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| TITLE 26     | HEALTH AND HUMAN SERVICES                            |
| PART 1       | HEALTH AND HUMAN SERVICES COMMISSION                 |
| CHAPTER 748  | MINIMUM STANDARDS FOR GENERAL RESIDENTIAL OPERATIONS |
| SUBCHAPTER B | DEFINITIONS AND SERVICES                             |
| DIVISION 2   | SERVICES   |

**§748.61. What types of services are subject to regulation under this chapter?**

The following types of services are subject to regulation under this chapter:

(1) Child-Care Services--Services that meet a child's basic need for shelter, nutrition, clothing, nurture, socialization and interpersonal skills, care for personal health and hygiene, supervision, education, and service planning;

(2) Treatment Services--In addition to child-care services, a specialized type of child-care services designed to treat and support children:

(A) With an Emotional Disorder who have a:

(i) Current Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) diagnosis, such as mood disorders, psychotic disorders, or dissociative disorders, and demonstrate two or more of the following:

(I) Major self-injurious actions, including a suicide attempt within the last 12 months;

(II) Difficulties that present a significant risk of harm to others, including frequent or unpredictable physical aggression; or

(III) An additional DSM-5 diagnosis of substance-related or addictive disorder with severe impairment; or

(ii) Severe emotional disturbance as defined by §748.4801 of this chapter (relating to What do the following terms mean when used in this subchapter?) who are admitted to a certified psychiatric residential youth treatment facility also defined at §748.4801 of this chapter, in addition to young adults 18 to 21 years of age who also qualify for these services;

(B) With a DSM-5 diagnosis of Intellectual Disability that is characterized by prominent, severe deficits and pervasive impairment in one or more of the following areas:

(i) Conceptual, social, and practical adaptive skills to include daily living and self-care;

- (ii) Communication, cognition, or expressions of affect;
- (iii) Self-care activities or participation in social activities;
- (iv) Responding appropriately to an emergency; or
- (v) Multiple physical disabilities, including sensory impairments;

(C) With a DSM-5 diagnosis of Autism Spectrum Disorder that is characterized by prominent, severe deficits and pervasive impairment in one or more of the following areas of development:

(i) Conceptual, social, and practical adaptive skills to include daily living and self-care;

- (ii) Communication, cognition, or expressions of affect;
- (iii) Self-care activities or participation in social activities;
- (iv) Responding appropriately to an emergency; or
- (v) Multiple physical disabilities, including sensory impairments;

(D) With Primary Medical Needs, who cannot live without mechanical supports or the services of others because of life-threatening conditions, including:

(i) The inability to maintain an open airway without assistance, which does not include the use of inhalers for asthma;

(ii) The inability to be fed except through a feeding tube, gastric tube, or a parenteral route;

(iii) The use of sterile techniques or specialized procedures to promote healing, prevent infection, prevent cross-infection or contamination, or prevent tissue breakdown; or

(iv) Multiple physical disabilities including sensory impairments; and

(E) Determined to be a trafficking victim, including a child:

(i) Determined to be a trafficking victim as the result of a criminal prosecution or who is currently alleged to be a trafficking victim in a pending criminal investigation or prosecution;

(ii) Identified by the parent or agency that placed the child in the operation as a trafficking victim; or

(iii) Determined by the operation to be a trafficking victim based on reasonably reliable criteria, including one or more of the following:

(I) The child's own disclosure as a trafficking victim;

(II) The assessment of a counselor or other professional; or

(III) Evidence that the child was recruited, harbored, transported, provided to another person, or obtained for the purpose of forced labor or commercial sexual activity; and

(3) Additional Programmatic Services, which include:

(A) Emergency Care Services--A specialized type of child-care services designed and offered to provide short-term child care to children who, upon admission, are in an emergency constituting an immediate danger to the physical health or safety of the child or the child's offspring;

(B) Transitional Living Program--A residential services program designed to serve children 14 years old or older for whom the service or treatment goal is basic life skills development toward independent living, which includes basic life skills training and the opportunity for children to practice those skills and is not an independent living program;

(C) Assessment Services Program--Services to provide an initial evaluation of the appropriate placement for a child to ensure that appropriate information is obtained to facilitate service planning;

(D) Therapeutic Camp Services--A camping program to augment an operation's treatment services with an experiential curriculum exclusively for a child with an emotional disorder who has difficulty functioning in his home, school, or community and is only available to children 13 years old and older; and

(E) Respite Child-Care Services--See §748.73 of this chapter (relating to What are respite child-care services?).

