Child- and Youth-Serving Residential Treatment Policy

Draft for 4/1/21

- 1) The Department of Health Care Policy and Financing's (HCPF) policy regarding child- and youth-serving residential treatment facilities includes the following:
 - a) Medicaid reimbursement is available for medically necessary stays in treatment facilities (QRTP, PRTF, SUD providers).
 - b) Treatment facilities must be 16 beds or fewer (PRTFs excluded).
 - c) A Psychiatric Residential Treatment Facility (PRTF) is considered an Institution for Mental Disease (IMD) and cannot share a campus with other facilities without impacting the IMD status of the other component. There is no bed limit for PRTFs.
 - d) Reimbursement for non-treatment facilities that provide services to individuals in the CHRP waiver are covered/reimbursed under our HCBS waivers.
 - e) Children and youth placed in non-treatment residential settings will still be able to access outpatient, community-based services.
- 2) HCPF will recognize a "Safe Harbor" of one mile: Any overnight facility that is greater than one (1) mile from another overnight facility controlled by the same owner/governing body will be deemed an independent facility if the following criteria are met:
 - a) The facility maintains its own license.
 - b) The facility has dedicated staff that ensures a stable milieu.
 - c) Residents do not move between this facility and another during their episode of care.
- 3) For multiple overnight facilities closer than one (1) mile controlled by the same owner/governing body:
 - a) All beds at a single address or on adjoining properties <u>regardless of program or facility type</u> will be considered one institution. The total bed count must be 16 or less to be reimbursed by Medicaid.
 - b) Facilities in home-like structures (cottage, house, apartment) <u>not on a single campus or adjoining properties</u> and located farther than 750 feet apart within a community setting that includes publicly used infrastructure (roads, parks, shared spaces, etc.) can be reimbursed by Medicaid as long as there are 16 or less beds at each facility.