
 - (2) A per diem rate for a PRTF will be established by dividing the total projected operating costs by the number of days of care reported in the annual cost report

subject to a minimum of 85% of the maximum number of days based on the number of beds specified on the PRTF's certificate of compliance.

- (3) The total actual days of care provided include all days of service provided plus hospital-reserve bed days as specified by § 1330.33 (relating to limitations on payment). Reserved beds counted as actual days of service may not be filled.
 - (4) The total projected operating cost will be calculated as follows:
 - (i) For a new PRTF, the total MA allowable costs from the budgeted annual cost report, including adjustments for income and nonallowable, limited and excluded costs, as determined by the Department are used to determine projected operating costs.
 - (ii) For an existing PRTF, an annual cost report filed September 30 as specified in § 1330.39, including adjustments for income and nonallowable, limited and excluded costs, as determined by the Department is used to determine projected operating costs.
 - (iii) Cost depreciation on capital assets, limited to buildings and fixed equipment, and interest on capital indebtedness is added to the total operating cost to obtain the total projected operating cost.
 - (5) Once established, a per diem rate will remain in place, unless the per diem rate is adjusted.
- (b) The costs incurred in providing behavioral health treatment and room and board are included in the per diem payment for services in a PRTF and may not be billed separately or in addition to the per diem payment rate by the PRTF or any other entity with which the PRTF may have an agreement to provide such services.

- (c) If there is more than one accounting method for handling a cost item, the method initially elected by the PRTF shall be followed consistently in subsequent annual cost reports, unless the PRTF submits prior written justification and receives approval from the Department for using a different accounting method.

§ 1330.41. Third-party liability.

- (a) A PRTF shall utilize available third-party resources, including Medicare Part B, for services a child, youth or young adult receives while in the PRTF.
- (b) If a PRTF receives reimbursement from a third party subsequent to payment from the Department, the PRTF shall repay the Department by submitting a replacement of prior claim according to the Department's instructions.
- (c) If a child, youth or young adult or the legal guardian of a child, youth or young adult requests a copy of the record of payment or amounts due, the PRTF shall submit a copy of the invoice and the request to the Department.
- (d) Except as specified in subsection (e), if a child, youth or young adult has third-party resource benefits, the MA Program will pay the lesser of the following:
 - (1) A PRTF's per diem payment rate multiplied by the number of covered days, minus any payment from available third-party resources, including any Medicare Part B payment.
 - (2) The amount of the insurance plan's deductible and coinsurance minus any other payment from an available third-party resource, including any Medicare Part B payment.

- (e) If payment from a child's, youth's or young adult's available third-party resources equals or exceeds a PRTF's per diem rate multiplied by the number of compensable days, the Department will not make payment to the PRTF.

§ 1330.42. Billing requirements.

- (a) A PRTF shall submit invoices to the Department in accordance with the Department's instructions.
- (b) Original and resubmitted claims, including replacement claims, must be received for final adjudication within 365 days following the last date of service on the invoice.
- (c) If the service spans two fiscal years, a separate invoice must be prepared for each fiscal year.
- (d) If the service spans two different per diem rates, a separate invoice must be prepared for each period covered by the different rates.

§ 1330.43. Financial records.

- (a) A PRTF shall maintain adequate financial and statistical records for determination of costs payable under the MA Program for a period of 5 years after the date of last payment.
- (b) A PRTF shall maintain the following records:
 - (1) General financial ledgers, journals and books.
 - (2) Original evidence of cost, such as purchase requisitions, purchase orders, vouchers, vendor invoices, requisitions for supplies, inventories, timecards, payrolls and bases for apportioning costs, that are auditable and relate to the determination of reasonable costs.
 - (3) Records relating to allocated administrative costs.

- (4) Records relating to each annual cost report.
- (5) Cash disbursement journals.
- (6) Cash receipts journals.
- (7) Payroll journals or computer printouts.
- (8) Fixed asset ledgers or equivalent records.
- (9) Inventory control records.
- (10) Charts of accounts that parallel or crosswalk to the annual cost report format issued by the Department.
- (11) Statement listing all sources of a PRTF's revenue, including Federal, State, local and private sources.
- (12) Accounting records.
- (13) Documentation of staff compensation by PRTF positions.

UTILIZATION REVIEW

§ 1330.51. Scope of claims review procedures.

Claims submitted for payment under the MA Program are subject to the utilization review procedures in Chapter 1101 (relating to general provisions).

ADMINISTRATIVE SANCTIONS

§ 1330.61. Sanctions, denied payments and overpayments.

- (a) If the Department determines that a PRTF has billed for services inconsistent with the requirements of this chapter or Chapter 5330 (relating to psychiatric residential treatment facility) or provided services outside the scope of customary standards of medical practice or otherwise violated the standards set forth in a provider agreement, the PRTF

will be subject to the sanctions in Chapter 1101 (relating to general provisions) up to and including termination from the MA Program.

- (b) If the Department determines that services or items provided by a PRTF were not provided according to standards of practice for the discipline providing the service, were not medically necessary, were inappropriate or were otherwise noncompensable, the Department will deny payment for the services and items and related services and items and recover payment already made for the services and items and related services and items.
- (c) If the Department determines as a result of an audit or through other means that a PRTF received excess funds in the form of an overpayment from the Department, the funds must be returned to the Department within 6 months from the date the PRTF is notified.

PROVIDER RIGHT OF APPEAL

§ 1330.71. Provider right of appeal.

Appeals related to this chapter shall be made in accordance with Chapter 41 (relating to medical assistance provider appeal procedures).

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PART V. CHILDREN, YOUTH, AND FAMILIES MANUAL

Subpart E. Residential Agencies, Facilities and Services

Article I. Licensing/Approval

Chapter 3800. CHILD RESIDENTIAL AND DAY TREATMENT FACILITIES

§ 3800.3. Exemptions.

This chapter does not apply to the following:

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(12) Psychiatric residential treatment facilities licensed under Chapter 5330 (relating to psychiatric residential treatment facility).

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PART VII. MENTAL HEALTH MANUAL

Subpart E. Residential Agencies, Facilities and Services

Chapter 5330. PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY

GENERAL PROVISIONS

§ 5330.1. Purpose.

The purpose of this chapter is to establish minimum requirements and service standards that shall be met for a facility to obtain a license as a psychiatric residential treatment facility (PRTF).

§ 5330.2. Scope.

This chapter applies to PRTFs that operate in this Commonwealth and serve children, youth or young adults with a behavioral health diagnosis. This chapter does not apply to providers that offer services for substance use disorder or provide services for a primary diagnosis of substance use disorder, which must be licensed by the Department of Drug and Alcohol Programs under 28 Pa. Code Part V.

§ 5330.3. Definitions.

The following words and terms, when used in this chapter, have the following meanings unless the context clearly indicates otherwise:

APP - Advanced practice professional - An individual who is licensed as a certified registered nurse practitioner or physician assistant.

Aversive conditioning - The application of startling, painful or noxious stimuli.

Caregiver - An individual with the primary responsibility for the care and supervision of a child, youth or young adult.

Chemical restraint - The administration of a drug that has the temporary effect of restricting a child's, youth's or young adult's freedom of movement that is used to manage the child's, youth's or young adult's behavior and reduces risk to the safety of the child, youth, young adult or others and is not the standard service for the child's, youth's or young adult's behavioral health needs.

Child - An individual under 14 years of age.

Contraband - Property that poses a threat to a child's, youth's, young adult's or other's safety.

Department - The Department of Human Services.

Educational host district - The school district where a PRTF is physically located.

Elopement – When a child, youth or young adult leaves the premises of a PRTF or a location without PRTF staff approval.

Emergency safety situation – A sudden, unexpected occurrence or set of circumstances demanding immediate action.

Exclusion - The removal of a child, youth or young adult from the child's, youth's or young adult's immediate environment and restricting the child, youth or young adult alone to a room or area that is not locked.

Grievance – A written or verbal concern expressed by a child, youth, young adult, parent, legal guardian or caregiver about a PRTF.

Intimate sexual contact - Vaginal and anal penetration, oral sex or direct skin-to-skin touching of sexual organs or the touching of intimate body parts.

LPN - Licensed practical nurse. The term includes an individual licensed under the laws of this Commonwealth to practice practical nursing or an individual who holds a privilege to practice as a practical nurse under the act of July 1, 2021 (P.L. 358, No. 68), known as the Nurse Licensure Compact Act.

Manual restraint - A physical hands-on technique that restricts the movement or function of a child, youth or young adult or a portion of the child's, youth's or young adult's body. A manual restraint does not include the use of hands-on assistance needed to enable a child, youth or young adult to achieve a goal or objective identified in a treatment plan.

Mechanical restraint - The use of a device attached or adjacent to a child's, youth's or young adult's body that restricts freedom of movement or normal access to the child's, youth's or young adult's body which cannot easily be removed by the child, youth or young adult.

Parent - The biological or adoptive father or mother of a child, youth or young adult.

PRTF - Psychiatric residential treatment facility – A residential facility that provides services to treat the behavioral health needs of children, youth or young adults under the direction of a psychiatrist.

RN - Registered nurse. The term includes an individual licensed under the laws of this Commonwealth to practice professional nursing or an individual who holds a privilege to practice as a registered nurse under the Nurse Licensure Compact Act.

Reportable illness - A life-threatening illness, involuntary emergency psychiatric admission or an illness that appears on the Pennsylvania Department of Health's List of Reportable Diseases.

Reportable injury – An injury for which a child, youth or young adult requires medical treatment more intensive than first aid. First aid includes assessing a condition, cleaning a wound, applying topical medications and applying simple bandages.

Seclusion - Restricting a child, youth or young adult in a locked room, at any time, including sleeping hours. A locked room includes a room with a door locking device such as a key lock, spring lock, bolt lock, foot pressure lock or a room where the door is physically held closed and the child, youth or young adult is prevented from leaving the room. Locking a child, youth or young adult in a bedroom during sleeping hours is considered seclusion.

Secure PRTF – A PRTF from which egress is prohibited.

Serious injury - Bodily injury which creates a substantial risk of death, or which causes serious permanent disfigurement or protracted loss or impairment of function of any bodily member or organ.

Staff – Individuals employed by a PRTF on a full-time or part-time basis. Staff includes contracted staff, temporary staff, volunteers and interns.

Supervisory staff – PRTF staff that meet the qualifications of a medical director, clinical director, program director, mental health professional or mental health worker supervisor.

Time out – A voluntary behavioral approach that enables a child, youth or young adult to leave an immediate environment for a period of time to de-escalate and regain self-control.

Trauma-informed care – A strengths-based approach to service delivery and organizational structure that realizes the widespread impact of trauma, including historical trauma, and understands potential paths to recovery; recognizes the signs and symptoms of trauma in children, youth, young adults, parents, legal guardians, caregivers, staff and others involved with the PRTF; responds by fully integrating knowledge about trauma into policies, procedures, and practices and seeks to actively prevent re-traumatization.

Treatment plan - An individualized and detailed written plan of treatment services specifically tailored to address a child's, youth's or young adult's needs.

Treatment team - A group of individuals who are led by a treatment team leader and includes the PRTF staff directly involved in the child's, youth's or young adult's treatment, and the child, youth or young adult. The treatment team may also include the child's, youth's or young adult's parent, legal guardian or caregiver; and any individuals chosen by the child, youth, young adult or the parent, legal guardian or caregiver.

Treatment team leader – A board-certified or board-eligible psychiatrist who has the overall responsibility of directing the child's, youth's or young adult's treatment.

Visit – When a child, youth or young adult is under the approved temporary supervision of an individual off the facility premises at the individual's residence or in the community and not under the supervision of PRTF staff.

Young adult – An individual 18 years of age or older but under 21 years of age or an individual who is under 22 years of age but was admitted to the PRTF prior to turning 21 years of age.

Youth – An individual 14 years of age or older but under 18 years of age.

§ 5330.4. Licensure and certificate of compliance.

- (a) A PRTF shall obtain a license from the Department prior to beginning operations.
- (b) A residential treatment facility licensed under Chapter 3800 that provides the services of a PRTF as of *[the effective date of the final-form rulemaking]* shall comply with this chapter by *[12 months after the effective date of final-form rulemaking]*.
- (c) To be licensed as a PRTF, a facility shall:
 - (1) File an application for a certificate of compliance with the Department in accordance with the Department's application procedure.
 - (2) Comply with the requirements of this chapter.

- (3) Comply with the requirements of Chapter 20 (relating to licensure or approval of facilities and agencies).
 - (4) Comply with the requirements of Articles IX or X of the Human Services Code (62 P.S. §§ 901 – 1088) as applicable.
 - (5) Comply with the requirements of 42 CFR Part 441, Subpart D (relating to inpatient psychiatric services for individuals under age 21 in psychiatric facilities or programs).
 - (6) Be accredited by The Joint Commission, the Commission on Accreditation of Rehabilitation Facilities, the Council on Accreditation or another accrediting body approved by the Department.
 - (7) Obtain a certificate of compliance from the Department prior to beginning operations.
- (d) The Department will issue a new certificate of compliance for each physical location that qualifies for a certificate of compliance.
 - (e) A PRTF shall post in a conspicuous and public place the current certificate of compliance and have a copy of this chapter readily available to be viewed.

§ 5330.5. Maximum capacity.

- (a) The maximum capacity specified on the certificate of compliance will be based on the available bedroom square footage and number of toilets and sinks in the PRTF.
- (b) The maximum capacity specified on the certificate of compliance may not be exceeded.

§ 5330.6. Fire safety approval.

- (a) A PRTF shall obtain a valid fire safety approval from the appropriate local building authority under the Pennsylvania Construction Code Act (35 P.S. §§ 7210.101 — 7210.1103) prior to applying for an initial certificate of compliance.
- (b) If a fire safety approval is withdrawn or restricted, the PRTF shall provide notification to the Department verbally within 24 hours and in writing within 48 hours of service of notice of the withdrawal or restriction. The notification shall include a plan to remedy the issue that led to the withdrawal or restriction of the fire safety approval or a plan for relocating the children, youth or young adults residing in the PRTF.
- (c) If a building is structurally renovated or altered after the initial fire safety approval is issued, the PRTF shall submit a new fire safety approval or written certification from the appropriate fire safety authority that a new fire safety approval is not required. The PRTF shall submit this documentation to the Department within 15 days of the completion of the renovation or alteration.
- (d) The Department will report fire safety concerns observed during an inspection to the fire safety authority that issued the fire safety approval.

§ 5330.7. Exemptions.

- (a) This chapter does not apply to community residences for persons with mental illness that provide care to both children, youth or young adults and adults in the same facility or community residential host homes for persons with mental illness that are licensed under Chapter 5310 (relating to community residential rehabilitation services for the mentally ill).

- (b) This chapter does not apply to residential facilities that serve children, youth or young adults that are licensed under Chapter 3800 (relating to child residential and day treatment facilities).

GENERAL REQUIREMENTS

§ 5330.11. Service description.

- (a) As part of the initial certificate of compliance application, a facility shall submit to the Department for review and approval a written service description that includes the following:
 - (1) The PRTF's mission and vision for supporting and maximizing the behavioral health of a child, youth or young adult.
 - (2) Address, phone number, website and accreditation agency of the PRTF.
 - (3) An overview of the PRTF to include a description of specialized services and modalities the PRTF offers.
 - (4) The average length of treatment.
 - (5) Identification of the target population served by the PRTF, including age range, gender and total number of children, youth or young adults that will be served.
 - (6) The bed capacity of the PRTF.
 - (7) Description of the criteria used for exclusion.
 - (8) Goals, objective and expected outcomes of the PRTF.
 - (9) Description of the overall theoretical design and clinical approaches to services.
 - (10) Description of how the PRTF implements and utilizes trauma-informed care practices.

- (11) Description of the level system as specified in § 5330.148 (relating to level system), if applicable.
 - (12) Description of the expectations that will be used to encourage active involvement in the treatment process by the parent, legal guardian or caregiver.
 - (13) Identification of the specific restrictive procedures utilized by a PRTF.
 - (14) Description of educational providers that will be utilized by a child, youth or young adult while at the PRTF.
 - (15) Identification of the school district within which the PRTF is located.
 - (16) Description of the discharge planning process of the PRTF.
 - (17) An organizational chart of the PRTF according to position titles.
- (b) A PRTF's updated service description must be approved by the Department prior to a change in services specified in subsection (a).