Note: All the rules in Chapter 748, Subchapter W are new, so all the rules below are highlighted.

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| DIVISION 1   | DEFINITIONS AND SCOPE  |

**§748.4801. What do the following terms mean when used in this subchapter?**

In this subchapter, the following terms have the following meanings unless the context clearly indicates otherwise:

(1) Individual--A person who is 21 years of age or younger.

(2) Psychiatric health treatments and services--In addition to basic child-care services, a specialized type of child-care services provided by a certified psychiatric residential youth treatment facility to treat and support individuals who have a severe emotional disturbance.

(3) Psychiatric Residential Youth Treatment Facility (PYRTF)--As defined at Texas Health and Safety Code §577A.001(3), a private facility that provides psychiatric health treatments and services in a residential, non-hospital setting exclusively to individuals and is licensed as a general residential operation.

(4) Severe emotional disturbance--As defined at Texas Health and Safety Code §577A.001(4), a mental, behavioral, or emotional disturbance of sufficient duration to result in functional impairment that substantially interferes with or limits an individual's role or ability to function in family, school, or community activities.

**§748.4803. When is a general residential operation (GRO) required to meet the additional rules of this subchapter?**

A GRO that is a certified psychiatric residential youth treatment facility must meet the additional rules in this subchapter when providing psychiatric health treatments and services to an individual.

**§748.4805. In addition to the rules in this subchapter, what other rules in this chapter apply to a psychiatric residential treatment facility (PRYTF)?**

In addition to complying with the rules in this subchapter, a PRYTF must comply with all other rules in this chapter that apply to all operations, unless any such rule

is replaced by a rule in this subchapter, as noted in §748.4809 of this division (relating to What rules in this subchapter replace other rules in this chapter?).

**§748.4807. How do the rules in this subchapter apply to the care of a young adult 18 to 21 years of age at a psychiatric residential treatment facility (PRYTF)?**

The rules in this chapter that apply to a PRYTF as noted in §748.4805 of this division (relating to In addition to the rules in this subchapter, what other rules in this chapter apply to a psychiatric residential youth treatment facility (PRYTF)?) also apply to the care of a young adult 18 to 21 years of age whom the PRYTF has admitted for psychiatric health treatments and services.

**§748.4809. What rules in this subchapter replace other rules in this chapter?**

A psychiatric residential youth treatment facility (PRYTF) is not required to comply with other rules in this chapter if the rule has been replaced in this subchapter, as specified in this chart:

Figure: 26 TAC §748.4809

| <b>Topic</b>                            | <b>A PRYTF must comply with this rule:</b>  | <b>Instead of this rule:</b>  |
|---|---|---|
| Individuals Living in the Same Quarters | §748.4863 of this subchapter (relating to May individuals receiving different types of service live in the same living quarters?) | §748.1201 of this chapter (relating to May children receiving different types of service live in the same living quarters?) |
| Developing an Initial Service Plan      | §748.4869 of this subchapter (relating to Who must be involved in developing an initial service plan?)                            | §748.1339 of this chapter (relating to Who must be involved in developing an initial service plan?)                         |

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DIVISION 2 POLICIES, NOTIFICATIONS, AND POSTINGS

**§748.4821. What additional policies must a general residential operation (GRO) submit as part of the application process for a psychiatric residential youth treatment facility (PRYTF) certificate?**

A GRO must develop written policies that address:

(1) How the PRYTF will provide 24-hour medical and emergency services, including 24-hour nursing services; and

(2) How caregivers will supervise young adults 18 to 21 years of age receiving psychiatric health treatments and services and children in the GRO, including the PRYTF, when sharing restrooms or indoor or outdoor activity areas. The policy must:

(A) Include a schedule for the young adults and children to use restrooms, for indoor activity time, including cafeteria usage, and outdoor activity time; and

(B) Outline the specific staffing schedule caregivers will use and how the caregivers will maintain supervision, based on the supervision needs in the young adults' and children's service plans.

**§748.4823. When must a psychiatric residential youth treatment facility (PRYTF) notify Child Care Regulation (CCR) about accreditation changes regarding the PRYTF?**

(a) A PRYTF must always meet the accreditation requirement of §745.9053 of this title (relating to What requirements must a general residential operation meet before applying for a psychiatric residential youth treatment facility (PRYTF) certificate?).

