

1. Placement shall be a step down from a higher level placement such as a psychiatric residential treatment facility or inpatient; or
 2. Multisystemic therapy or intensive in-home therapy services have been unsuccessful; or
 3. The Child and Family Team has reviewed all other alternatives and recommendations and recommends Level III or IV placement due to maintaining health and safety; or
 4. Transition or discharge plan shall be submitted as part of the initial or concurrent request.
- e. Length of stay is limited to no more than ~~120~~180 days. Any exceptions granted will require for non-CABHAs an independent psychological or psychiatric assessment, for CABHAs, a psychological or psychiatric assessment that may be completed by the CABHA, and for both Child and Family Team review of goals and treatment progress, family or discharge placement setting are actively engaged in treatment goals and objectives and active participation of the prior authorization of vendor. ~~The Department shall study the effectiveness of the length of stay limitation imposed pursuant to this sub-subdivision, and the number of children staying in Level II, III, and IV facilities, and report its findings to the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services on or before January 1, 2011, and shall provide update reports on the number of children in these facilities to this same committee every six months thereafter, for the following three-year period.~~
- f. Submission of discharge plan is required in order for the request to be considered ~~complete~~. complete, but the authorization approval is not conditional upon all signatures. The LME will designate appropriate individuals who can sign the discharge plan within 24 hours of receipt. Failure to submit a complete discharge plan will result in the request being returned as unable to process.
- g. Any residential provider that ceases to function as a provider shall provide written notification to DMA, the Local Management Entity, recipients, and the prior authorization vendor 30 days prior to closing of the business.
- h. Record maintenance is the responsibility of the provider and must be in compliance with record retention requirements. Records shall also be available to State, federal, and local agencies.
- i. Failure to comply with notification, recipient transition planning, or record maintenance shall be grounds for withholding payment until such activity is concluded. In addition, failure to comply shall be conditions that prevent enrollment for any Medicaid or State-funded service. A provider (including its officers, directors, agents, or managing employees or individuals or entities having a direct or indirect ownership interest or control interest of five percent (5%) or more as set forth in Title XI of the Social Security Act) that fails to comply with the required record retention may be subject to sanctions, including exclusion from further participation in the Medicaid program, as set forth in Title XI.

1 j. On or before October 1, 2009, the Department shall report on its plan
2 for transitioning children out of Level III and Level IV group homes.
3 The Department shall submit the reports to the Joint Legislative
4 Oversight Committee on Mental Health, Developmental Disabilities,
5 and Substance Abuse Services.

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7 **SECTION 2.** This act is effective when it becomes law.