§ 5330.12. Coordination of services.

- (a) A PRTF shall have written agreements to coordinate services with other service providers, including the following:
- (1) A psychiatric inpatient hospital.
 - (2) A local community hospital.
 - (3) Peer support providers.
 - (4) Mental health and intellectual or developmental disability case management programs.
 - (5) Drug and alcohol programs.
 - (6) Educational providers.

- (b) A PRTF shall update the written agreements with the other service providers annually or when the PRTF becomes aware that the agreements are no longer accurate.
- (c) A PRTF shall have an affiliation or a written transfer agreement with at least one hospital that participates in the Medical Assistance Program. The affiliation or transfer agreement must reasonably ensure the following:
 - (1) A child, youth or young adult will be transferred from a PRTF to a hospital and admitted in a timely manner when a transfer is medically necessary for medical care or acute psychiatric care.
 - (2) Medical and other information needed for the child's, youth's or young adult's care will be exchanged between the PRTF and the hospital in accordance with Federal and State medical privacy laws and regulations, including any information needed to determine whether the appropriate care can be provided in a less restrictive setting.
 - (3) Services are available to each child, youth or young adult at all times.

§ 5330.13. Abuse.

- (a) A PRTF shall have a written policy and procedure on the identification of abuse, reporting abuse, plan of supervision for any PRTF staff implicated in abuse and plan for the protection of the child, youth or young adult who was subject to abuse.
- (b) A PRTF shall comply with 23 Pa.C.S. §§ 6301—6388 (relating to the Child Protective Services Law) and Chapter 3490 (relating to protective services).
- (c) A PRTF shall comply with the Adult Protective Services Act (35 P.S. §§ 10210.101—10210.704).

§ 5330.14. Reportable incidents.

- (a) A PRTF shall develop a written policy and procedure on the reporting, investigation and management of reportable incidents.
- (b) A PRTF shall call the Department and complete an incident report through the Department's information management system within 12 hours after the following reportable incidents are known to the PRTF:
 - (1) Fire requiring the children, youth or young adults of a PRTF to shelter in place or relocate.
 - (2) Death of a child, youth or young adult.
 - (3) Serious injury to a child, youth or young adult.
 - (4) Disruption to water, heat, power or cooling at a PRTF.
- (c) A PRTF shall complete an incident report through the Department's information management system within 12 hours after the following reportable incidents are known to a PRTF:
 - (1) Use of a prohibited restrictive procedure specified in § 5330.183 (relating to prohibited restrictive procedures).
 - (2) An incident where a child, youth or young adult requires hospitalization or outpatient treatment at a hospital or other medical facility.
 - (3) Physical act by a child, youth or young adult to attempt suicide.
 - (4) Child's, youth's or young adult's elopement from a PRTF.
 - (5) Incidents of physical assault involving a child, youth, young adult or PRTF staff.
 - (6) Violation of a child's, youth's or young adult's civil rights.
 - (7) Intimate sexual contact involving a child, youth or young adult.

- (8) An outbreak of a serious communicable disease as defined by the Pennsylvania Department of Health.
 - (9) Suspected abuse or abuse of a child, youth or young adult.
 - (10) An event that results in notification of emergency services, such as the fire department, law enforcement or emergency medical services.
 - (11) Activation of a PRTF emergency preparedness plan.
 - (12) Misuse of a child's, youth's or young adult's funds.
 - (13) A medication error as specified in § 5330.165 (relating to medication error).
- (d) A PRTF shall call the parent, legal guardian or caregiver and inform the parent, legal guardian or caregiver of the reportable incidents identified in subsections (b) and (c) no later than 12 hours after the reportable incident is known to the PRTF.
- (e) A PRTF shall report the following reportable incidents to the State-designated Protection and Advocacy system no later than close of business the next business day after the reportable incident is known to a PRTF:
- (1) Death of a child, youth or young adult.
 - (2) Physical act by a child, youth or young adult to attempt suicide.
 - (3) Serious injury to a child, youth or young adult.
- (f) If a PRTF reports a reportable incident to the State-designated Protection and Advocacy system, it shall include the following information:
- (1) Name of the child, youth or young adult involved in the reportable incident.
 - (2) Description of the reportable incident.
 - (3) Name, street address and telephone number of the PRTF.

- (g) A PRTF shall document in the child's, youth's or young adult's record the date and time a report was made to the State-designated Protection and Advocacy system and the name and title of the individual from the State-designated Protection and Advocacy system that received the report.
- (h) A PRTF shall report the death of a child, youth or young adult to the appropriate Centers for Medicare & Medicaid Services (CMS) regional office no later than close of business the next business day after the child's, youth's or young adult's death is known to the PRTF and document in the child's, youth's or young adult's record that the child's, youth's or young adult's death was reported to the appropriate CMS regional office.
- (i) A PRTF shall document in the child's, youth's or young adult's record the date and time the Department was called about a reportable incident identified in subsection (b) and the name and title of the individual from the Department who was notified of the reportable incident.
- (j) A PRTF shall document in the child's, youth's or young adult's record the date and time the parent, legal guardian or caregiver was called about a reportable incident identified in subsections (b) and (c) and the name of the parent, legal guardian or caregiver who was notified of the reportable incident.
- (k) A copy of all incident reports in subsections (b) and (c) shall be maintained in the child's, youth's or young adult's record.

§ 5330.15. Recordable incidents.

- (a) A PRTF shall maintain a record of the following recordable incidents:
 - (1) Medical seizure that requires medical attention.
 - (2) Suicidal gesture or verbal threat of suicide or harm to self or others.

- (3) Property damage of more than \$500.
 - (4) Search of a child, youth or young adult or the child's, youth's or young adult's property.
 - (5) A reportable injury or reportable illness while the child, youth or young adult is on a visit.
- (b) A PRTF shall notify a child's, youth's or young adult's parent, legal guardian or caregiver of a recordable incident specified in subsections (a)(1) – (5) no later than 12 hours after a recordable incident occurs. The notification shall be documented in the child's, youth's or young adult's record.

§ 5330.16. Child, youth or young adult funds.

- (a) A PRTF shall have a written policy and procedure on the management and disbursement of a child's, youth's or young adult's funds.
- (b) Money earned or received by a child, youth or young adult is the child's, youth's or young adult's personal property.
- (c) If a PRTF maintains funds for a child, youth or young adult, the PRTF shall maintain a separate accounting system for the child's, youth's or young adult's funds, including the dates and amounts of deposits and withdrawals. Combining a child's, youth's or young adult's funds with PRTF funds is prohibited.
- (d) If a PRTF maintains funds for a child, youth or young adult, the child, youth or young adult shall be provided with an accounting of their funds at least once a month and upon request.
- (e) A PRTF may not use or borrow a child's, youth's or young adult's funds.

- (f) A PRTF shall release the youth's or young adult's funds to the youth or young adult upon discharge and upon request.
- (g) A PRTF shall release a child's funds to the child's parent, legal guardian or caregiver upon discharge and upon request.

§ 5330.17. Consent to treatment.

- (a) Consent to treatment must be obtained in accordance with Federal and State laws, regulations and Department policies regarding consent to treatment.
- (b) Prior to the initiation of services provided by a PRTF, the PRTF shall obtain consent from either a youth or young adult, or the child's, youth's or young adult's parent, legal guardian, or caregiver for the child, youth or young adult to receive services.
- (c) Consent for emergency physical health treatment is not required for life-threatening conditions when an attempt to obtain consent would result in a delay of services and such delay would increase the risk of harm to the child's, youth's or young adult's life or health.
- (d) Consent and attempts to obtain consent shall be documented in the child's, youth's or young adult's record. Documentation of consent, refusal to consent and attempts to obtain consent shall include the following:
 - (1) Name of the person contacted to provide consent.
 - (2) Relationship of the person contacted to provide consent for the treatment to the child, youth or young adult.
 - (3) Name and title of the PRTF staff person who sought consent.

§ 5330.18. Confidentiality of records.

- (a) A PRTF shall comply with the following statutes and regulations relating to confidentiality of records, to the extent applicable:
- (1) 23 Pa.C.S. §§ 6301 – 6388 (relating to the Child Protective Services Law).
 - (2) 23 Pa.C.S. §§ 2101 – 2938 (relating to the Adoption Act).
 - (3) The Mental Health Procedures Act (50 P.S. §§ 7101 – 7503).
 - (4) Section 602(d) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4602(d)).
 - (5) The Confidentiality of HIV-Related Information Act (35 P.S. §§ 7601 – 7612).
 - (6) 55 Pa. Code §§ 5100.31 – 5100.39 (relating to confidentiality of mental health records).
 - (7) 55 Pa. Code §§ 3490.91 – 3490.95 (relating to confidentiality).
 - (8) Section 444 of the General Education Provisions Act (20 U.S.C.A. § 1232g).
 - (9) 34 CFR Part 99 (relating to family educational rights and privacy).
 - (10) The Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191).
 - (11) Other applicable statutes and regulations.
- (b) Information relating to a child, youth or young adult may only be shared if a signed authorization of release is obtained from the youth or young adult or the child's, youth's or young adult's parent, legal guardian or caregiver.
- (c) Information relating to the parent, legal guardian or caregiver of a child, youth or young adult may not be shared without an authorization of release of information from the child's, youth's or young adult's parent, legal guardian or caregiver.

- (d) A PRTF shall have a written policy and procedure on protecting the confidentiality and privacy of a child's, youth's or young adult's information that includes the following:
- (1) The process to obtain permission to release a photograph of a child, youth or young adult.
 - (2) The use of photographs of children, youth or young adults.
 - (3) How the PRTF will ensure that children's, youth's or young adults' and PRTF staff's social media activity does not contain identifying information about a child, youth or young adult served by the PRTF.

§ 5330.19. Emergency preparedness.

A PRTF shall comply with the requirements of 42 CFR 441.184 (relating to emergency preparedness).

§ 5330.20. Visits.

- (a) A PRTF shall have a written policy and procedure on visits.
- (b) A PRTF may not deny a child, youth or young adult a visit as a means of punishment or coercion.
- (c) A PRTF shall develop a visit plan for a child, youth or young adult when the child, youth or young adult is not under the supervision of PRTF staff that includes the following:
 - (1) Identified coping skills for the child, youth or young adult.
 - (2) Telephone numbers for local crisis intervention services and for the PRTF.
- (d) A PRTF shall give the visit plan for a child, youth or young adult to the individual who will be supervising the child, youth or young adult during the visit.
- (e) Prior to a visit that occurs at the parent's, legal guardian's or caregiver's residence or in the community, a PRTF shall require that the child's, youth's or young adult's parent,

legal guardian or caregiver sign an acknowledgement that the parent, legal guardian or caregiver will receive, secure, administer and return prescribed medication not taken by the child, youth or young adult during the visit.

- (f) The visit plan and signed acknowledgment shall be included in the child's, youth's or young adult's record.
- (g) A PRTF shall contact the child's, youth's or young adult's parent, legal guardian or caregiver at least once every 24 hours if a visit lasts more than 24 hours to check on the safety, health and well-being of the child, youth or young adult.

§ 5330.21. Awake hours and sleeping hours.

A PRTF shall have a written policy and procedure that designates the PRTF's awake hours and sleeping hours.

RIGHTS

§ 5330.31. Rights.

- (a) A PRTF shall have a written policy and procedure on the rights of children, youth or young adults.
- (b) A child, youth or young adult has the right to the following:
 - (1) To be informed of the policies and procedures of the PRTF.
 - (2) To appropriate medical, behavioral health and dental treatment.
 - (3) To receive services in the PRTF in the least restrictive setting necessary to accomplish the treatment objectives.
 - (4) To participate in the development and review of the child's, youth's or young adult's treatment plan.
 - (5) To clean and seasonal clothing that is age and gender appropriate.

- (6) To be free from excessive medication.
- (7) To be free from abuse, mistreatment, threats, harassment, corporal punishment and unusual treatment.
- (8) To not be subjected to unusual or extreme methods of discipline which may cause psychological or physical harm to the child, youth or young adult.
- (9) To be protected from unreasonable search and seizure. A PRTF may conduct searches of a child, youth or young adult or the child's, youth's or young adult's personal property in accordance with § 5330.34 (relating to searches).
- (10) To communicate with PRTF staff in a language that the child, youth or young adult understands, including American Sign Language, and when necessary, through interpreters or translators.
- (11) To be treated with dignity and respect.
- (12) To be assisted by an advocate of the child's, youth's or young adult's choice in the assertion of rights and to communicate with a lawyer in private.
- (13) All civil rights unless prohibited by court order.
- (14) To practice the child's, youth's or young adult's religion of choice or abstain from religious practices.
- (15) To communicate with a clergy person in private.
- (16) To file a grievance without retaliation and to receive a prompt response to the grievance.
- (17) To communicate privately with an individual unless the communication is prohibited by court order or the child's, youth's or young adult's treatment team

has determined that communication with an individual would negatively impact the child's, youth's or young adult's treatment, safety or well-being.

- (18) To visit with the child's, youth's or young adult's parent, legal guardian or caregiver at reasonable hours at least once each week, at a time and location convenient for the parent, legal guardian or caregiver, the child, youth or young adult and the PRTF, unless the parent, legal guardian or caregiver is prohibited from visiting by court order or the child's, youth's or young adult's treatment team has determined that the visit with the parent, legal guardian or caregiver would negatively impact the child's, youth's or young adult's treatment, safety or well-being.
- (19) To receive visitors of the child's, youth's or young adult's choice at reasonable hours unless the visitor is prohibited from visiting by court order or the child's, youth's or young adult's treatment team has determined that the visitor would negatively impact the child's, youth's or young adult's treatment, safety or well-being.
- (20) To receive and send unopened letters and to have outgoing letters stamped and mailed unless prohibited by court order and to be allowed to read and write letters in private. Incoming and outgoing mail may be inspected for contraband when there is reasonable suspicion that the contents of the mail may negatively impact the child's, youth's or young adult's treatment, safety or well-being. The inspection shall be done in the presence of the child, youth or young adult.
- (21) To have access to a telephone designated for use by children, youth or young adults.

- (22) To keep and use personal property, unless it is determined that a specific item is contraband in accordance with the PRTF's policy and procedure. The reasons for imposing a limitation on personal property and its scope shall be clearly defined, documented and explained to the child, youth or young adult.
 - (23) To be paid in compliance with the Fair Labor Standards Act of 1938 (29 U.S.C.A. §§ 201—219) and the Child Labor Act (43 P.S. §§ 40.1 – 40.14) for any work the child, youth or young adult does for the PRTF.
 - (24) To peacefully assemble and to join with other children, youth or young adults to organize a body of or participate in government of the PRTF, when it has been determined feasible by the PRTF.
 - (25) To be discharged from the PRTF as soon as the child, youth or young adult no longer needs services.
- (c) A child's, youth's or young adult's rights may not be used as a reward or sanction.
 - (d) A child's, youth's or young adult's parent, legal guardian or caregiver has the following rights:
 - (1) To communicate with PRTF staff in a language that the parent, legal guardian or caregiver understands, including American Sign Language, and when necessary, through interpreters or translators.
 - (2) To have ongoing contact with their child, youth or young adult unless prohibited by court order or determined by the child's, youth's or young adult's treatment team that the contact would negatively impact the child's, youth's or young adult's treatment, safety or well-being.

- (3) To actively participate in the development, implementation and monitoring of their child's, youth's or young adult's treatment unless prohibited by court order or determined by the child's, youth's or young adult's treatment team that the active participation would negatively impact the child's, youth's or young adult's treatment, safety or well-being.
- (e) A PRTF shall obtain a written acknowledgement from a youth or young adult or the child's, youth's or young adult's parent, legal guardian or caregiver that the policy on the rights of children, youth and young adults was received and reviewed within 7 days of the child's, youth's or young adult's admission to the PRTF. The signed acknowledgement shall be maintained in the child's, youth's or young adult's record.
- (f) A copy of a child's, youth's or young adult's rights specified in subsection (b) shall be posted in a conspicuous and public location in the PRTF.

§ 5330.32. Grievance procedures.