(b) A PRYTF must notify CCR within two days if the accreditation organization informs the PRYTF that it has taken or will take an action that will result in the PRYTF no longer meeting the accreditation requirement of §745.9053 of this title for any period. Such an action includes revoking, suspending, or refusing to renew the PRYTF's accreditation.

**§748.4825. Where must a psychiatric residential youth treatment facility (PRYTF) post the PRYTF certificate?**

The PRYTF must post the PRYTF certificate in a prominent and publicly accessible place where employees, children, young adults, parents, and others will be able to view it easily.

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DIVISION 3 PERSONNEL

**§748.4831. Must a psychiatric residential youth treatment facility (PRYTF) have a treatment director?**

A PRYTF must have a treatment director that is a full-time employee of the general residential operation.

**§748.4833. What qualifications must a treatment director for a psychiatric residential youth treatment facility have?**

A treatment director who provides or oversees psychiatric health treatments and services under this subchapter must:

(1) Be a licensed psychiatrist, psychologist, or physician;

(2) Have a master's degree in a human services field from an accredited college or university and three years of experience providing treatment services for children or young adults with an emotional disorder, including one year in a residential setting; or

(3) Be a licensed master social worker, licensed clinical social worker, licensed professional counselor, or licensed marriage and family therapist, and have three years of experience providing treatment services for children or young adults with an emotional disorder, including one year in a residential setting.



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DIVISION 4 TRAINING

**§748.4841. What are the pre-service experience requirements for a caregiver providing psychiatric health treatments and services?**

(a) A caregiver responsible for an individual receiving psychiatric health treatments and services must have a minimum of 40 hours of supervised caregiver experience in:

(1) The current general residential operation providing treatment services to children with an emotional disorder;

(2) Another general residential operation providing treatment services to children with an emotional disorder;

(3) A psychiatric residential youth treatment facility providing psychiatric health treatments and services to children or young adults; or

(4) A residential or hospital setting providing direct care, supervision, guidance, and protection of children or young adults with a severe emotional disturbance.

(b) Until a caregiver has the minimum amount of supervised child-care experience as specified in subsection (a) of this section, the caregiver:

(1) May not be assigned as the only caregiver responsible for a group of individuals if any individual in the group is receiving psychiatric health treatments and services;

(2) Must be always supervised by another caregiver who has already satisfied the 40-hour experience requirement; and

(3) Must have their supervised child-care experience documented in the appropriate personnel record.

**§748.4843. What additional pre-service training requirements apply to a caregiver or an employee at a psychiatric residential youth treatment facility (PRYTF)?**

(a) In addition to the types of pre-service training and hours at §748.863(a) of this chapter (relating to What are the pre-service training requirements for a caregiver?), a caregiver must complete four hours of suicide prevention training

before the caregiver may be counted in the child to caregiver ratio if any individual in the group is receiving psychiatric health treatments and services.

(b) In addition to the types of pre-service training and hours at §748.864(a) of this chapter (relating to What are the pre-service training requirements for an employee?), a child-care administrator, professional level service provider, treatment director, and case manager must complete four hours of suicide prevention training within 90 days of beginning job duties that include:

(1) Providing services to or planning services for individuals receiving psychiatric health treatments and services; or

(2) Managing or overseeing employees that provide services to or plans services for individuals receiving psychiatric health treatments and services.

(c) To meet the pre-service training requirements, the suicide prevention training must meet:

(1) The instructor requirements at §748.869(a) and (b) of this chapter (relating to How must pre-service training be conducted?); and

(2) The curriculum requirements at §748.125(c)(1) of this chapter (relating to What is the model suicide prevention, intervention, and postvention policy?).

(d) A caregiver or employee (child-care administrator, professional level service provider, treatment director, and case manager) does not have to complete the four hours of suicide prevention training if the caregiver or employee has documentation that it was completed during the last 12 months.

(e) The PRYTF must document the exemption factor in the appropriate personnel record.

#### **§748.4845. Who must have first-aid and CPR training in a psychiatric residential youth treatment facility?**

(a) Caregivers providing psychiatric health treatments and services to individuals must have a current certificate of training with an expiration or renewal date in:

(1) First-aid with rescue breathing and choking, which may be through instructor-led training or self-instructional training; and

(2) Pediatric and adult cardiopulmonary resuscitation (CPR).

(b) Each caregiver must be certified in first aid and CPR within 90 days of employment.

(c) At least one person counted in the child to caregiver ratio must be certified in first aid and CPR at all times.

