

PRTF Checklist



DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

Assessment

- ☐ Was youth **evaluated by a physician within 24 hours** of admission, including medical, psychological, social, behavioral and developmental aspects of the beneficiary's situation?
References: [CFR 441.155 Individual plan of care](#) | [CMHB Providers Manual 2023 pg. 21- 25](#)
- ☐ Does the psychiatric exam include **DSM 5 diagnosis** that reflects symptoms, history and problems targeted in medical chart?
References: [CFR 482.61 Condition of Participation](#) | [CMHB Providers Manual 2023 pg. 21-25](#)
- ☐ Is there evidence the youth received **treatment weekly** by the physician?
References: [CMHB Providers Manual 2023 pg. 21- 25](#)
- ☐ Was there a **bio-psychosocial evaluation** that included a thorough history of the youth that could be beneficial to treatment?
References: [CFR 441.155 Individual plan of care](#)

Education

- ☐ If the youth is a student with disabilities, is there **an IEP in place** and is it being followed? If the youth is not a student with disabilities, are there educational services and programs designed to meet the educational needs of the youth and has **an educational plan** been developed?
References: [CFR 441.155 Individual plan of care](#) | [CMHB Providers Manual 2023 pg. 21-25](#) | [ARM 37.87.1217](#)

Treatment Planning

- ☐ Does the plan show evidence that the **youth and legal representatives were consulted** and invited to participate in the development and review of the treatment plan? Or is there documentation which demonstrates valid reasons why not?
References: [CFR 441.155 Individual plan of care](#) | [CMHB Providers Manual 2023 pg. 21-25](#) | [ARM 37.87.1217](#)
- ☐ Are treatment plans, goals, objectives, interventions, and discharge plans appropriate and individualized to reflect the youth's functioning?
References: [CFR 441.155 Individual plan of care](#) | [CFR 456.188 Written plan of care](#)
- ☐ Was the youth's treatment plan **developed within 14 days of admission**? Has the plan been reviews at least monthly for progress?
References: [CFR 441.155 Individual plan of care](#) | [CFR 441.154 Active treatment](#)
- ☐ If there has been a lack of progress with treatment goals, is this documented in the treatment plan? Does the plan justify continuation of the treatment at the PRTF level of care?
References: [CFR 441.155 Individual plan of care](#) | [CMHB Providers Manual 2023 pg. 21-25](#) | [ARM 37.87.1217](#)
- ☐ Are the treatment plan and goals consistent with the discharge criteria for the youth?
References: [CFR 441.155 Individual plan of care](#) | [CMHB Providers Manual 2023 pg. 21-25](#)

Clinical Services

- ☐ Do clinical interventions **address documented behavioral problems**?
- ☐ Is the **treatment plan reviewed every 30 days** to recommend changes in the plan as indicated by the youth's overall adjustment as inpatient?
- ☐ Are the clinical interventions provided individualized and appropriate for the youth's diagnosis, functional, and intellectual needs?

References: [CFR 441.155 Individual plan of care](#)

Documentation

- ☐ Are **seclusion and restraint process and procedures appropriately documented** in the youth's chart, including legal representative contact in the event of seclusion and restraint?
References: [CFR 483.352-375](#)
- ☐ Was a **post intervention debriefing documented** within 24 hours of restraint or seclusion?
References: [CFR 483.370 Postintervention debriefings](#)
- ☐ Does the chart **document evidence of active treatment designed to discharge** the youth to a less restrictive level of care at the earliest possible time (i.e. individual/group/family therapy taking place)?
References: [ARM 37.87.1217](#)
- ☐ **For youth who have been on therapeutic home visit:** does the treatment plan document that the THV is part of the therapeutic plan? Is there documentation of youth achievements and/or regression during or following the THV?

References: [CMHB Providers Manual 2023 pg. 52-53](#)

Discharge Planning

- ☐ Does the chart contain an individualized **discharge plan developed within 30 days** of admission and **reviewed and adjusted monthly**?
- ☐ Does the chart indicate **coordination with the receiving school** to address the treatment needs in the educational setting?
- ☐ Did the discharge plan identify youth and family's needed services and supports?
- ☐ Did the PRTF work with the legal representative of the youth independently, or for out-of-state PRTFs, with a targeted case manager, in making agreed upon discharge plans and referrals for needed services?
- ☐ Did the chart contain a **medication management plan**? Was the youth supplied at least 7-days of medication and a written prescription upon discharge? Did the PRTF identify a prescribing provider in the community of discharge and schedule an appointment?
- ☐ If applicable, has request for DD eligibility been made?
- ☐ Has **Discharge Notification form** been submitted to Telligen within one business day of discharge?

References: [CFR 441.155 Individual plan of care](#) | [CMHB Providers Manual 2023 pg. 13](#) ; [pg. 21-25](#) | [ARM 37.87.1217](#)