- (a) A child, youth or young adult and the child's, youth's or young adult's parent, legal guardian or caregiver has the right to file a grievance with a PRTF.
- (b) A PRTF shall have a written policy and procedure on grievances that assures the investigation and resolution of grievances and includes the following:
 - (1) Process to document written and verbal grievances.
 - (2) Process that assures that written and verbal grievances are submitted in a secure manner and without fear of retaliation.
- (c) A copy of the PRTF grievance policy and procedure shall be posted in a conspicuous and public place in the PRTF.

- (d) A copy of the grievance policy and procedure shall be provided to the child, youth or young adult and the child's, youth's or young adult's parent, legal guardian or caregiver on the day of admission to the PRTF.
- (e) A PRTF shall obtain a written acknowledgement from a youth or young adult or the child's, youth's or young adult's parent, legal guardian or caregiver that the grievance policy was received and reviewed within seven days of the child's, youth's or young adult's admission to the PRTF. The signed acknowledgement shall be filed in the child's, youth's or young adult's record.

§ 5330.33. Nondiscrimination.

A PRTF may not discriminate based on race, color, creed, disability, religious affiliation, ancestry, gender, gender identity or expression, sexual orientation, national origin or age and shall comply with applicable Federal and State laws and regulations.

§ 5330.34. Searches.

- (a) A PRTF shall have a written policy and procedure on searches of a child, youth or young adult or the child's, youth's or young adult's personal property.
- (b) A PRTF may conduct searches of a child, youth or young adult or the child's, youth's or young adult's property and bedroom when a search is necessary to protect the child, youth, young adult or others.
- (c) Unclothed body searches of a child, youth or young adult are prohibited.

STAFFING

§ 5330.41. Supervision of staff.

- (a) A PRTF shall have a written policy and procedure on the supervision of PRTF staff that includes the following:

- (1) A medical director shall provide the following supervision to an RN, clinical director or an APP:
 - (i) One hour of face-to-face supervision every month.
 - (ii) Thirty minutes of direct observation of the provision of services every 6 months.

- (2) A clinical director or medical director shall provide the following supervision to a mental health professional:
 - (i) Two hours of supervision each month. Of the 2 hours of supervision, 1 hour shall be face-to-face.
 - (ii) One hour of direct observation of the provision of services every 6 months. Each occurrence of direct observation of services shall be for at least 30 minutes.

- (3) A clinical director, medical director or mental health professional shall provide the following supervision to a mental health worker supervisor:
 - (i) Two hours of supervision each month. Of the 2 hours of supervision, 1 hour shall be face-to-face.
 - (ii) One hour of direct observation of the provision of services every 6 months. Each occurrence of direct observation of services shall be for at least 30 minutes.

- (4) A clinical director, medical director, mental health professional or mental health worker supervisor shall provide the following supervision to a mental health worker:

- (i) Two hours of supervision each month. Of the 2 hours of supervision, 1 hour shall be face-to-face.
 - (ii) One hour of direct observation of the provision of services every 6 months. Each occurrence of direct observation of services shall be for at least 30 minutes.
- (5) If a PRTF utilizes a mental health worker supervisor, the mental health worker supervisor shall supervise the mental health worker.
- (6) An RN shall provide the following supervision to an LPN:
 - (i) One hour of face-to-face supervision every month.
 - (ii) Thirty minutes of direct observation of the provision of services every 6 months.
- (b) A PRTF shall maintain documentation about each supervision session in the supervised PRTF staff person's personnel file that includes the following:
 - (1) The date and type of supervision session or date of direct observation.
 - (2) The location of the supervision session or location of direct observation.
 - (3) The start and end time of the supervision session or direct observation.
 - (4) Summary of the purpose and content of the supervision session or direct observation.
 - (5) Signature and date of signature for both the supervisee and the supervisor.
- (c) Face-to-face supervision may be delivered through secure, real-time, two-way audio and video transmission that meets technology and privacy standards required by the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191).

§ 5330.42. Staff requirements.

- (a) Staff working in a PRTF shall be 21 years of age or older.
- (b) At least two PRTF staff persons who are trained in the use of manual restraints shall be present and available at the PRTF at all times.
- (c) During the PRTF's awake hours, the following requirements must be met:
 - (1) At least one mental health worker or a PRTF staff person who meets the qualifications of a mental health worker shall provide supervision to every six children, youth or young adults.
 - (2) PRTF staff providing supervision shall always be within auditory and visual range of children, youth or young adults.
 - (3) A mental health professional shall be present at the PRTF.
- (d) During sleeping hours, the following requirements must be met:
 - (1) At least one mental health worker or a PRTF staff person who meets the qualifications of a mental health worker shall provide supervision to every 12 children, youth or young adults.
 - (2) PRTF staff providing supervision to children, youth or young adults shall remain within auditory range of the children, youth or young adults being supervised.
 - (3) PRTF staff supervising children, youth or young adults shall conduct visual observations of each child, youth or young adult at least every 15 minutes.
- (e) PRTF staff shall be supervised as follows:
 - (1) When there are less than 12 children, youth or young adults physically present at a PRTF, at least one PRTF supervisory staff person shall be physically present at the PRTF or on call to consult with PRTF staff.

- (2) When 12 or more children, youth or young adults are physically present at a PRTF, at least one PRTF supervisory staff person shall be physically present at the PRTF for every 12 children, youth or young adults.

§ 5330.43. Medical director.

- (a) A PRTF shall have a medical director.
- (b) The medical director shall be responsible for the following:
 - (1) Overseeing the delivery of psychiatric services and programming to children, youth or young adults in a PRTF.
 - (2) Coordination and supervision of PRTF staff on clinical and medical matters, including the prescribing and monitoring of psychotropic medication.
- (c) The medical director shall be licensed in this Commonwealth as a physician practicing psychiatry and be a board-certified or board-eligible psychiatrist.
- (d) The medical director may also serve as a treatment team leader.

§ 5330.44. Treatment team leader.

- (a) A PRTF shall identify a treatment team leader for each child, youth or young adult.
- (b) The treatment team leader shall be responsible for the following:
 - (1) Direction of each child's, youth's or young adult's treatment team.
 - (2) Leading monthly treatment plan meetings for each child, youth or young adult.
 - (3) Development and implementation of the child's, youth's or young adult's individualized treatment plan.
 - (4) Overseeing the update of each child's, youth's or young adult's treatment plan by the treatment team at least every 30 days.
 - (5) Development of a discharge plan for each child, youth or young adult.

- (6) Completing a comprehensive psychiatric evaluation that includes an examination of the medical, psychological, social, behavioral and developmental aspects of the child, youth or young adult and reflects the need for a PRTF level of care. The comprehensive psychiatric evaluation shall be completed within 7 days of a child's, youth's or young adult's admission to the PRTF.
 - (7) Determining if a PRTF level of care remains medically necessary for the child, youth or young adult every 30 days.
- (c) The treatment team leader shall meet the qualifications of a medical director specified in § 5330.43(c) (relating to medical director).

§ 5330.45. Clinical director.

- (a) A PRTF shall have a clinical director.
- (b) The clinical director shall be responsible for the following:
 - (1) Oversight of treatment assessments, services, therapeutic activities and program schedules.
 - (2) Review and response to emergency safety situations that occur at a PRTF.
 - (3) Oversight of the training curricula to ensure the requirements of § 5330.51 (relating to initial staff training) and § 5330.52 (relating to annual staff training) are met.
- (c) The clinical director shall have at least 2 years of experience in the delivery of behavioral health services to children, youth or young adults with a mental illness or behavioral health disorder and meet one of the following:
 - (1) Be licensed in this Commonwealth as a physician.
 - (2) Be licensed in this Commonwealth as a psychologist.

- (3) Be licensed in this Commonwealth as a marriage and family therapist.
 - (4) Be licensed in this Commonwealth as a professional counselor.
 - (5) Be licensed in this Commonwealth as a clinical social worker.
 - (6) Be licensed in this Commonwealth as a social worker and have completed a clinical practicum.
- (d) A medical director may also serve as a clinical director.

§ 5330.46. Program director.

- (a) A PRTF shall have a program director.
- (b) The program director shall be responsible for the following:
 - (1) Administration and management of a PRTF.
 - (2) Implementation of the PRTF's policies and procedures.
 - (3) Compliance with this chapter.
 - (4) Overseeing the general safety and protection of children, youth and young adults.
 - (5) Developing and maintaining a program schedule of daily activities, which includes designated awake and sleeping times.
- (c) The program director shall have one of the following:
 - (1) At least 1 year of experience in human service administration or direct care of children, youth or young adults with behavioral health needs and a graduate degree in psychology, sociology, social work, counseling, education, human services, public administration, business administration or a related field from a college or university accredited by an agency recognized by the United States Department of Education or the Council for Higher Education Accreditation or an equivalent degree from a foreign college or university that has been evaluated by

the Association of International Credential Evaluators, Inc. or the National Association of Credential Evaluation Services. The Department will accept a general equivalency report from the listed evaluator agencies to verify a foreign degree or its equivalency.

- (2) At least 2 years of experience in human service administration or direct care of children, youth or young adults with behavioral health needs and a bachelor's degree in psychology, sociology, social work, counseling, education, human services, public administration, business administration or a related field from a college or university accredited by an agency recognized by the United States Department of Education or the Council for Higher Education Accreditation or an equivalent degree from a foreign college or university that has been evaluated by the Association of International Credential Evaluators, Inc. or the National Association of Credential Evaluation Services. The Department will accept a general equivalency report from the listed evaluator agencies to verify a foreign degree or its equivalency.
- (3) At least 3 years of experience in human service administration or direct care of children, youth or young adults with behavioral health needs and an associate's degree in psychology, sociology, social work, counseling, education, human services, public administration, business administration or a related field from a college or university accredited by an agency recognized by the United States Department of Education or the Council for Higher Education Accreditation or an equivalent degree from a foreign college or university that has been evaluated by the Association of International Credential Evaluators, Inc. or the National

Association of Credential Evaluation Services. The Department will accept a general equivalency report from the listed evaluator agencies to verify a foreign degree or its equivalency. One of the 3 years of experience must be in a supervisory or managerial role.

- (4) At least 5 years of experience in direct care of children, youth or young adults with behavioral health needs and a high school diploma or the equivalent of a high school diploma. Two of the 5 years of experience must be in a supervisory or managerial role.

§ 5330.47. Registered nurse.

- (a) A PRTF shall have an RN who is either onsite or available at all times when not onsite.
- (b) The RN shall be responsible for the following:
 - (1) Overseeing the nursing care for children, youth or young adults in a PRTF.
 - (2) Assessing the health conditions of children, youth or young adults and determining appropriate nursing care needs.
 - (3) Participating in monthly treatment plan meetings.
- (c) The RN shall have at least 1 year of experience in treating children, youth or young adults with behavioral health needs.

§ 5330.48. Mental health professional.

- (a) A PRTF shall have a mental health professional.
- (b) All children, youth or young adults in a PRTF shall be assigned to a mental health professional.
- (c) The mental health professional shall be responsible for the following:

- (1) Development of the child's, youth's or young adult's individualized treatment plan.
 - (2) Participating in monthly treatment plan meetings for all assigned children, youth or young adults.
 - (3) Implementing treatment services and therapeutic activities for a child, youth or young adult in accordance with the child's, youth's or young adult's treatment plan.
 - (4) Providing individual, group or family therapy in accordance with the child's, youth's or young adult's treatment plan.
 - (5) Coordinating with the treatment team under the direction of the treatment team leader to address the goals, objectives, needs and strengths of assigned children, youth or young adults.
- (d) The mental health professional's assigned caseload may not exceed eight children, youth or young adults.
- (e) The mental health professional shall meet one of the following:
- (1) Be licensed in this Commonwealth as a physician, psychologist, marriage and family therapist, professional counselor or clinical social worker.
 - (2) Be licensed in this Commonwealth as a social worker or behavior specialist and have a graduate degree that required a clinical or mental health direct service practicum from a college or university accredited by an agency recognized by the United States Department of Education or the Council for Higher Education Accreditation or have an equivalent degree from a foreign college or university that has been evaluated by the Association of International Credential Evaluators,

Inc. or the National Association of Credential Evaluation Services. The Department will accept a general equivalency report from the listed evaluator agencies to verify a foreign degree or its equivalency.

- (3) Have at least 1 year of experience in providing mental health direct services to children, youth or young adults and a graduate degree with at least nine credits specific to clinical practice in psychology, sociology, social work or counseling from a college or university accredited by an agency recognized by the United States Department of Education or the Council for Higher Education Accreditation or an equivalent degree from a foreign college or university that has been evaluated by the Association of International Credential Evaluators, Inc. or the National Association of Credential Evaluation Services. The Department will accept a general equivalency report from the listed evaluator agencies to verify a foreign degree or its equivalency.
- (4) Completed a clinical or mental health direct service practicum and have a graduate degree with a least nine credits specific to clinical practice in psychology, sociology, social work, education, counseling or a related field from a college or university accredited by an agency recognized by the United States Department of Education or the Council for Higher Education Accreditation or have an equivalent degree from a foreign college or university that has been evaluated by the Association of International Credential Evaluators, Inc. or the National Association of Credential Evaluation Services. The Department will accept a general equivalency report from the listed evaluator agencies to verify a foreign degree or its equivalency.

§ 5330.49. Mental health worker.

- (a) A PRTF shall have a mental health worker.
- (b) The mental health worker shall be responsible for the following:
 - (1) Implementing therapeutic interventions.
 - (2) Providing direct and active supervision to children, youth or young adults.
 - (3) Supporting the strengths and needs of children, youth or young adults.
 - (4) Sharing pertinent information with the child's, youth's or young adult's treatment team. This may include general observations, progress with service goals and areas of concern.
 - (5) Facilitating psychoeducational groups.
- (c) The mental health worker shall have a high school diploma or the equivalent of a high school diploma and at least 1 year of experience working with children, youth or young adults.

§ 5330.50. Additional staff positions.

The following PRTF staff positions, if utilized, shall meet the following requirements:

- (1) If within the scope of the APP's practice, an APP may do the following:
 - (i) Evaluate the physical or psychological condition of a child, youth or young adult who takes a prescribed medication.
 - (ii) Review, update, sign and date the child's, youth's or young adult's treatment plan.
 - (iii) Perform initial or routine specific screenings and assessments to assess the physical or psychological condition of a child, youth or young adult.
- (2) The APP shall be licensed in this Commonwealth and have at least 1 year of experience working with children, youth or young adults.
- (3) If within the scope of the LPN's practice, an LPN may do the following:

- (i) Accept verbal orders for a manual restraint.
 - (ii) Participate in the planning, implementation and evaluation of nursing care provided to a child, youth or young adult.
- (4) The LPN shall be onsite at a PRTF whenever an RN is not onsite at the PRTF.
- (5) The LPN shall have at least 1 year of experience working with children, youth or young adults.
- (6) A mental health worker supervisor may provide the following:
 - (i) Supervision to a mental health worker.
 - (ii) Direct and active supervision to children, youth or young adults.
- (7) The mental health worker supervisor shall have one of the following:
 - (i) At least 1 year of experience in the delivery of behavioral health services to children, youth or young adults and a bachelor's degree in psychology, sociology, social work, counseling, education, human services, public administration, business administration or a related field from a college or university accredited by an agency recognized by the United States Department of Education or the Council for Higher Education Accreditation or an equivalent degree from a foreign college or university that has been evaluated by the Association of International Credential Evaluators, Inc. or the National Association of Credential Evaluation Services. The Department will accept a general equivalency report from the listed evaluator agencies to verify a foreign degree or its equivalency.
 - (ii) At least 2 years of experience in the delivery of behavioral health services to children, youth or young adults and an associate's degree in psychology, sociology, social work, counseling, education, human services, public

administration, business administration or a related field from a college or university accredited by an agency recognized by the United States Department of Education or the Council for Higher Education Accreditation or an equivalent degree from a foreign college or university that has been evaluated by the Association of International Credential Evaluators, Inc. or the National Association of Credential Evaluation Services. The Department will accept a general equivalency report from the listed evaluator agencies to verify a foreign degree or its equivalency.

- (iii) At least 3 years of experience in the delivery of behavioral health services to children, youth or young adults and a high school diploma or the equivalent of a high school diploma.

§ 5330.51. Initial staff training.