(d) To meet the first-aid and CPR training requirements, the training must meet:

(1) The CPR training requirements at §748.913 of this chapter (relating to What are the requirements for CPR training?); and

(2) The documentation requirements at §748.915 of this chapter (relating to What documentation must I maintain for the first aid and CPR certifications?).

**§748.4847. What additional annual training requirements apply to a caregiver or an employee at a psychiatric residential youth treatment facility (PRYTF)?**

(a) A caregiver providing psychiatric health treatments and services to an individual in a PRYTF must complete 50 annual training hours.

(b) In addition to the one hour of annual suicide prevention training required in §748.125(c) of this chapter (relating to What is the model suicide prevention, intervention, and postvention policy?):

(1) A caregiver must complete four additional hours of annual suicide prevention training for a total of five hours of annual suicide prevention training if the caregiver provides care to an individual receiving psychiatric health treatments and services; and

(2) A child-care administrator, professional level service provider, treatment director, and case manager must complete four additional hours of annual suicide prevention training for a total of five hours of annual suicide prevention training if the employee is or will be:

(A) Providing services to or planning services for individuals receiving psychiatric health treatments and services; or

(B) Managing or overseeing other employees that provide services to or plans services for individuals receiving psychiatric health treatments and services.

(c) In addition to the specific types of annual training and hours required in §748.930(b) of this chapter (relating to What are the annual training requirements for a caregiver?), a caregiver providing psychiatric health treatments and services to an individual must complete two hours of annual training on administering psychotropic medication.

(d) In addition to the specific types of annual training and hours required in §748.931(b) and (c) of this chapter (relating to What are the annual training requirements for an employee), a child-care administrator, professional level

service provider, treatment director, and case manager must complete two hours of annual training on administering psychotropic medication if the employee is or will be:

(1) Providing services to or planning services for individuals receiving psychiatric health treatments and services; or

(2) Managing or overseeing other employees that provide services to or plans services for individuals receiving psychiatric health treatments and services.

(e) To meet the annual training requirements, the annual training must meet the requirements in:

(1) §748.935 of this chapter (relating to When must an employee or caregiver complete the annual training?);

(2) §748.937 of this chapter (relating to What types of hours or instruction can be used to complete the annual training requirements?);

(3) §748.941 of this chapter (relating to How must annual training be conducted?);

(4) §748.945 of this chapter (relating to What curriculum components must be included in the annual training for administering psychotropic medication?);

(5) §748.125(c)(1) of this chapter (relating to What is the model suicide prevention, intervention, and postvention policy?), relating to the curriculum components for suicide prevention training; and

(6) §748.949 of this chapter (relating to What documentation must I maintain for annual training?).

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DIVISION 5 CHILD TO CAREGIVER RATIO

**§748.4851. For purposes of the child to caregiver ratio, how many children can a single caregiver care for when a child receiving psychiatric health treatments and services is asleep at night?**

(a) If any child in the group is receiving psychiatric health treatments and services, a single caregiver may care for a maximum of six children during the night-time sleeping hours.

(b) Caregivers must remain awake during night-time sleeping hours.

(c) This ratio also applies to any young adults 18 to 21 years of age who are receiving psychiatric health treatments and services under this subchapter.

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DIVISION 6 ADMISSION AND SERVICE PLANS

**§748.4861. Whom may a psychiatric residential youth treatment facility (PRYTF) admit for psychiatric health treatments and services?**

A PRYTF may only admit an individual for psychiatric health treatments and services who:

(1) Is 21 years of age or younger;

(2) Has been diagnosed with a severe emotional disturbance by a licensed mental health professional;

(3) Requires residential psychiatric treatment under the direction of a licensed physician to improve the individual's condition; and

(4) Was referred for treatment or services in a PRYTF by a licensed mental health professional.

**§748.4863. May individuals receiving different types of service live in the same living quarters?**

(a) Except as provided by subsections (c) and (d) of this section, children receiving different types of service may reside in the same living quarters as long as:

(1) A professional level service provider completes an evaluation of the living quarters for each child that the psychiatric residential youth treatment facility (PRYTF) places in the living quarters; and

(2) In each evaluation, the professional level service provider ensures that:

(A) There is no conflict of care with the best interests of any of the children placed in the living quarters;

(B) Placing the child with different service or treatment needs in the living quarters will not adversely impact the other children in the living quarters;

(C) The number of children in the living quarters is appropriate at all times based on the needs of all children in the living quarters;

(D) Caregivers can appropriately supervise all children in the living quarters at all times; and

(E) The PRYTF can meet the needs of all children in the living quarters.

