

MENTAL HYGIENE ADMINISTRATION
POLICY CLARIFICATION: PRP FOR MINORS (COMAR 10.21.29)
(revised June 2008)

Please note: The most recent version of COMAR 10.21.29, PRP for Minors, was not circulated at the winter 2008 trainings. Please refer to the latest amendments dated February 12, 2007, which may be accessed at www.dsd.state.md.us.

Facility (COMAR 10.21.29.04A): This regulation requires a designated and separate on-site location where, based on consumer choice and the clinical needs of the youth being seen, PRP services shall be provided to a youth and their family, including space that can accommodate group rehabilitation services for a minimum of 6 youth. The PRP on-site facility may include designated space in a larger mental health organization. The hours of operation shall be posted for the public. The PRP is required to have office space where medical records can be locked.

Eligibility for Services [COMAR 10.21.29.05A(1)(a)(i) and (ii)]: This regulation requires that all youth receiving PRP services must be referred for PRP services by a licensed mental health professional who is providing inpatient, residential treatment center, or outpatient mental health services to the minor; and must currently be in and remain in active mental health treatment. "Active mental health treatment" is defined as being seen for treatment *at least twice a month* and must be clearly documented in the youth's record. In addition, the youth must meet the Medical Necessity Criteria (MNC) for PRP services for minors.

Evaluation and Planning Services (COMAR 10.21.29.06): As part of the rehabilitation assessment and planning processes, ongoing contact between the clinician treating the youth and the PRP provider need to be documented to assure integration of services as part of the overall plan of care for the youth. PRP services need to be goal-directed and outcome-focused. The parent or primary caregiver needs to be actively involved in both the identification and evaluation of the PRP services. Additionally, the regulations require IRPs to be reviewed every 3 months, even when the authorization period may be for six months.

Program Director and Rehabilitation Specialist [COMAR 10.21.29.09F and G(1)]: The requirement for the number of hours of program director and rehabilitation specialist's time varies depending on the number of youth enrolled in the program. For programs that provide PRP services to both minors and adults, the total number of individuals in the program guides the staff requirements (see "[Clarification of PRP Program Director and Rehabilitation Specialist Requirements](#)," dated December 3, 2007). Credential and supervision requirements/privileges of the rehabilitation specialist are determined by the applicable professional licensing board.

Direct Care Staff Qualifications and Training [COMAR 10.21.29.09G(2)]: Direct care staff must have, *at a minimum*, one year of work experience in a supervised mental health setting. Meeting the additional educational requirements specified in the regulations (i.e., 30 college credits, AA degree, or BA/BS degree in a health-related field), however, is preferable.

In addition, direct care staff must have 60 hours of on-the-job direct PRP supervision (working with minors) before being able to provide PRP services without direct supervision (i.e., on their own/independently). It is preferable that the majority of these 60 hours include face-to-face supervision involving youth receiving PRP services. Supervision may occur in a variety of settings, including individual, group, community and in-home rehabilitation services that reflect the program's routine service delivery. The other portion of the on-the-job supervision may include working with the direct care staff on skills such as crisis response, de-escalation techniques, understanding child development, and documentation related to interventions and outcomes. It would not include hours related to program orientation and policies. All supervision must be documented in the personnel chart in a clear format that shows hours, activities, and where supervision was provided.

Staffing Ratios (COMAR 10.21.29.09H): The required 1:6 staff-to-client ratio is intended for group PRP activities only, either on-site or off-site (i.e., there must be at least 1 PRP rehabilitation staff member for every 6 youth in a group rehabilitation service). There are no restrictions for the caseload size for PRP direct care staff, although caseload size should be guided by the needs of the youth being served.