- (a) A PRTF shall have a written policy and procedure on the monitoring of initial PRTF staff training.
- (b) PRTF staff shall complete an orientation that includes the individual's specific duties and responsibilities and information on the PRTF's policies and procedures.
- (c) Except as required by subsection (d), PRTF staff shall complete at least 30 hours of training in the following areas within 120 days of their date of hire:
 - (1) The requirements of this chapter.
 - (2) The requirements of 23 Pa.C.S. §§ 6301 — 6388 (relating to the Child Protective Services Law) and Chapter 3490 (relating to protective services).
 - (3) The requirements of the Adult Protective Services Act (35 P.S. §§ 10210.101—10210.704).

- (4) Fire safety by a fire safety expert.
 - (i) Training may be through a video recording if the video recording is prepared by a fire safety expert and is administered onsite by a PRTF staff person who is trained by a fire safety expert.
 - (ii) If the facility serves 20 or fewer children, youth or young adults, the training may be conducted by a PRTF staff person trained by a fire safety expert.
- (5) First aid, opioid overdose reversal medication, Heimlich techniques, cardiopulmonary resuscitation, use of an automatic external defibrillator (AED), universal precautions and blood-borne pathogen training facilitated by an individual qualified as a trainer by a hospital or other recognized health care organization.
- (6) The use of manual restraints that is consistent with 42 CFR 483.376 (relating to education and training) and provided by an individual who meets the qualifications in 42 CFR 483.376(c).
- (7) Verbal de-escalation, crisis prevention and suicide prevention.
- (8) Professional ethics and conduct, professional boundaries and confidentiality.
- (9) Cultural competency and equity training that increases awareness of cultural norms and provides skills and knowledge regarding the value of diversity.
- (10) Trauma-informed care principles and practical applications.
- (11) Mental health diagnoses, conditions, needs and effective service interventions for children, youth or young adults.
- (12) Principles of child development.

- (13) Recognizing and responding to emergency safety situations.
- (d) The medical director, treatment team leader, clinical director, program director, RN, mental health professional, mental health worker, and if utilized, an APP, an LPN and a mental health worker supervisor shall complete the training required by subsection (c) prior to working directly with children, youth or young adults.
- (e) A PRTF shall keep documentation of completion of initial training requirements, which includes the following:
 - (1) Name of the PRTF staff trained.
 - (2) Training date.
 - (3) Training source.
 - (4) Name and qualifications of the trainer.
 - (5) Length of training.

§ 5330.52. Annual staff training.

- (a) A PRTF shall have a written policy and procedure on the monitoring of annual PRTF staff training.
- (b) PRTF staff shall have at least 30 hours of annual training in the areas specified in § 5330.51(c) (relating to initial staff training).
- (c) In addition to the requirements in subsection (b), the medical director, treatment team leader, clinical director, program director, RN, mental health professional, mental health worker, and if utilized, an APP, an LPN and a mental health worker supervisor shall complete an additional 10 hours of annual training in the following areas:
 - (1) Best practices, including evidenced-based practices to address the unique characteristics of the children, youth or young adults served.

- (2) Types, uses and side effects of psychotropic medications prescribed to children, youth or young adults.
 - (3) Effective and transferable discharge and reintegration planning.
 - (4) Documentation skills and requirements.
 - (5) Mental health conditions, emotional disturbances or behavior disorders in children, youth or young adults as they relate to their biopsychosocial needs.
- (d) A PRTF shall keep documentation of completion of annual training requirements, which includes the following:
- (1) Name of the PRTF staff trained.
 - (2) Training date.
 - (3) Training source.
 - (4) Name and qualifications of the trainer.
 - (5) Length of training.

§ 5330.53. Criminal history checks and child abuse certifications.

- (a) Criminal history checks and child abuse certifications must be completed for all PRTF staff in accordance with 23 Pa.C.S. §§ 6301—6388 (relating to the Child Protective Services Law) and Chapter 3490 (relating to protective services).
- (b) A PRTF shall have a written policy and procedure to ensure that PRTF staff having contact with children, youth or young adults comply with 23 Pa.C.S. §§ 6301—6388 and Chapter 3490, including mandated reporting and training requirements.

PHYSICAL SITE

§ 5330.61. Applicable construction safety laws.

A PRTF shall comply with the requirements of 34 Pa. Code Part XIV (relating to uniform construction code).

§ 5330.62. Physical accommodations and equipment.

A PRTF shall provide or arrange for physical site accommodations and equipment needed to meet the health and safety needs of a child, youth or young adult served, including special accommodations as a result of a child's, youth's or young adult's disability.

§ 5330.63. Poisons.

- (a) Poisonous materials, including cleaning and other toxic materials, must be kept locked and inaccessible to a child, youth or young adult.
- (b) Poisonous materials, including cleaning and other toxic materials, must be clearly labeled and stored in a container that meets the requirements for safe storage of that material.
- (c) Poisonous materials, including cleaning and other toxic materials, must be kept separate from food, food preparation surfaces and dining surfaces.

§ 5330.64. Heat sources.

Heat sources, such as hot water pipes, fixed space heaters, hot water heaters and radiators exceeding 120°F that are accessible to a child, youth or young adult must be equipped with protective guards or insulation to prevent a child, youth or young adult from making physical contact with the heat source.

§ 5330.65. Sanitation.

- (a) Sanitary conditions must be maintained.
- (b) A PRTF shall take steps to prevent and address infestation of insects or rodents.

- (c) Trash must be removed from the property at least once a week.
- (d) Trash inside and outside of a PRTF must be kept in covered trash receptacles that prevent insect and rodent penetration.

§ 5330.66. Ventilation.

- (a) Living areas, recreation areas, dining areas, bathrooms, bedrooms and kitchens must be ventilated by at least one operable window or mechanical ventilation.
- (b) Windows, including windows in doors, must be securely screened when open.

§ 5330.67. Lighting.

All rooms, bedrooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps and fire escapes must be properly lighted to avoid accidents.

§ 5330.68. Surfaces.

Indoor and outdoor floors, walls, ceilings, windows, doors and other surfaces must be free of damage or hazards.

§ 5330.69. Water.

- (a) A PRTF shall have hot and cold water.
- (b) Hot water temperature in areas accessible to a child, youth or young adult may not exceed 120°F.
- (c) A PRTF that is not connected to a public water or sewer system shall meet all Federal and State statutes, regulations and standards regarding private water and sewage systems.
- (d) A PRTF that is not connected to a public water system shall have a coliform water test performed at least every 3 months by the Pennsylvania Department of Environmental Protection.

§ 5330.70. Air temperature.

- (a) Indoor temperature shall be at least 65°F during awake hours when a child, youth or young adult is present in a PRTF.
- (b) Indoor temperature may not be less than 62°F during sleeping hours.
- (c) When indoor temperature exceeds 85°F, a PRTF shall use mechanical ventilation, such as fans or air conditioning.

§ 5330.71. Communication system.

- (a) A PRTF shall have a working telephone that is accessible to PRTF staff at all times.
- (b) A PRTF shall have communication equipment, such as a hand-held two-way radio, to allow PRTF staff to contact other PRTF staff for assistance in an emergency safety situation.

§ 5330.72. Emergency telephone numbers.

The PRTF's physical address and telephone numbers for the nearest hospital, police department, fire department, ambulance and poison control center must be posted on or by all working telephones accessible to PRTF staff.

§ 5330.73. Handrails and railings.

- (a) Ramps, interior stairways and outside steps exceeding two steps must have a well-secured handrail.
- (b) Porches that have over an 18-inch drop must have a well-secured railing.

§ 5330.74. Landings and stairs.

- (a) Stairs must have a landing which is at least as wide as the doorway, beyond each interior and exterior door that opens directly into a stairway.
- (b) Interior stairs must have nonskid surfaces.

§ 5330.75. Furniture.

- (a) Furniture must be free of hazards.
- (b) A PRTF shall have enough furniture to accommodate seating for the largest group of children, youth or young adults that may routinely congregate so that no child, youth or young adult is required to stand or sit on the floor.

§ 5330.76. Equipment.

- (a) Equipment must be kept clean and maintained in good repair.
- (b) Equipment that poses a hazard to children, youth or young adults must be stored in an area that is inaccessible to children, youth or young adults.
- (c) A PRTF shall have a written policy and procedure to ensure that hazardous equipment is used in a safe and appropriate manner.

§ 5330.77. First aid supplies.

- (a) A PRTF shall have a first aid kit available to PRTF staff on every floor of the PRTF.
- (b) PRTF staff shall confirm that a first aid kit is present if an activity is being conducted outside on the grounds of the PRTF or away from the PRTF.
- (c) A first aid kit shall contain the following items:
 - (1) A first aid manual.
 - (2) Nonporous disposable gloves.
 - (3) Antiseptic.
 - (4) Assorted adhesive bandages.
 - (5) Gauze pads.
 - (6) Thermometer.
 - (7) Tape.

- (8) Tweezers.
- (9) Scissors.
- (10) Opioid overdose reversal medication.
- (d) A first aid kit may not be accessible to children, youth or young adults.
- (e) A PRTF shall have an AED that is accessible to PRTF staff.
- (f) An AED may not be accessible to children, youth or young adults.

§ 5330.78. Elevators.

An elevator must have a valid certificate of operation from the Pennsylvania Department of Labor and Industry.

§ 5330.79. Activity space.

A PRTF shall have indoor space for activities such as recreation, studying and group activities and outdoor space for activities such as recreation and group activities.

§ 5330.80. Exterior conditions.

- (a) The exterior of structures and grounds or yard of a PRTF must be free of hazards.
- (b) Outside walkways must be free of ice, snow and any type of obstruction.

§ 5330.81. Firearms and weapons.

A PRTF shall have a written policy regarding possession of firearms, weapons and ammunition on the premise of a PRTF. A PRTF is not required to permit firearms, weapons and ammunition. The policy shall be in accordance with federal and state law.

§ 5330.82. Bedrooms.

- (a) A single bedroom must have at least 70 square feet of floor space per child, youth or young adult measured wall to wall, including space occupied by furniture.

- (b) A shared bedroom must have at least 60 square feet of floor space per child, youth or young adult measured wall to wall, including space occupied by furniture.
- (c) No more than four children, youth or young adults may share a bedroom.
- (d) The ceiling height in a bedroom must be at least 7 ½ feet.
- (e) A bedroom must have a window with a source of natural light.
- (f) A child, youth or young adult shall be provided with the following:
 - (1) A bed with a solid foundation and fire-retardant mattress in good condition.
 - (2) A pillow and bedding, in good condition, appropriate for the temperature in the PRTF.
 - (3) A storage area for clothing.
- (g) Cots or portable beds are not permitted.
- (h) Bunk beds must allow enough space between each bed and the ceiling to allow a child, youth or young adult to sit up in bed.
- (i) Bunk beds must be equipped with securely attached ladders capable of supporting a child, youth or young adult.
- (j) The top bunk of bunk beds must be equipped with a secure safety rail on each open side and open end of the bunk.
- (k) A bedroom may not be used as a means of egress or as a means to access another part of a PRTF.

§ 5330.83. Bathrooms.

- (a) A PRTF shall have at least one functional toilet for every six children, youth or young adults.

- (b) A PRTF shall have at least one functional sink for every six children, youth or young adults.
- (c) A PRTF shall have at least one functional bathtub or shower for every six children, youth or young adults.
- (d) A PRTF shall have slip-resistant surfaces in bathtubs and showers.
- (e) Privacy must be provided for toilets, showers and bathtubs by partitions or doors.
- (f) A PRTF shall have at least one wall mirror for every six children, youth or young adults.
- (g) The following toiletry items must be provided for each child, youth or young adult:
 - (1) Towels and washcloths.
 - (2) Toothpaste.
 - (3) Toothbrush.
 - (4) Comb or hairbrush.
 - (5) Shampoo.
 - (6) Soap.
 - (7) Feminine hygiene products, if needed.
 - (8) Toilet paper.
 - (9) Deodorant, if needed.
 - (10) Body lotion, if needed.
- (h) Bar soap is not permitted unless there is a separate bar clearly labeled for each child, youth or young adult.

§ 5330.84. Kitchen area.

- (a) A PRTF shall have a kitchen area with an operable refrigerator, sink, cooking equipment and cabinets for storage.

- (b) Utensils for eating, drinking, serving food and preparing food must be washed and rinsed after each use.
- (c) Food must be protected from contamination while being stored, prepared, transported and served.
- (d) Uneaten food from a child's, youth's or young adult's dish may not be served again or used in the preparation of future meals.
- (e) Food must be kept at the following temperatures:
 - (1) Cold food must be kept at or below 40°F.
 - (2) Hot food must be kept at or above 140°F.
 - (3) Frozen food must be kept at or below 0°F.

§ 5330.85. Laundry.

Bed linens, towels, washcloths and clothing must be laundered at least once a week.

§ 5330.86. Swimming.

- (a) The perimeter of swimming pools must be surrounded by a fence that meets local codes and a gate that is locked when the pool is not in use.
- (b) Swimming pools must be inaccessible to children, youth or young adults when not in use.
- (c) A certified lifeguard shall supervise children, youth or young adults at all times while swimming. A certified lifeguard may not be counted towards the supervision ratio specified in § 5330.42 (relating to staff requirements).

FIRE SAFETY

§ 5330.91. Compliance with fire safety statutes, regulations and ordinances.

A PRTF shall comply with applicable Federal and State laws, regulations and local ordinances regarding fire safety.

§ 5330.92. Unobstructed egress.

- (a) Stairways, hallways, doorways, passageways and egress routes from rooms and from a PRTF must be unlocked and unobstructed unless the fire safety approval specified in § 5330.6 (relating to fire safety approval) permits locking of certain means of egress. If a fire safety approval is not required in accordance with § 5330.6, means of egress may not be locked.
- (b) Doors used for egress routes from rooms and from a PRTF may not be equipped with key-locking devices, electronic card-operated systems or other PRTF staff-controlled devices that prevent immediate egress by a child, youth or young adult from the PRTF.
- (c) Doors with delayed egress must be equipped with a mechanism that unlocks after no more than a 15-second delay and must meet the requirements of the International Building Code § 1008.1.9.7 (relating to delayed egress locks).

§ 5330.93. Exits.

- (a) If more than four children, youth or young adults sleep above the ground floor of a PRTF, there must be at least two interior or exterior exits from each floor.
- (b) If a fire escape is used as a means of egress, it must be permanently installed.

§ 5330.94. Evacuation procedures.

- (a) A PRTF shall have written emergency evacuation procedures that include PRTF staff responsibilities, means of transportation and designated meeting areas.

- (b) A PRTF shall have emergency evacuation procedures that contain a detailed diagram of exit paths, exit doors and fire extinguishers for each floor posted in a conspicuous and public place on each floor of the PRTF.
- (c) An elevator may not be used during a fire drill or an emergency evacuation procedure.

§ 5330.95. Notification of local first responders.

- (a) A PRTF shall notify local first responders in writing of the following:
 - (1) Maximum number of children, youth, young adults and PRTF staff that could be present at the PRTF.
 - (2) Physical address of physical structures.
 - (3) Specific location of bedrooms.
 - (4) Assistance needed to evacuate children, youth or young adults in an emergency.
- (b) Notification to local first responders must be reviewed and updated annually or within 5 days of when there is a change in the physical address of a physical structure, location of bedrooms or assistance needed to evacuate.

§ 5330.96. Flammable and combustible materials.

Flammable and combustible materials must be used safely, stored away from heat sources and inaccessible to children, youth or young adults.

§ 5330.97. Furnaces.

- (a) Furnaces must be inspected and cleaned annually by a professional furnace cleaning company or properly trained PRTF maintenance staff.
- (b) A PRTF shall maintain documentation of the annual inspection and cleaning of a furnace.

§ 5330.98. Portable space heaters.

Portable space heaters or heaters that are not permanently mounted or installed are not permitted.

§ 5330.99. Wood and coal burning stoves.

The use of wood and coal burning stoves is not permitted.

§ 5330.100. Fireplaces.

- (a) Fireplaces must be securely screened or equipped with protective guards while in use.
- (b) PRTF staff shall be present with a child, youth or young adult while a fireplace is in use.
- (c) A fireplace chimney and flue must be cleaned and inspected annually by a professional cleaning company or properly trained PRTF maintenance staff.
- (d) A PRTF shall maintain documentation of the cleaning and inspection of the fireplace chimney and flue.
- (e) Inoperable fireplaces must be inaccessible.