(b) If the treatment or service needs of any child in the living quarters changes, the professional level service provider must evaluate the needs of each child in the living quarters to ensure there is no conflict of care.

(c) Children admitted for emergency care services must receive any therapeutic services (such as group therapy or art therapy) separately from children admitted for non-emergency care and must have separate living quarters, such as a separate wing of an operation, or a separate cottage. The PRYTF may combine children admitted for emergency care services with children in non-emergency care for meals, recreation, and transportation.

(d) Young adults 18 to 21 years of age receiving psychiatric health treatments and services that are not in the care of the Texas Department of Family and Protective Services and did not come immediately from another residential child-care operation:

(1) Must receive therapeutic services (such as group therapy or art therapy) separately from children admitted to the operation, including the PRYTF;

(2) Must have separate living quarters, such as a separate wing of an operation, or a separate cottage; and

(3) Must not use an area of the general residential operation's building or grounds at the same time with children admitted to the operation, including the PRYTF, except restrooms and indoor and outdoor activity areas may be shared under a policy required by §748.4821 of this subchapter (relating to What additional policies must a general residential operation (GRO) submit as part of the application process for a psychiatric residential youth treatment facility (PRYTF) certificate?).

**§748.4865. Are there additional requirements for a preliminary service plan when a psychiatric residential youth treatment facility (PRYTF) admits an individual for psychiatric health treatments and services?**

When a PRYTF admits an individual for psychiatric health treatments and services, in addition to the requirements listed in §748.1331 of this chapter (relating to What are the requirements for a preliminary service plan?), the preliminary service plan for an individual receiving psychiatric health treatments and services must include:

(1) Therapeutic needs, including plans for psychiatric evaluation, the use of psychotropic medications, and one-to-one therapy;

(2) Family engagement activities;

(3) Plans to consult with qualified professionals, including case managers, primary care professionals, community-based mental health providers, school staff, and other support planners; and

(4) Nursing care.

**§748.4867. Are there additional requirements for an initial service plan when a psychiatric residential youth treatment facility (PRYTF) admits an individual for psychiatric health treatments and services?**

(a) In addition to the requirements listed in (b)(2) in Figure: 26 TAC §748.1337(b) of this chapter (relating to What must a child's initial service plan include?), the initial service plan for an individual receiving psychiatric health treatments and services must include:

(1) One-to-one therapy;

(2) Family engagement activities;

(3) Consultation services with qualified professionals, including case managers, primary care professionals, community-based mental health providers, school staff, and other support planners;

(4) 24-hour nursing services, though services do not need to be onsite; and

(5) Direct care and supervision services, supportive services for daily living and safety, and positive behavior management services.

(b) A PRYTF must document all professional consultations, examinations, recommendations, and treatment in the individual's record.

**§748.4869. Who must be involved in developing an initial service plan?**

(a) A service planning team must develop the service plan. The team must consist of:

(1) At least one of the individual's current caregivers;

(2) For a child, a person designated to make decisions regarding a child's participation in childhood activities; and

(3) At least one professional level service provider who provides direct services to the individual.



(b) Except as provided by subsection (c) of this section, if a general residential operation is providing treatment services to a child, the team must also include two of the following professions:

(1) A licensed professional counselor;

(2) A psychologist;

(3) A psychiatrist or physician;

(4) A licensed registered nurse;

(5) A licensed masters level social worker;

(6) A licensed or registered occupational therapist; or

(7) Any other person in a related discipline or profession that is licensed or regulated in accordance with state law.

(c) If a psychiatric residential youth treatment facility is providing psychiatric health treatments and services to an individual, the team must also include a licensed psychiatrist or physician and one of the following professionals:

(1) A licensed professional counselor;

(2) A psychologist;

(3) A licensed registered nurse;

(4) A licensed masters level social worker; or

(5) Any other person in a related discipline or profession that is licensed or regulated in accordance with state law.

(d) The individual and parents or guardian must be invited to a service planning meeting, so that they may participate and provide input into the development of the service plan.

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DIVISION 7 PROVIDING CARE TO CHILDREN AND ADULTS

**§748.4881. After a child in the care of a psychiatric residential youth treatment facility (PRYTF) turns 18 years old, may the young adult remain in care?**

A child who turns 18 years old in the care of a PRYTF may remain in care until the young adult's 22nd birthday.