# North Dakota Children's Treatment Services LOC
# Provider (Program) Manual

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*This document has been reviewed and remediated on April 1, 2026 to meet applicable Americans with Disabilities Act (ADA) accessibility standards. Updates have been implemented to ensure compliance with established guidelines, improve usability for individuals with disabilities, and support equitable access to information.*

Clinical Services Division
2555 Meridian Blvd. / Suite 350 / Franklin, TN 37067
www.Maximus.com

## Contents

Project Overview for North Dakota Children's Treatment Services LOC and Acute Inpatient Services Determinations....4
HHS Policy....4
Background and Scope for the North Dakota Children's Treatment Services LOC Determinations....5
Overview of the Family First Prevention Services Act (FFPSA) and the Qualified Individual Assessment....5
ND's Expansion of FFPSA Qualified Individual Assessment Requirements to the CTS LOC Determination Assessment....5
Definition of Treatment Foster Care (TFC)....6
Definition of QRTP....6
Definition of Psychiatric Residential Treatment Facility (PRTF)....6
ND CTS LOC Determinations Workflows....7
Figure 1: Initial Assessment Workflow: Private Custody....8
Figure 2: Initial Emergency or Continued Stay Review Workflow: Private Custody....9
Figure 3: Initial or Continued Stay Review Workflow: Public Custody....10
Types of ND CTS LOC Determination Referrals....10
Referral Types and Cadence....10
Emergency Referrals....11
Age of Referring Child....11
ND CTS LOC Referral Form....11
Submitter Type and Referral Requirements....12
Table 1: Submitter Type for Each Population Type and Assessment Type....12
Table 2: Referral Requirements based on Referral Type....12
Program Transfers....15
ND CTS LOC Assessment....16
Assessment Tool....16
Basic Design for Rating Needs....16
Basic Design for Rating Strengths....16
Participant Involvement for Face-to-Face Assessments....17
Participant Involvement for DBR Assessments....17
Consumer Safety Concerns and Assessment Best Practices....17
Abuse, Neglect, Exploitation, and Duty to Warn....17
Trauma Informed Assessments....17
Awareness of Implicit Cultural Bias....18
ND CTS LOC Quality Review and Clinical Determination of the Appropriate LOC....18
Clinical Reviewer Quality Review Goals....18
Clinical Reviewer Quality Review....18
Determining the Most Appropriate and Least Restrictive LOC....18
Considerations to Apply for ND Residential Treatment Criteria to Promote the Least Restrictive Environment 20
Exclusionary Criteria Information....20

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TFC Decision Support Model....21
North Dakota Residential Treatment Criteria and Decision Support Model....22
PRTF Clinical Decisions and Alignment of the CANS with PRTF Medicaid Criteria....25
Circumstances That May Warrant Override of the Clinical Decision Support Models/Criterion Due to Need for Higher Level of Care....27
ND CTS LOC Physician Review....27
ND CTS LOC Determination Report....27
Issuing Notification for ND CTS LOC Determinations....28
PathTracker: Admissions, Discharges, Transfers, and Changes to QRTP Difficulty of Care Levels....28
Reconsiderations, Extensions, and Court Notification for ND CTS LOC Determinations....28
Desk Reconsideration Process....28
14-Day Extension Requests....29
Admission Extension Requests....29
Court Notification....30
Background and Scope for Acute Inpatient Utilization Reviews....30
Definition of Acute Inpatient Services....31
ND Acute Review Workflow....31
Figure 4: U21 Acute Review Process....31
Types of Acute Review Referrals....32
Acute Referral Form....33
Acute Referrals and Hold Process....34
Acute Clinical Reviews....35
Acute Admission Criteria....35
Acute Continued Stay Criteria....37
Acute Physician Review....39
Acute Outcomes....39
Desk Reconsideration Process....39
Appeal Process....40

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## Project Overview for North Dakota Children's Treatment Services LOC and Acute Inpatient Services Determinations

Maximus is contracted with the North Dakota Health and Human Services (HHS), Child and Family Services (CFS) Division, Medical Services Division, and Behavioral Health Division (BHD) to administer the Children's Treatment Services Level of Care Determinations for the following levels of care:

- Treatment Foster Care (TFC)-applicable only to children in public custody
- Qualified Residential Treatment Program (QRTP)-applicable to children in public custody as well as children in private custody with Voluntary Treatment Program (VTP) approval through the Behavioral Health Division
- Psychiatric Residential Treatment Facility (PRTF)-applicable to children in public custody as well as children in private custody with Medicaid as the payor source

The role of Maximus in this partnership is to determine the use of residential and treatment foster care services for eligible children and youth who are referred for out-of-home placement and/or residential treatment. The approach of using a single assessment to determine the most appropriate placement aligns with HHS' priority of advancing the foundations of well-being through access to high-quality services and supports.