§ 5330.101. Detectors and alarms.

- (a) A PRTF shall have an operable smoke detector located within 15 feet of each bedroom door.
- (b) A PRTF shall have at least one operable smoke detector on each floor, including a basement and attic.
- (c) Smoke detectors and fire alarms must be a type approved by the Pennsylvania Department of Labor and Industry or listed by Underwriters Laboratories.
- (d) If a PRTF serves four or more children, youth or young adults or if the PRTF has three or more floors including a basement and attic, there must be at least one smoke detector on each floor that is interconnected and audible throughout the PRTF or a fire alarm system that is audible throughout the PRTF.

- (e) All smoke detectors and fire alarms must be equipped with a visual aid so that an individual with a hearing impairment can be alerted in the event of a fire.
- (f) If a smoke detector or fire alarm becomes inoperable, repair or replacement shall be completed within 24 hours of the time the detector or alarm was found to be inoperable.
- (g) An approved carbon monoxide alarm must be installed in a PRTF no more than 15 feet from any fossil fuel-burning device or appliance.
- (h) Carbon monoxide detectors and alarm systems must be tested and replaced in accordance with the manufacturer's guidelines.
- (i) A PRTF shall have a written procedure for fire safety monitoring if a smoke detector, fire alarm or carbon monoxide detector becomes inoperative.

§ 5330.102. Fire extinguishers.

- (a) Fire extinguishers must be inspected and approved annually by a fire safety expert who is not an employee of the PRTF. The date of the inspection must be documented on the fire extinguisher.
- (b) Fire extinguishers must be listed by Underwriters Laboratories or approved by Factory Mutual Systems.
- (c) There must be at least one approved fire extinguisher with a minimum 2-A rating for each floor, including a basement and attic.
- (d) If an indoor floor area including a basement or attic is more than 3,000 square feet, there must be an additional approved fire extinguisher with a minimum 2-A rating for each additional 3,000 square feet of indoor floor space.

- (e) An approved fire extinguisher with a minimum 2A-10BC rating must be in a kitchen. The kitchen fire extinguisher meets the requirements for one approved fire extinguisher for each floor as required in subsection (c).
- (f) Fire extinguishers must be accessible to all PRTF staff. A fire extinguisher must be secured if access to the extinguisher by a child, youth or young adult may cause a safety risk to the child, youth or young adult. If fire extinguishers are secured, PRTF staff shall have the means to immediately gain access to the fire extinguisher in the event of a fire emergency.

§ 5330.103. Fire drills.

- (a) An unannounced fire drill must be held at least once a month.
- (b) Fire drills must be held during normal staffing conditions and not when additional PRTF staff are present.
- (c) The evacuation routes must allow children, youth or young adults to evacuate the entire physical structure into a public thoroughfare or to a fire-safe area designated in writing within the past year by a fire safety expert. The public thoroughfare or to a fire-safe area must be within 2 ½ minutes or within the period specified in writing within the past year by a fire safety expert. The fire safety expert may not be an employee of the PRTF.
- (d) A fire drill must be held during sleeping hours at least once every 6 months.
- (e) Alternate exit routes must be used during fire drills at least once every 3 months.
- (f) Fire drills must be held on different days of the week, at different times and during different staffing shifts.
- (g) A fire alarm or smoke detector must be activated during each fire drill.
- (h) A PRTF shall have a written fire drill record that contains the following:

- (1) Address and name of the physical structure where the fire drill occurred.
- (2) Date the fire drill occurred.
- (3) Time the fire drill occurred.
- (4) Amount of time for all individuals to evacuate the PRTF.
- (5) The exit route that was utilized during the fire drill.
- (6) The number of children, youth or young adults in the location at the time of the fire drill.
- (7) Documentation of any issues encountered during the fire drill.
- (8) Documentation of whether fire alarms or smoke detectors were operable.

HEALTH

§ 5330.111. Health and behavioral health services.

- (a) A PRTF shall identify acute and chronic conditions of a child, youth or young adult and shall arrange for or provide appropriate medical treatment.
- (b) Medically necessary physical and behavioral health treatment, diagnostic services, follow-up examinations and services, such as medical, nursing, pharmaceutical, dental, dietary, hearing, vision, blood lead level, psychiatric and psychological services that are planned or prescribed for the child, youth or young adult, shall be arranged for or provided.

§ 5330.112. Initial medical assessment.

- (a) A PRTF shall have a written policy and procedure on inclusion of the assessment of health or safety risks in the initial medical assessment of children, youth or young adults.
- (b) An initial medical assessment must include the following:
 - (1) Vital signs, such as blood pressure, pulse, temperature and breathing rate.

- (2) Allergies.
 - (3) Medication history.
 - (4) Immunization history.
 - (5) Substance use history.
 - (6) Prior or current injuries or illnesses.
 - (7) Prior hospitalizations.
 - (8) Medical diagnoses.
 - (9) Parents' medical history, if known.
 - (10) Vision screening.
 - (11) Hearing screening.
- (c) A child, youth or young adult shall have an initial medical assessment completed by a physician, APP or RN within 24 hours of admission to a PRTF.
- (d) An initial medical assessment must be signed and dated by the physician, APP or RN who completed the initial medical assessment.
- (e) If a physician did not complete the initial medical assessment, a physician shall review and sign the initial medical assessment within 3 days from the date the initial medical assessment was completed.
- (f) A copy of the initial medical assessment shall be kept in a child's, youth's or young adult's record.

§ 5330.113. Health and safety plan.

- (a) If an initial medical assessment specified in § 5330.112 (relating to initial medical assessment) identifies a health or safety risk to a child, youth, young adult or others, a written health and safety plan to protect the child, youth, young adult or others must be

developed and implemented within 24 hours after the initial medical assessment is completed.

- (b) The health and safety plan to protect the child, youth, young adult or others must be communicated to and made available to PRTF staff and must be filed in the child's, youth's or young adult's record.
- (c) A written health and safety plan must be developed and implemented within 24 hours of the PRTF medical staff or treatment staff being notified of a health or safety risk to the child, youth or young adult.
- (d) Written health and safety plans must be updated based on the health and safety risks of the child, youth or young adult.

§ 5330.114. Medical examination.

- (a) If a child, youth or young adult did not have a medical examination, or there is no documentation of a medical examination 12 months prior to admission to a PRTF that meets the requirements of the State Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program Periodicity Schedule, a medical examination by a physician or APP shall be completed within 15 days of the child's, youth's or young adult's admission to a PRTF.
- (b) An initial medical examination must include the following:
 - (1) Review of the assessments specified in § 5330.111 (relating to initial medical assessment).
 - (2) Review of the health history and medical information pertinent to the child, youth or young adult to inform medical care, diagnosis and services needed in an emergency safety situation.

- (3) Review of required immunizations, screening tests and laboratory tests, including the ordering of any immunizations, screening tests and laboratory tests that are indicated.
 - (4) Communicable disease detection, if recommended by a physician or APP based on the child's, youth's or young adult's health condition and with appropriate consent from the youth or young adult or the child's, youth's or young adult's parent, legal guardian or caregiver.
 - (5) Recommendations for follow-up physical or behavioral health treatment, examinations or services.
- (c) A child, youth or young adult shall have a medical examination completed annually by a physician or APP that meets the requirements of the State EPSDT Program Periodicity Schedule.
 - (d) A medical examination must be signed and dated by the physician or APP who completed the medical examination.
 - (e) Written verification of completion of the medical examination must be kept in the child's, youth's or young adult's record specifying the following:
 - (1) Date of the examination.
 - (2) Results of the examination.
 - (3) Name, address and contact information of the examining physician or APP.
 - (4) Follow-up recommendations.

§ 5330.115. Dental care.

- (a) A child, youth or young adult shall have a dental examination performed by a licensed dentist and teeth cleaning performed by a licensed dentist or dental technician at least semiannually.
- (b) A child, youth or young adult shall receive a dental examination and teeth cleaning within 30 days after admission to a PRTF.
- (c) If the child, youth or young adult had a dental examination and teeth cleaning prior to admission to the PRTF that meets the requirements of subsection (a), an initial examination and teeth cleaning within 30 days after admission is not required.
- (d) Follow-up dental work indicated by the examination, such as treatment of cavities and application of protective sealants, must be provided as recommended by the licensed dentist.
- (e) A written record of completion of each dental examination and teeth cleaning, including the preadmission dental examination and teeth cleaning permitted in subsection (c), specifying the date of the examination and teeth cleaning, the licensed dentist's name and address, results of the examination, follow-up recommendations made, and the dates and provision of follow-up services and treatment, must be kept in the child's, youth's or young adult's record.

§ 5330.116. Vision care.

- (a) A child, youth or young adult shall receive vision screening and treatment to include diagnosis and services including eyeglasses, for defects in vision.

- (b) A child, youth or young adult shall receive a vision screening within 30 days after admission to a PRTF in accordance with the periodicity schedule recommended by the American Academy of Pediatrics.
- (c) If the child, youth or young adult had a vision screening prior to admission to the PRTF that meets the requirements of subsection (a) within the periodicity schedule specified in subsection (b), an initial examination within 30 days after admission is not required. The next screening shall be required within the periodicity schedule specified in subsection (b).
- (d) Follow-up treatment, such as provision of eyeglasses, must be provided as recommended by the treating practitioner.
- (e) A written record of completion of each vision screening, including the preadmission screening permitted in subsection (c), specifying the date of the screening, the treating practitioner's name and address, results of the screening, follow-up recommendations made, and the dates and provision of follow-up services and treatment, must be kept in the child's, youth's or young adult's record.

§ 5330.117. Hearing care.

- (a) A child, youth or young adult shall receive a hearing screening and treatment to include diagnosis and services, including hearing aids, for defects in hearing.
- (b) Each child, youth or young adult shall receive a hearing screening within 30 days after admission in accordance with the periodicity schedule recommended by the American Academy of Pediatrics.
- (c) If the child, youth or young adult had a hearing screening prior to admission to the PRTF that meets the requirements of subsection (a) within the periodicity schedule specified in

subsection (b), an initial examination within 30 days after admission is not required. The next screening shall be required within the periodicity schedule specified in subsection (b).

- (d) Follow-up treatment, such as provision of hearing aids, must be provided as recommended by the treating practitioner.
- (e) A written record of completion of each hearing screening, including the preadmission screening permitted in subsection (c), specifying the date of the screening, the treating practitioner's name and address, the results of the screening, follow-up recommendations made and the dates and provision of follow-up services and treatment, must be kept in the child's, youth's or young adult's record.

§ 5330.118. Use of drugs, alcohol, tobacco and e-cigarettes.

- (a) A PRTF shall have a written policy and procedure on the use of drugs, alcohol, tobacco and e-cigarettes.
- (b) Use or possession of drugs, alcohol, tobacco and e-cigarette products by a child, youth or young adult is prohibited.
- (c) Use or possession of drugs, alcohol, tobacco and e-cigarettes products by a PRTF staff person is prohibited in the PRTF and during transportation of a child, youth or young adult.
- (d) If PRTF staff are permitted to use tobacco and e-cigarette products on the grounds of the PRTF, the following apply:
 - (1) The PRTF shall designate areas of the PRTF grounds where it is permissible to use tobacco or e-cigarettes.

- (2) The PRTF shall have a written fire safety procedure in the areas where it is permissible to use tobacco and e-cigarettes. Procedures must include extinguishing procedures and requirements that use of tobacco and e-cigarette products shall occur a safe distance from flammable or combustible materials and physical structures.
- (3) Use of tobacco and e-cigarette products must be out of the sight of a child, youth or young adult.

§ 5330.119. Emergency plan.

- (a) A PRTF shall have a written medical emergency plan for children, youth, young adults and PRTF staff. The plan must include the following:
 - (1) A hospital or health care provider that will provide services in an emergency.
 - (2) A transportation method to be used during an emergency.
 - (3) An emergency staffing plan.
 - (4) Medical and behavioral health needs or situations for which emergency medical care and services are warranted.
- (b) A child, youth or young adult and the child's, youth's or young adult's parent, legal guardian or caregiver shall be given a copy of the medical emergency plan upon the child's, youth's or young adult's admission to the PRTF.
- (c) A child's, youth's or young adult's parent, legal guardian or caregiver shall be notified within 12 hours from the time the medical emergency plan is implemented for their child, youth or young adult.

STAFF HEALTH

§ 5330.121. Staff assessment.

- (a) PRTF staff who have direct contact with children, youth or young adults or who work in food preparation shall have a health assessment completed within 12 months prior to being hired by the PRTF and shall have a health assessment completed within 24 months of their last health assessment thereafter.
- (b) A physician or APP shall complete the health assessment.
- (c) The health assessment must include the following:
 - (1) A physical examination.
 - (2) Tuberculosis screening consistent with § 5330.122 (relating to tuberculosis screening).
 - (3) Examination for communicable diseases.
 - (4) Examination of medical problems which might threaten the health of a child, youth or young adult or prevent a PRTF staff person from providing adequate care to children, youth or young adults.
- (d) The physician or APP who completed the assessment shall complete a report of the assessment that includes the following:
 - (1) The signature and professional title of the physician or APP who completed the assessment.
 - (2) Results of the examination for communicable disease.
 - (3) The physician's or APP's assessment of the PRTF staff person's suitability to provide care to a child, youth or young adult.

- (e) A copy of the report of the current health assessment must be included in the PRTF staff person's record.

§ 5330.122. Tuberculosis screening.

- (a) A PRTF staff person shall have a tuberculosis screening completed at initial employment.
- (b) A PRTF staff person shall have a subsequent tuberculosis screening completed if directed by a physician, APP, Pennsylvania Department of Health or local health department.
- (c) A PRTF staff person who has had a positive tuberculin skin test and a negative chest x-ray is not required to have further tuberculosis testing, unless one of the following occurs:
 - (1) The PRTF staff person is exposed to an active case of tuberculosis.
 - (2) The PRTF staff person develops a productive cough that does not respond to medical treatment within 14 days of the onset of the cough.
- (d) A copy of a positive tuberculin test shall be included in the PRTF staff person's record along with the results of a chest x-ray and evaluation for chemoprophylaxis.

§ 5330.123. Serious communicable diseases or medical problem.

- (a) If a PRTF staff person has a serious communicable disease as defined by the Pennsylvania Department of Health, written authorization from a physician or APP is required for the PRTF staff person to be present at the PRTF.
- (b) The written authorization from a physician or APP shall include a statement that the PRTF staff person will not pose a serious threat to the health of the children, youth or young adults and specific instructions and precautions to be taken for the protection of the children, youth or young adults while the PRTF staff person has a communicable disease.

- (c) A PRTF shall follow the written instructions and precautions specified in the written authorization from a physician or APP.

NUTRITION

§ 5330.131. Daily meals.

- (a) A PRTF shall provide at least three meals and one snack a day to children, youth or young adults.
- (b) There may be no more than 15 hours between an evening meal and a morning meal.
- (c) If a child, youth or young adult misses a meal, a PRTF shall provide the child, youth or young adult with a meal as soon as possible.
- (d) If a child, youth or young adult refuses to eat a meal, the refusal shall be documented in the child's, youth's or young adult's record and reported to the child's, youth's or young adult's treatment team.
- (e) If a child, youth or young adult request a meal after initially refusing a meal, a PRTF shall provide the meal to the child, youth or young adult when requested.

§ 5330.132. Quantity of food.

- (a) The quantity of food for each meal served must meet the minimum daily requirements as recommended by the United States Department of Agriculture, unless otherwise recommended in writing by a physician or APP for a specific child, youth or young adult.
- (b) Dietary alternatives must be available for a child, youth or young adult who has food allergies, special health needs or religious beliefs regarding dietary restrictions or dietary preferences.

- (c) Additional portions of meals must be available for a child, youth or young adult upon request, unless a physician or APP has directed in writing that additional portions must not be available for the child, youth or young adult.
- (d) Water must be available to a child, youth or young adult at all times.

§ 5330.133. Withholding or forcing of food.

- (a) A PRTF may not withhold food or drink as a means for punishment or coercion.
- (b) A child, youth or young adult may not be forced to consume food or drink.

TREATMENT SERVICES

§ 5330.141. Treatment planning requirements.

- (a) A treatment team shall meet the requirements of 42 CFR 441.156 (relating to team developing individual plan of care).
- (b) A treatment team leader shall ensure that only PRTF staff who are trained and experienced in the use of the modalities proposed in the treatment plan participate in its development, implementation and review.
- (c) A treatment team leader shall actively involve the child's, youth's or young adult's treatment team in the treatment planning process.
- (d) PRTF staff shall maintain a communication log for each child, youth or young adult that includes daily notes about the child's, youth's or young adult's behaviors and observations about the child, youth or young adult that can be used by the treatment team in the treatment planning process.

§ 5330.142. Treatment plan.

- (a) The following requirements must be met prior to the development of a child's, youth's or young adult's treatment plan:

- (1) A multi-disciplinary assessment and screening must be completed within 48 hours of a child's, youth's or young adult's admission to the PRTF.
 - (2) A psychiatric evaluation must be completed that includes an examination of the medical, psychological, social, behavioral and developmental aspects of the child, youth or young adult and reflects the need for a PRTF level of care. The psychiatric evaluation must be completed within 7 days of a child's, youth's or young adult's admission to the PRTF.
- (b) The multi-disciplinary assessment and psychiatric evaluation must address the following:
- (1) Specific service recommendations that address the reasons the child, youth or young adult was admitted to the PRTF.
 - (2) The child's, youth's or young adult's trauma history.
 - (3) The parent's, legal guardian's or caregiver's trauma history, if known.
 - (4) Identification of the child's, youth's or young adult's strengths.
 - (5) The child's, youth's or young adult's educational history and needs.
 - (6) Prior evaluations, assessments and screenings.
 - (7) Prior treatment services and their effectiveness.
- (c) A child's, youth's or young adult's treatment team shall utilize the multi-disciplinary assessment, psychiatric evaluation and PRTF staff observations to formulate an individualized treatment plan for the child, youth or young adult.
- (d) A child's, youth's or young adult's treatment plan shall be developed and implemented no later than 14 days after the child's, youth's or young adult's admission to the PRTF.
- (e) A treatment plan must:

- (1) Be designed to result in the child's, youth's or young adult's discharge at the earliest possible time from the PRTF.
 - (2) Identify objectives and interventions aimed at treating and eliminating behavior that may lead to the use of a manual restraint.
 - (3) Reflect the need for a PRTF level of care.
 - (4) State individualized and measurable treatment objectives.
 - (5) Monitor the progress of each individualized treatment objective.
 - (6) Identify the child's, youth's or young adult's strengths.
 - (7) Include the child's, youth's or young adult's plan for discharge.
 - (8) Document the child's, youth or young adult's achievements since the last treatment plan.
 - (9) Prescribe an integrated program of therapies and experiences designed to meet the child's, youth's or young adult's treatment needs.
 - (10) Address the impact of the child's, youth's or young adult's medical and trauma history.
- (f) A PRTF shall document in the child's, youth's or young adult's record the participation of treatment team members in the development of the child's, youth's or young adult's treatment plan.
- (g) Treatment team members shall sign and date the treatment plan. Any objections to the treatment plan or refusal to sign the treatment plan must be documented in the child's, youth's or young adult's record.

§ 5330.143. Maintenance of treatment plan.

- (a) A child's, youth's or young adult's treatment plan must be revised at least every 30 days in accordance with 42 CFR 441.155(c) (relating to individual plan of care).
- (b) A child's, youth's or young adult's treatment plan must be revised when changes to service objectives and goals are identified.
- (c) A PRTF shall notify the child's, youth's or young adult's parent, legal guardian or caregiver at least 14 days prior to the date of a regularly scheduled treatment plan meeting. The PRTF shall document the notification, including the method of notification.
- (d) A PRTF shall implement a treatment plan in accordance with the objectives, therapies and activities that have been determined by the treatment team.

§ 5330.144. Copies of treatment plan.

A copy of the child's, youth's or young adult's treatment plan and revisions to the child's, youth's or young adult's treatment plan must be provided to the following:

- (1) The child, youth or young adult.
- (2) The child's, youth's or young adult's parent, legal guardian or caregiver with authorized release of information.
- (3) An individual who participated in the development of or revision to the treatment plan with authorized release of information.

§ 5330.145. Treatment services.

- (a) A PRTF shall ensure the physical and psychological well-being of a child, youth or young adult are being met in accordance with age, presenting behaviors and other vulnerabilities.

- (b) A PRTF shall provide therapy that addresses a child's, youth's or young adult's psychological, social, behavioral, medical, recreational, developmental needs and traumatic experiences.
- (c) The following must be provided in accordance with the child's, youth's or young adult's treatment objectives:
 - (1) Individual therapy with the child's, youth's or young adult's treatment team leader must be provided for at least 1 hour each month.
 - (2) Individual therapy with the child's, youth's or young adult's mental health professional must be provided for at least 2 hours each week.
 - (3) Group therapy must be provided for at least 3 hours each week. PRTF staff that meet the qualifications of a mental health professional, clinical director or treatment team leader shall facilitate group therapy.
 - (4) Family therapy as follows:
 - (i) Family therapy must be provided by PRTF staff that meet the minimum qualifications of a mental health professional, clinical director or treatment team leader.
 - (ii) Family therapy must be scheduled at a time that is convenient for the child's, youth's or young adult's parents, legal guardians or caregivers.
 - (iii) Family therapy must be provided for at least 1 hour each week.
 - (5) Psychoeducation group therapy must be provided at least 3 hours each week. PRTF staff that meet the minimum qualifications of a mental health worker shall facilitate psychoeducation groups.

- (d) If a child, youth or young adult or parent, legal guardian or caregiver refuses to receive a treatment service, the refusal to receive the service must be documented in the child's, youth's or young adult's record.
- (e) Individual and group therapy and psychoeducation groups must be in person and may not be provided through two-way audio and video transmission.
- (f) Family therapy may be provided in person or through secure, real-time, two-way audio and video transmission that meets technology and privacy standards required by the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191).
- (g) All services received by a child, youth or young adult or parent, legal guardian or caregiver, including efforts to conduct services, must be documented in the child's, youth's or young adult's record.

§ 5330.146. Education.

- (a) Under 22 Pa. Code Chapters 11, 14 and 15 (relating to student attendance; special education services and programs; and protected handicapped students), a child, youth or young adult who is of compulsory school age shall participate in a school program provided by an entity that is licensed by the Pennsylvania Department of Education.
- (b) A child's, youth's or young adult's educational needs may not be a prerequisite for admission to a PRTF.
- (c) Decisions regarding the education of the child, youth or young adult shall be made by the educational host district, on an individualized basis utilizing the most integrated setting appropriate, with input from the treatment team, home school district, the educational decision maker and court, if applicable.

- (d) A child, youth or young adult shall have the right to an appropriate education consistent with State laws, including the opportunity to participate in extracurricular, cultural, vocational and personal enrichment activities that are reasonably available and consistent with the child's, youth's or young adult's age, developmental level and treatment plan.

§ 5330.147. Discharge.

- (a) A plan for the child's, youth's or young adult's discharge shall begin on the day of admission to the PRTF and remain an active part in the child's, youth's or young adult's treatment plan.
- (b) A PRTF shall provide no less than 30 days advance written notice of the pending discharge of a child, youth or young adult to the following:
 - (1) The child's, youth's or young adult's treatment team.
 - (2) Identified community providers, with authorized release of information.
 - (3) The child's, youth's or young adult's educational host district and receiving district, if known, with authorized release of information.
- (c) Prior to discharging a child, youth or young adult, the treatment team shall meet to complete a plan for discharge that must be child, youth or young adult centered and include the following:
 - (1) The child's, youth's or young adult's strengths and needs.
 - (2) Specific and transferrable short-term and long-term objectives for the child, youth or young adult.
 - (3) A summary of the treatment provided, including the goals, objectives and services used.

- (4) If the child, youth or young adult receives psychotropic medications, the rationale for the psychotropic medications, the dosage taken by the child, youth or young adult and the effectiveness of the psychotropic medications.
- (5) The name and contact information of identified community providers.
- (d) The treatment team meeting specified in subsection (c) must be documented in the child's, youth's or young adult's record.
- (e) The mental health professional, in coordination with the child's, youth's or young adult's parent, legal guardian or caregiver, shall contact the community providers identified in the plan for discharge to schedule an appointment.
- (f) Documentation of the contact specified in subsection (e) and date of appointment must be included in the child's, youth's or young adult's record.
- (g) At least a 30-day supply of prescribed medications must be provided upon discharge to the young adult or the person to whom the child, youth or young adult is being discharged.

§ 5330.148. Level system.

The following requirements must be met if a PRTF utilizes a level system:

- (1) A PRTF shall develop a written policy and procedure which utilizes trauma-informed care principles to provide incentives, structure, limit setting, encouragement and support to a child, youth or young adult.
- (2) The level system must be individualized according to a child's, youth's or young adult's age and stage of development.
- (3) The level system must be consistent with the child's, youth's or young adult's treatment objectives.

- (4) The level system must be age and developmentally appropriate for the child, youth or young adult.
- (5) The level system may not be punitive in nature.

TRANSPORTATION

§ 5330.151. Transportation.

- (a) PRTF staff who provide transportation for children, youth or young adults shall comply with all applicable Federal and State laws and regulations regarding vehicles and properly transporting children, youth or young adults according to age, size, disability and other needs.
- (b) A driver of a vehicle may not be counted towards the supervision ratio requirements specified in subsection (d).
- (c) A driver of a vehicle and at least one PRTF staff person shall be present in the vehicle when a child, youth or young adult is being transported.
- (d) There shall be at least one PRTF staff person present for every three children, youth or young adults being transported.
- (e) A manual restraint may not be utilized on a child, youth or young adult during transport.

MEDICATION

§ 5330.161. Storage of medication.

- (a) Prescription and nonprescription medication must be kept in an area or container that is locked and not accessible to children, youth or young adults.
- (b) Prescription and nonprescription medication stored in a refrigerator must be kept in a locked container.

- (c) Prescription and nonprescription medication must be stored under proper sanitary, temperature, moisture and light conditions.
- (d) A PRTF shall have a written policy and procedure that meets Federal and State laws and regulations regarding the handling of discontinued and expired medication.

§ 5330.162. Labeling of medication.

- (a) Prescription medication must be kept in its original container and labeled with a pharmacy label that includes the following:
 - (1) The child's, youth's or young adult's name.
 - (2) Name of the medication.
 - (3) Prescription number.
 - (4) Date the prescription was issued.
 - (5) Prescribed dosage.
 - (6) Name of the prescribing physician.
- (b) Nonprescription medication must be stored in its original container with the original label.

§ 5330.163. Use of prescription medication.

- (a) Prescription medication must be used only by the child, youth or young adult for whom the medication was prescribed.
- (b) The use of pro re nata medication to control a child's, youth's or young adult's acute, episodic behavior is prohibited.

§ 5330.164. Medication log.

- (a) A prescription and nonprescription medication log must be kept for each child, youth or young adult.

- (b) The prescription and nonprescription medication log must be available to the treatment team upon request.
- (c) A child's, youth's or young adult's medication log must include the following:
 - (1) Known allergies of the child, youth or young adult.
 - (2) For each prescription and nonprescription medication taken by the child, youth or young adult, the following:
 - (i) Name of the medication, including brand name and generic name.
 - (ii) If a prescription medication, name of the prescribing physician or APP.
 - (iii) If a prescription medication, prescribed dosage of the medication.
 - (iv) Method of administration.
 - (v) Time medication must be administered.
 - (vi) Other specific administration instructions, as applicable.
 - (vii) Possible side effects.
 - (viii) Contraindicated medications.
 - (ix) Name of the qualified PRTF staff specified in § 5330.168 (relating to medication administration) who distributed, administered or observed the child's, youth's or young adult's self-administration of the medication, if applicable.
 - (x) Time medication was administered.

§ 5330.165. Medication error.

- (a) A medication error includes the following, regardless of whether the medication error resulted in an adverse reaction:
 - (1) Failure to administer the prescribed medication.

- (2) Utilizing the incorrect method to administer the medication.
 - (3) Administering the incorrect medication.
 - (4) Administering the correct medication in an incorrect dosage.
 - (5) Administering the correct medication at the incorrect time.
- (b) Documentation of a medication error that includes detailed information about the medication error must be recorded in the child's, youth's or young adult's medication log.

§ 5330.166. Medication refusal.

- (a) A child, youth or young adult and the child's, youth's or young adult's parent, legal guardian, or caregiver has the right to refuse a prescription or nonprescription medication in accordance with applicable Federal and State laws and regulations.
- (b) If a child, youth or young adult refuses to take a prescription or nonprescription medication, the refusal must be documented in the child's, youth's or young adult's medication log.
- (c) A PRTF shall inform the child's, youth's or young adult's treatment team leader of the refusal to take prescription medication as soon as possible, but no later than 1 hour after the refusal.

§ 5330.167. Adverse reaction.

- (a) If a child, youth or young adult experience an adverse reaction to a prescription or nonprescription medication requiring immediate medical attention, a PRTF shall notify the parent, legal guardian or caregiver and treatment team leader prior to the next scheduled dosage, but no later than 1 hour after the adverse reaction.
- (b) If a child, youth or young adult experience an adverse reaction from a prescription or nonprescription medication not requiring immediate medical attention, a PRTF shall

notify the parent, legal guardian or caregiver and treatment team leader prior to the next scheduled dosage, but no later than 12 hours after the adverse reaction.

- (c) Documentation of an adverse reaction from a prescription or nonprescription medication must be included in the child's, youth's or young adult's medication log.
- (d) The treatment team leader shall review the adverse reaction and document any changes to medications in the child's, youth's or young adult's medication log.

§ 5330.168. Medication administration.

- (a) Prescription and nonprescription medication, including injections, shall only be administered by the following:
 - (1) Physician.
 - (2) Physician assistant.
 - (3) Certified registered nurse practitioner.
 - (4) RN.
 - (5) LPN.
 - (6) PRTF staff who meet the requirements of § 5330.169 (relating to medication administration training).
 - (7) A child, youth or young adult who meets the requirements of § 5330.170 (relating to self-administration).
- (b) Prescription and nonprescription medication must be administered in accordance with the instructions for the medication.

§ 5330.169. Medication administration training.

- (a) PRTF staff who have completed and passed a Department-approved medication administration course within the past 2 years is permitted to administer oral, inhaled,

topical, eye and ear drop medications, diabetes medications and epinephrine injections for insect bites or other allergic reactions.

- (b) PRTF staff who have completed and passed a Department-approved medication administration course and have completed and passed a diabetes patient education program within the past 12 months that meets the Standards for Diabetes Patient Education Programs of the Pennsylvania Department of Health are permitted to administer insulin injections.
- (c) PRTF staff medication administration training must be documented and must include the name of PRTF staff trained, training date, training source, name of qualified trainer and length of training.

§ 5330.170. Self-administration.

- (a) The following requirements must be met for a child, youth or young adult to self-administer oral, inhaled, topical, eye and ear drop medications, diabetes medications and epinephrine injections for insect bites or other allergic reactions:
 - (1) Documented approval from a prescribing physician stating that a child, youth or young adult has the knowledge, skills and abilities to self-administer the medication.
 - (2) The child, youth or young adult recognizes the prescription or nonprescription medication and knows the condition or illness for which the prescription or nonprescription medication is being taken, the correct dosage and when to take the prescription or nonprescription medication.
 - (3) A PRTF staff person who meets the qualifications of § 5330.168(a)(1)– (6) (relating to medication administration) is physically present throughout the self-

administration and immediately records the administration in the child's, youth's or young adult's medication log.

RESTRICTIVE PROCEDURES

§ 5330.181. Use of manual restraints.

- (a) A manual restraint is the only restrictive procedure permitted in a PRTF.
- (b) A manual restraint may only be used if a child, youth or young adult poses an imminent threat to physically harm themselves or others.
- (c) Children, youth or young adults have the right to be free from a manual restraint used as a means of coercion, discipline, convenience or retaliation.
- (d) A PRTF staff person shall only use a manual restraint if the PRTF staff person has completed training in the use of manual restraints that is consistent with 42 CFR 483.376 (relating to education and training) and provided by an individual who meets the qualifications in 42 CFR 483.376(c).
- (e) A PRTF shall develop a written policy and procedure for the use of manual restraints that include the following:
 - (1) The requirements of subsections (a) - (d).
 - (2) Therapeutic approaches, such as goal planning, which are aimed at de-escalating, redirecting and releasing aggression through healthy channels, counseling and removing a child, youth or young adult from an overstimulating environment.
 - (3) A performance improvement process that must be reviewed every 30 days to monitor and reduce the use of manual restraints.
 - (4) Contact information, including the phone number and mailing address, for the appropriate State protection and advocacy organization.

- (f) On the day of admission, a PRTF shall:
- (1) Provide a copy of the restrictive procedure policy to the child, youth or young adult and the parent, legal guardian or caregiver.
 - (2) Inform the child, youth or young adult and the parent, legal guardian or caregiver of the PRTF's restrictive procedure policy.
 - (3) Obtain a signed acknowledgment from a youth or young adult or the child's, youth's or young adult's parent, legal guardian or caregiver that the restrictive procedure policy was received and reviewed. The signed acknowledgment must be filed in the child's, youth's or young adult's record.

§ 5330.182. Ordering a manual restraint.

- (a) The ordered manual restraint must be the least restrictive manual restraint.
- (b) An order for a manual restraint must align with the following conditions relating to the child, youth or young adult:
 - (1) The results of the assessment, screening and evaluation specified in § 5330.142 (relating to treatment plan).
 - (2) Chronological and developmental age.
 - (3) Size.
 - (4) Gender.
 - (5) Physical condition.
 - (6) Psychiatric condition.
 - (7) Personal trauma history.
 - (8) Personal abuse history.

- (c) A manual restraint may be ordered only when a child, youth or young adult poses an imminent threat to physically harm themselves or others and the following has occurred:
 - (1) Every attempt has been made to de-escalate the child's, youth's or young adult's behavior.
 - (2) Less intrusive techniques and resources appropriate to address the behavior have been tried and failed.
- (d) A manual restraint may not be ordered as a standing order or on an as-needed basis.
- (e) If a child's, youth's or young adult's treatment team leader is available to the PRTF staff and certified in the use of manual restraints, the treatment team leader is the only PRTF staff person that may order a manual restraint.
- (f) If the treatment team leader is not available to PRTF staff or if the treatment team leader is available but not certified in the use of manual restraints, PRTF staff who meet the qualifications specified in § 5330.43 (relating to medical director), § 5330.45 (relating to clinical director) or are an APP may order a manual restraint provided the ordering PRTF staff are certified in the use of manual restraints.
- (g) An order for a manual restraint must be received by an RN or LPN while the manual restraint is being used by PRTF staff or immediately after the manual restraint ends.
- (h) A child's, youth's or young adult's treatment team leader shall be contacted and informed about the use of a manual restraint within 48 hours of its use, unless the manual restraint was ordered by the treatment team leader.
- (i) An order for a manual restraint and the application of a manual restraint may not exceed 30 minutes.

- (j) An order for a manual restraint must include the following and be documented in the child's youth's or young's adult record:
 - (1) The name of the qualified PRTF staff person who ordered the manual restraint.
 - (2) The date and time a manual restraint was ordered.
 - (3) The type of manual restraint that was ordered.
 - (4) The length of time for which a manual restraint was ordered.
 - (5) The start time and end time the manual restraint was applied.
- (k) An order for a manual restraint expires once the manual restraint of the child, youth or young adult ends and a new order must be obtained prior to the initiation of a new manual restraint.
- (l) The qualified PRTF staff who ordered a manual restraint shall be available in person or by telephone for consultation with PRTF staff administering and observing the manual restraint throughout the duration of a manual restraint.

§ 5330.183. Prohibited restrictive procedures.

- (a) The following restrictive procedures are prohibited:
 - (1) Seclusion.
 - (2) Exclusion.
 - (3) Chemical restraint.
 - (4) Mechanical restraint.
 - (5) A manual restraint that places a child, youth or young adult in a prone position or applies pressure or weight on the child's, youth's or young adult's respiratory system.
 - (6) Aversive conditioning.

- (7) A restrictive procedure that limits a child's, youth's or young adult's food, drink or access to a toilet.
- (b) Seclusion and exclusion do not include the use of a time out as defined in this chapter.
- (c) Exclusion does not occur if a PRTF staff person remains in the exclusion area with the child, youth or young adult.

§ 5330.184. Restrictive procedure plan.

- (a) A restrictive procedure plan must be written within 24 hours of a child's, youth's or young adult's admission to a PRTF and prior to the use of a manual restraint.
- (b) A restrictive procedure plan must be developed and revised with the participation of the treatment team.
- (c) A restrictive procedure plan must be reviewed, approved, signed and dated by treatment team members at least every 30 days.
- (d) A restrictive procedure plan must include:
 - (1) Known observable signals that occur prior to any behaviors that put a child, youth or young adult at risk for a manual restraint and the suspected reason for the behavior.
 - (2) Desired behavioral outcomes, documented in measurable terms.
 - (3) Interventions to be used to modify or eliminate behaviors that put a child, youth or young adult at risk for a manual restraint.
 - (4) Physical or behavioral health needs or past trauma that may contraindicate the use of a specific manual restraint.
- (e) A restrictive procedure plan must be implemented as written.

- (f) Copies of a restrictive procedure plan must be kept in a child's, youth's or young adult's record.

§ 5330.185. Application of a manual restraint.

- (a) A PRTF shall have at least two PRTF staff persons present during the application of a manual restraint.
- (b) At least one PRTF staff person who is medically trained to provide emergency first aid and cardiopulmonary resuscitation shall be present throughout the use of a manual restraint.
- (c) At least one PRTF staff person who has completed the required manual restraint training and who is not involved in applying a manual restraint shall be physically present throughout the use of a manual restraint to continually assess the physical and psychological well-being of the child, youth or young adult and to oversee that the manual restraint is being applied correctly.
- (d) The child's, youth's or young adult's physical and psychological condition must be documented in the child's, youth's or young adult's medical record at least every 10 minutes during a manual restraint.
- (e) The following must occur at 10-minute increments during the application of a manual restraint:
 - (1) The manual restraint is released.
 - (2) The child, youth or young adult is transitioned to another approved manual restraint technique.

- (f) PRTF staff who are directly or indirectly involved in a manual restraint shall reduce or eliminate influences that may impede the child, youth or young adult from de-escalating.
- (g) During a manual restraint, a child's, youth's or young adult's basic needs and rights must continue to be met.
- (h) A manual restraint must end when the earliest of the following occurs:
 - (1) The order for a manual restraint expires.
 - (2) The manual restraint has been applied for 30 minutes.
 - (3) When the child, youth or young adult no longer poses an imminent danger of physical harm to self or others.
- (i) Within 30 minutes of initiation of a manual restraint or immediately after a manual restraint is removed, a treatment team leader, physician, APP or RN, who is certified in the use of manual restraints, shall conduct a face-to-face assessment of the following:
 - (1) The child's, youth's or young adult's physical and psychological condition.
 - (2) The child's, youth's or young adult's behavior.
 - (3) Appropriateness of the intervention measures.
 - (4) Complications caused by the use of the manual restraint.
- (j) The face-to-face assessment specified in subsection (i) must be in person and may not occur through secure, real-time, two-way audio and video transmission.
- (k) A PRTF shall notify the child's, youth's or young adult's parent, legal guardian or caregiver of the manual restraint within 1 hour after the manual restraint has ended.

§ 5330.186. Injuries from a manual restraint.

- (a) A PRTF shall immediately obtain medical treatment from qualified medical personnel for a child, youth or young adult injured as a result of a manual restraint.
- (b) All injuries that occur as a result of a manual restraint, including injuries to PRTF staff, must be documented in the child's, youth's or young adult's record.

§ 5330.187. Documentation of a manual restraint.

- (a) The PRTF staff shall document the use of a manual restraint in the child's, youth's or young adult's record by the end of the shift in which the manual restraint was concluded.
- (b) Documentation of the use of a manual restraint must include the following:
 - (1) The requirements of § 5330.182(j) (relating to ordering a manual restraint).
 - (2) The requirements of § 5330.185(d) (relating to application of a manual restraint).
 - (3) The time and results of the face-to-face assessment specified in § 5330.185(i).
 - (4) The name of the qualified medical personnel that completed the child's, youth's or young adult's face-to-face physical and psychological assessment during and after the manual restraint.
 - (5) Description of the emergency safety situation that created the need for the manual restraint.
 - (6) Description of the attempts made to de-escalate the child's, youth's or young adult's behavior.
 - (7) Description of the less intrusive techniques and resources that are appropriate to address the child's, youth's or young adult's behavior that were tried and failed.
 - (8) The name and title of PRTF staff involved in the ordering, application and observation of the manual restraint.

- (9) The date and time the treatment team leader was consulted if the treatment team leader did not order the manual restraint.
 - (10) Written statements from PRTF staff describing the events prior to, during and following the manual restraint from each PRTF staff person who was directly involved or who observed the manual restraint.
 - (11) The date, time and method the PRTF contacted the child's, youth's or young adult's parent, legal guardian or caregiver regarding the use of the manual restraint and the name of the PRTF staff person that contacted the child's, youth's or young adult's parent, legal guardian or caregiver.
- (c) A verbal order for a manual restraint must be verified in writing by the qualified PRTF staff person who ordered the manual restraint and documented in the child's, youth's or young adult's record within 48 hours of the verbal order.

§ 5330.188. Debriefing.

- (a) A PRTF shall have a written policy and procedure on debriefing after the use of a manual restraint.
- (b) Within 24 hours after the use of a manual restraint, a face-to-face discussion with the child, youth or young adult must occur and include the following:
 - (1) PRTF staff involved in the manual restraint, except when the presence of a particular PRTF staff person may jeopardize the well-being of the child, youth or young adult.
 - (2) Representatives from the child's, youth's or young adult's treatment team.
 - (3) The child's, youth's or young adult's parent, legal guardian or caregiver, if available.

- (c) The discussion specified in subsection (b) must provide the child, youth or young adult, parent, legal guardian or caregiver and PRTF staff the opportunity to discuss the circumstances resulting in the use of a manual restraint and strategies to be used by PRTF staff, the child, youth, young adult or others that may prevent the future use of a manual restraint.
- (d) Within 24 hours after the use of a manual restraint, the PRTF staff involved in the manual restraint, supervisory and administrative staff, shall conduct a debriefing that includes, at a minimum, a review and discussion of the following:
 - (1) The circumstances that led to the use of the manual restraint, including a discussion of the precipitating factors.
 - (2) Alternative techniques that may have prevented the use of a manual restraint.
 - (3) The procedures, if any, that PRTF staff are to implement to prevent a recurrence of the use of a manual restraint.
 - (4) The outcome of the manual restraint, including any physical or emotional injuries resulting from the use of the manual restraint.
- (e) PRTF staff involved in a manual restraint that results in an injury to a child, youth or young adult or PRTF staff shall meet with PRTF supervisory staff within 24 hours of the manual restraint and evaluate the circumstances that caused the injury and develop a plan to prevent future injuries.
- (f) PRTF staff shall document in the child's, youth's or young adult's record the discussions required by subsections (b), (d) and (e), including the names of the PRTF staff who were present, the names of PRTF staff that were excused and any changes to the child's, youth's or young adult's treatment plan as a result of the discussion.

§ 5330.189. Time out.

- (a) A child, youth or young adult in a time out may not be physically prevented from leaving the time out area.
- (b) Time outs may take place in areas away from other children, youth or young adults or in areas where other children, youth or young adults are having activities.
- (c) PRTF staff shall directly supervise the child, youth or young adult while in a time out.
- (d) A time out may not be used in a punitive manner or to exclude or seclude a child, youth or young adult from activities.

§ 5330.190. Attestation.

- (a) A PRTF shall attest, in writing, in accordance with 42 CFR 483.374 (relating to facility reporting) that the PRTF is complying with CMS's standards on the use of restrictive procedures and this chapter's requirements on the use of restrictive procedures.
- (b) The attestation shall include the signature of the PRTF program director.
- (c) A PRTF shall provide an attestation to the Department annually.
- (d) A PRTF enrolling in the Medical Assistance Program shall provide the attestation required by subsection (a) when it executes a provider agreement with the Department.
- (e) Within 5 days of receiving notification from the Pennsylvania Department of Health that it has determined that the PRTF is out of compliance with 42 CFR Part 483, Subpart G (relating to condition of participation for the use of restraint or seclusion in psychiatric residential treatment facilities providing inpatient psychiatric services for individuals under age 21) and must close, the PRTF shall provide the Department with the PRTF's plans for the orderly transfer of children, youth or young adults.

SECURE PRTF

§ 5330.201. Requirements for a secure PRTF.

- (a) A PRTF must be designated as a secure PRTF when egress from the PRTF, or a portion of the PRTF, is prohibited through one of the following mechanisms:
 - (1) Internal locks within the building or exterior locks.
 - (2) Secure fencing around the perimeter of the PRTF.
- (b) A secure PRTF shall have a written fire safety approval that is appropriate for a secure setting from the Pennsylvania Department of Labor and Industry, the Pennsylvania Department of Health or the appropriate local building authority under the Pennsylvania Construction Code Act (35 P.S. §§ 7210.101 - 7210.1103) prior to applying for an initial certificate of compliance.
- (c) A secure PRTF shall meet the following staffing requirements:
 - (1) During awake hours, at least one mental health worker or PRTF staff person who meets the qualifications of a mental health worker shall provide supervision to every four children, youth or young adults.
 - (2) During sleeping hours, at least one mental health worker or PRTF staff person who meets the qualifications of a mental health worker shall provide supervision to every eight children, youth or young adults.
- (d) No more than two children, youth or young adults may share a bedroom in a secure PRTF.
- (e) A fence that surrounds the secure PRTF may not have razor ribbon or barbed wire attached to it.
- (f) A secure PRTF may not have security bars attached to doors and windows.

§ 5330.202. Exceptions for a secure PRTF.

A secure PRTF shall comply with the requirements of this chapter, except for the following:

- (1) Section 5330.42(d)(1) (relating to staff requirements).
- (2) Section 5330.42(e)(1).
- (3) Section 5330.82(c) (relating to bedrooms).
- (4) Section 5330.92 (relating to unobstructed egress).

RECORDS

§ 5330.211. Emergency contact information.

- (a) Emergency contact information for a child, youth or young adult must be documented in a child's, youth's or young adult's record and accessible to PRTF staff.
- (b) Emergency contact information for a child, youth or young adult must include the following:
 - (1) The name, address and telephone number of a parent, legal guardian or caregiver to be contacted in case of an emergency.
 - (2) The name, address and telephone number of a child's, youth's or young adult's physician and health insurance.
 - (3) The name, address and telephone number of the parent, legal guardian or caregiver permitted to give consent for medical treatment.
- (c) The emergency contact information for each child, youth or young adult shall accompany the child, youth or young adult when the child, youth or young adult is not at the PRTF.

§ 5330.212. Child, youth or young adult record.

- (a) A PRTF shall store child, youth or young adult records in a secure location.

- (b) A PRTF shall maintain a record for each child, youth or young adult it serves that includes the following:
- (1) Identifying information as follows:
 - (i) The child's, youth's or young adult's name, gender, gender identity, admission date, birth date and social security number.
 - (ii) The child's, youth's or young adult's race and ethnicity, height, weight, hair color, eye color and identifying marks.
 - (iii) Dated photograph of the child, youth or young adult taken within the past year.
 - (iv) The language spoken and understood by the child, youth or young adult and the primary language used by the child's, youth's or young adult's parent, legal guardian or caregiver if other than English or other means of communication used by the child, youth or young adult or the child's, youth's or young adult's parent, legal guardian or caregiver.
 - (v) The child's, youth's or young adult's religious affiliation.
 - (vi) The name, address and telephone number of the person to be contacted in the event of an emergency.
 - (2) Independent certification of need for PRTF services.
 - (3) Medical and behavioral records, including medication logs, assessments, screenings and treatment updates.
 - (4) A psychiatric evaluation and updates to the psychiatric evaluation.
 - (5) A treatment plan and updates to the treatment plan.

- (6) Documentation of efforts to coordinate care with other services and community supports.
- (7) Documentation of each service provided, including the following:
 - (i) Date and time a service is provided, duration of service and setting where the service is provided.
 - (ii) Identification of the service provided to address a goal in the treatment plan.
 - (iii) Description of the outcome of the service provided.
 - (iv) Signature of the PRTF staff providing the service.
- (8) Documentation of the reason why a service was not provided in accordance with the treatment plan.
- (9) Consent to treatment and authorized release of information forms.
- (10) Plan for discharge in accordance with § 5330.147 (relating to discharge).
- (11) Documentation of the use of manual restraints as required by § 5330.187 (relating to documentation of a manual restraint).
- (12) Any applicable court orders.
- (13) Educational records.
- (14) Reportable incidents as specified in § 5330.14 (relating to reportable incidents).
- (15) Documentation of psychotropic medication reviews, including the clinical rationale for the psychotropic medication.
- (16) Signed notification of rights and grievance procedures specified in § 5330.31 (relating to rights) and § 5330.32 (relating to grievance procedures).

- (17) Signed notice of confidentiality in accordance with the Health Insurance Portability and Accountability Act of 1996 (Pub L. No. 104-191).
- (c) A child's, youth's or young adult's record must be:
 - (1) Legible.
 - (2) Signed and dated by the PRTF staff writing in the record.
 - (3) Reviewed for quality by the program director, clinical director or designated quality assurance staff within 6 months of the initial entry. After the initial review, subsequent reviews may be limited to new additions to the record and must occur at least annually.
- (d) A child's, youth's or young adult's record must be kept for at least 4 years following the child's, youth's or young adult's discharge from the PRTF or until any audit or litigation is resolved, whichever is later.

§ 5330.213. PRTF record.

- (a) A PRTF shall store its records in a secure location.
- (b) A PRTF shall maintain records that contain the following for at least 4 years:
 - (1) Inspection reports, certifications or licenses issued by Federal, State and local agencies.
 - (2) A detailed service description in accordance with § 5330.11 (relating to service description) and any updates to the service description.
 - (3) A copy of the emergency preparedness plan specified in § 5330.19 (relating to emergency preparedness).
 - (4) Human resources policies and procedures.

- (5) Written agreements to coordinate services in accordance with § 5330.12 (relating to coordination of services) that must be maintained by a PRTF and updated annually.
 - (6) Daily schedules for services and activities.
 - (7) If the PRTF is not connected to a public water system, results of water tests performed by the Pennsylvania Department of Environmental Protection.
 - (8) Quality assurance plans in accordance with § 5330.221 (relating to quality assurance requirements).
- (c) A PRTF shall maintain PRTF staff personnel records that include the following for at least 4 years after the PRTF staff is no longer employed by the agency:
- (1) Job descriptions.
 - (2) Work schedules and time sheets.
 - (3) Criminal history checks and child abuse certifications required by 23 Pa.C.S. §§ 6301 - 6388 (relating to the Child Protective Services Law) and Chapter 3490 (relating to protective services).
 - (4) Documentation of PRTF staff credentials and qualifications.
 - (5) Documentation of required trainings, including completion of continuing education credits required for professionally licensed PRTF staff in accordance with the applicable professional regulations.
 - (6) Documentation of PRTF staff health assessments.

§ 5330.214. Record retention and disposal.

A PRTF shall secure, maintain and dispose of records, both written and electronic, that contain protected health information in accordance with applicable Federal and State privacy and confidentiality laws and regulations.

QUALITY ASSURANCE

§ 5330.221. Quality assurance requirements.

- (a) A PRTF shall establish and implement a written quality assurance plan that meets the following:
- (1) Identifies the methodology for PRTF and individual record reviews, including the following:
 - (i) Method for establishing sample size of PRTF and individual records for review.
 - (ii) Frequency of individual records review to prepare for the annual report.
 - (iii) Qualifications of PRTF staff who perform the review of records.
 - (2) Provides an annual report of services provided by the PRTF that includes the following:
 - (i) Review of individual records for compliance with this chapter.
 - (ii) Review of individual and parent, legal guardian or caregiver satisfaction information.
 - (iii) Assessment of delivered services outcomes and if treatment plan goals have been completed.
 - (iv) Evaluation of compliance with the PRTF's approved service description.
 - (v) Analysis of manual restraint usage.

- (b) A PRTF shall make annual reports available to the public upon request.
- (c) A PRTF shall provide written notification that a copy of the annual report may be requested at any time by a child, youth, young adult, parent, legal guardian or caregiver upon the child's, youth's or young adult's admission to the PRTF.

WAIVERS

§ 5330.231. Waivers.

- (a) A PRTF may submit a written request to the Department for a waiver of a specific regulation in this chapter.
- (b) The Department may grant a waiver unconditionally or subject to conditions that must be met. The Department may revoke a waiver if conditions required by the waiver are not met.
- (c) A waiver request will be granted only in exceptional circumstances and if the following are met:
 - (1) The waiver does not jeopardize the health and safety of the children, youth or young adults.
 - (2) The waiver will not adversely affect the quality of services.
 - (3) The intent of the requirement to be waived will still be met.
 - (4) Children, youth or young adults will benefit from the waiver of the requirement.
 - (5) The waiver does not violate a Federal or State statute or regulation or local ordinance.
- (d) The scope, definitions and purpose of this chapter may not be waived.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES

October 2, 2024

Mr. David Sumner, Executive Director
Independent Regulatory Review Commission
333 Market Street, 14th Floor
Harrisburg, Pennsylvania 17101

Dear Executive Director Sumner:

Enclosed please find a proposed rulemaking for psychiatric residential treatment facilities (PRTFs) that serve children, youth or young adults in need of residential behavioral health treatment.

The proposed rulemaking will codify the minimum licensing and treatment standards, Medical Assistance (MA) participation requirements and MA payment conditions for PRTFs. The proposed rulemaking incorporates requirements for operating PRTFs that are in line with the Federal requirements for PRTFs.

This proposed regulation is being submitted for review pursuant to the Regulatory Review Act. The Department of Human Services will provide the Commission with any assistance required to facilitate a thorough review of this proposal.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Valerie A. Arkoosh'.

Valerie A. Arkoosh, MD, MPH
Acting Secretary of Human Services

Enclosure

OFFICE OF THE SECRETARY

From: [Gingrich, Adam](#)
To: [Curley, Maeve](#); [Burnett, David](#)
Cc: [Whare, Jennifer \(GC\)](#); [Dietrich, Dawn](#); [Duckett, Danielle A.](#); [Kranz, Hannah](#); [Serafin, Kenneth](#); [Madden, Victoria](#)
Subject: RE: DHS Proposed Regulation #14-555 Psychiatric Residential Treatment Facilities
Date: Wednesday, October 2, 2024 10:45:48 AM

On behalf of Senator Brooks, we are in receipt. Thank you.

Adam Gingrich
Chief-of-Staff
Senator Michele Brooks
50th Senatorial District
(717) 787-1322

RECEIVED

Independent Regulatory
Review Commission
October 2, 2024

From: Curley, Maeve <macurley@pa.gov>
Sent: Wednesday, October 2, 2024 9:17 AM
To: Burnett, David <dburnett@pasen.gov>
Cc: Whare, Jennifer (GC) <jwhare@pa.gov>; Dietrich, Dawn <dadietrich@pa.gov>; Duckett, Danielle A. <dduckett@pa.gov>; Kranz, Hannah <hkranz@pa.gov>; Serafin, Kenneth <kserafin@pa.gov>; Madden, Victoria <vmadden@pa.gov>
Subject: DHS Proposed Regulation #14-555 Psychiatric Residential Treatment Facilities
Importance: High

Good morning,

DHS is submitting Reg. No. 14-555, Psychiatric Residential Treatment Facilities (Proposed Rulemaking) to the Senate Health and Human Services Committee and the House Human Services Committee.

Please provide written (email) confirmation that this rulemaking was received by the Committee chair's office.

Best,
Maeve

Maeve Curley | Regulatory Coordinator
Pennsylvania Department of Human Services | Office of Policy Development
Phone: 717.265.8039 | Mobile: 445.895.5882 | macurley@pa.gov
<https://www.dhs.pa.gov>

Pronouns: She/Her

From: [Freeman, Clarissa](#)
To: [Curley, Maeve](#)
Cc: [Whare, Jennifer \(GC\)](#); [Dietrich, Dawn](#); [Duckett, Danielle A.](#); [Kranz, Hannah](#); [Serafin, Kenneth](#); [Madden, Victoria](#)
Subject: RE: DHS Proposed Regulation #14-555 Psychiatric Residential Treatment Facilities
Date: Wednesday, October 2, 2024 9:18:02 AM

Received.

RECEIVED

Thank you,

Independent Regulatory
Review Commission
October 2, 2024

Clarissa L. Freeman, Esq.
Legal Counsel | Senate Democratic Caucus
Executive Director-Health and Human Services Committee
Office of the Democratic Leader
Room 535 MCB
Harrisburg, PA 17120-3043
717-783-1220

From: Curley, Maeve <macurley@pa.gov>
Sent: Wednesday, October 2, 2024 9:16 AM
To: Freeman, Clarissa <Clarissa.Freeman@pasenate.com>
Cc: Whare, Jennifer (GC) <jwhare@pa.gov>; Dietrich, Dawn <dadietrich@pa.gov>; Duckett, Danielle A. <dduckett@pa.gov>; Kranz, Hannah <hkranz@pa.gov>; Serafin, Kenneth <kserafin@pa.gov>; Madden, Victoria <vmadden@pa.gov>
Subject: DHS Proposed Regulation #14-555 Psychiatric Residential Treatment Facilities
Importance: High

EXTERNAL EMAIL

Good morning,

DHS is submitting Reg. No. 14-555, Psychiatric Residential Treatment Facilities (Proposed Rulemaking) to the Senate Health and Human Services Committee and the House Human Services Committee.

Please provide written (email) confirmation that this rulemaking was received by the Committee chair's office.

Best,
Maeve

Maeve Curley | Regulatory Coordinator
Pennsylvania Department of Human Services | Office of Policy Development
Phone: 717.265.8039 | Mobile: 445.895.5882 | macurley@pa.gov
<https://www.dhs.pa.gov>

Pronouns: She/Her

From: [Anmarie Robey](#)
To: [Curley, Maeve](#)
Cc: [Whare, Jennifer \(GC\)](#); [Dietrich, Dawn](#); [Duckett, Danielle A.](#); [Kranz, Hannah](#); [Serafin, Kenneth](#); [Madden, Victoria](#)
Subject: RE: [EXTERNAL]: DHS Proposed Regulation #14-555 Psychiatric Residential Treatment Facilities
Date: Wednesday, October 2, 2024 10:55:29 AM

— RECEIVED —

Good morning:

The regulation has been received. Anmarie Robey

Independent Regulatory
Review Commission
October 2, 2024

Anmarie K Robey | Executive Director/Legal Counsel (R)
Pennsylvania House of Representatives
Aging and Older Services Committee
Human Services Committee
(p): 717-772-9842

From: Curley, Maeve <macurley@pa.gov>
Sent: Wednesday, October 2, 2024 9:17 AM
To: Anmarie Robey <Arobey@pahousegop.com>
Cc: Whare, Jennifer (GC) <jwhare@pa.gov>; Dietrich, Dawn <dadietrich@pa.gov>; Duckett, Danielle A. <dduckett@pa.gov>; Kranz, Hannah <hkranz@pa.gov>; Serafin, Kenneth <kserafin@pa.gov>; Madden, Victoria <vmadden@pa.gov>
Subject: [EXTERNAL]: DHS Proposed Regulation #14-555 Psychiatric Residential Treatment Facilities
Importance: High

Good morning,

DHS is submitting Reg. No. 14-555, Psychiatric Residential Treatment Facilities (Proposed Rulemaking) to the Senate Health and Human Services Committee and the House Human Services Committee.

Please provide written (email) confirmation that this rulemaking was received by the Committee chair's office.

Best,
Maeve

Maeve Curley | Regulatory Coordinator
Pennsylvania Department of Human Services | Office of Policy Development
Phone: 717.265.8039 | Mobile: 445.895.5882 | macurley@pa.gov
<https://www.dhs.pa.gov>

Pronouns: She/Her

CAUTION: This email originated from outside of the organization. Do not click links or

From: [Wright, Imogen L.](#)
To: [Curley, Maeve](#)
Cc: [Whare, Jennifer \(GC\)](#); [Dietrich, Dawn](#); [Duckett, Danielle A.](#); [Kranz, Hannah](#); [Serafin, Kenneth](#); [Madden, Victoria](#)
Subject: RE: DHS Proposed Regulation #14-555 Psychiatric Residential Treatment Facilities
Date: Wednesday, October 2, 2024 11:22:58 AM

Good morning Maeve,

The regulation has been received.

Thank you,
Imogen

Imogen Wright | Executive Director
House Human Services Committee (D)
303 Irvis Office Building, Harrisburg PA
Office: (717) 705-1925 | Cell: (717) 317-2197
iwright@pahouse.net

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Independent Regulatory
Review Commission

October 2, 2024

From: Curley, Maeve <macurley@pa.gov>
Sent: Wednesday, October 2, 2024 9:16 AM
To: Wright, Imogen L. <IWright@pahouse.net>
Cc: Whare, Jennifer (GC) <jwhare@pa.gov>; Dietrich, Dawn <dadietrich@pa.gov>; Duckett, Danielle A. <dduckett@pa.gov>; Kranz, Hannah <hkranz@pa.gov>; Serafin, Kenneth <kserafin@pa.gov>; Madden, Victoria <vmadden@pa.gov>
Subject: DHS Proposed Regulation #14-555 Psychiatric Residential Treatment Facilities
Importance: High

Good morning,

DHS is submitting Reg. No. 14-555, Psychiatric Residential Treatment Facilities (Proposed Rulemaking) to the Senate Health and Human Services Committee and the House Human Services Committee.

Please provide written (email) confirmation that this rulemaking was received by the Committee chair's office.

Best,
Maeve

Maeve Curley | Regulatory Coordinator
Pennsylvania Department of Human Services | Office of Policy Development
Phone: 717.265.8039 | Mobile: 445.895.5882 | macurley@pa.gov
<https://www.dhs.pa.gov>
Pronouns: She/Her

RECEIVED

Independent Regulatory
Review Commission

October 2, 2024

From: [Bulletin](#)
To: [Curley, Maeve](#)
Cc: [Whare, Jennifer \(GC\)](#); [Dietrich, Dawn](#); [Duckett, Danielle A.](#); [Kranz, Hannah](#); [Serafin, Kenneth](#); [Madden, Victoria](#)
Subject: [External] Re: DHS Proposed Regulation #14-555 Psychiatric Residential Treatment Facilities
Date: Wednesday, October 2, 2024 9:33:58 AM

ATTENTION: *This email message is from an external sender. Do not open links or attachments from unknown senders. To report suspicious email, use the [Report Phishing button in Outlook](#).*

Good morning Maeve!

Thank you for submitting this proposed rulemaking. Someone from our office will be in touch to discuss a publication date.

Have a great day!

Leah

From: Curley, Maeve <macurley@pa.gov>
Sent: Wednesday, October 2, 2024 9:16 AM
To: Bulletin <bulletin@palrb.us>
Cc: Whare, Jennifer (GC) <jwhare@pa.gov>; Dietrich, Dawn <dadietrich@pa.gov>; Duckett, Danielle A. <dduckett@pa.gov>; Kranz, Hannah <hkranz@pa.gov>; Serafin, Kenneth <kserafin@pa.gov>; Madden, Victoria <vmadden@pa.gov>
Subject: DHS Proposed Regulation #14-555 Psychiatric Residential Treatment Facilities

Good morning,

DHS is submitting Reg. No. 14-555, Psychiatric Residential Treatment Facilities (Proposed Rulemaking) to the Senate Health and Human Services Committee, the House Human Services Committee, LRB, and IRRC.

Please provide written (email) confirmation that this rulemaking was received by LRB.

Best,
Maeve

Maeve Curley | Regulatory Coordinator
Pennsylvania Department of Human Services | Office of Policy Development
Phone: 717.265.8039 | Mobile: 445.895.5882 | macurley@pa.gov
<https://www.dhs.pa.gov>

Pronouns: She/Her