As the third-party vendor for North Dakota's Children's Treatment Services LOC Determinations, Maximus uses a single evidence-based assessment tool and established minimum set criteria to determine the most appropriate placement for ND children and youth ensuring their needs are met in the least restrictive setting for admission and continued stay determinations. This ensures that residential or treatment foster care services are reserved for those who are identified to have a clinical need, which may warrant treatment in a North Dakota residential program, such as a Psychiatric Residential Treatment Facility (PRTF), Qualified Residential Treatment Program (QRTP), or Treatment Foster Care (TFC).

As the identified third-party vendor, Maximus provides a conflict-free assessment using the Child and Adolescent Needs and Strengths (CANS), a functional, validated, multi-purpose tool. The CANS gathers information pertaining to the child and caregivers' strengths and needs, conducting interviews and conversations with the child/youth, referral sources, custodial case workers, parents or legal guardians and other appropriate parties before making a determination.

The Maximus Clinical Decision Support Model: Making an out of home placement decision for residential treatment solely based on a systemic calculation of scores has been historically referred to as algorithm, which is not an accurate representation of the detailed decision-making process required to make a determination. Instead, the CANS assessment allows for tying together logical and functional pathways by using combinations of actionable needs and levels of intensity present, to allow for increasing levels of acuity, known as a Clinical Decision Support Model (CDSM). The CDSM is not a calculation defined by an established set of numbers or a computer-generated decision, but rather a determination based on identified strengths and needs established by the CANS and then reviewed for application of clinical judgment by an experienced, licensed clinician with at least 4 years of child welfare and/or children behavioral health experience.

Definitions of each of these treatment services is outlined below, with detailed determination criteria for each level discussed in further depth later in this provider manual.
Maximus is also contracted with HHS Medical Services Division to administer utilization review determinations for acute inpatient psychiatric determinations for youth ages 21 and under.

## HHS Policy

Children and Family Services, specific to child welfare can be found here.

Behavioral Health Voluntary Treatment Program information can be found here.

Disclosure: North Dakota HHS policy will override the contents of this manual, if there is ever a discrepancy.

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# Background and Scope for the North Dakota Children's Treatment Services LOC Determinations

## Overview of the Family First Prevention Services Act (FFPSA) and the Qualified Individual Assessment

The Family First Prevention Services Act (FFPSA) was signed into law on February 9, 2018, and implemented October 2019, modifying Title IV, Part E of the Social Security Act (Title IV-E) – the primary source of federal funding for most state child welfare agencies. The enactment of FFPSA represented the most significant legislation to impact child welfare services and Title IV-E in the last decade, including sweeping changes that impact the way child welfare services are funded and delivered. FFPSA's passage signaled the beginning of a change in perspective, placing emphasis on front end preventative services and limiting funding for out of home placement in congregate care settings. A requirement of FFPSA is for an independent, conflict-free assessment (often referred to as the qualified individual assessment) to be completed for all foster children placed in congregate care settings, provided the placement meets the definition of a Qualified Residential Treatment Program (QRTP), newly introduced under FFPSA.

Children entering QRTPs must receive this independent, conflict-free assessment or Qualified Individual (QI) assessment within 30 days of admission to a QRTP. The assessment must:

- Use an age-appropriate, evidence, based, validated, functional assessment tool to assess the child's needs and strengths
- Be informed by the child's Family and Permanency Team and consider the Permanency Team's short- and long-term goals for the child when making placement recommendations
- Determine the most appropriate, least restrictive setting appropriate to meet the child's needs. Regulations emphasize that a shortage of available foster care settings is not an acceptable reason to justify placement in a QRTP.
- Provide written justification describing why the child's needs cannot met in a family setting if QRTP is determined to be least restrictive appropriate for the child
- Identify child-specific short- and long-term mental and behavioral health goals

State child welfare agencies receive Title IV-E maintenance reimbursement only if the qualified individual assessment is conducted within 30 days of admission to a QRTP and it is determined that QRTP is the most appropriate, least restrictive setting for the child. Another federal requirement of the qualified individual assessment process is that within 60 days of a child's placement in a QRTP a court review must occur. North Dakota Juvenile Court has a shorter time period for review. This court review takes the qualified individual assessment into consideration and makes a final determination on whether placement in a QRTP provides the most effective and appropriate level of care in the least restrictive environment consistent with the goals outlined in the child's permanency plan. FFPSA also establishes a timeline, based on the child's age, for federal placement maximums. Children aged 13 and older cannot remain in a QRTP more than 12 consecutive months or 18 non-consecutive months, and children 12 and younger cannot remain more than 6 consecutive or non-consecutive months unless there is signed approval by the head of the State child welfare agency for the continued placement of the child in a QRTP. Some states have opted to use an additional qualified individual assessment to support the State child welfare agency in making these placement extension determinations.

Full text for FFPSA regulations can be found here.

## ND's Expansion of FFPSA Qualified Individual Assessment Requirements to the CTS LOC Determination Assessment

Maximus has contracted with North Dakota's HHS, Children and Family Services Division (CFS), as the qualified individual assessment vendor for QRTP determinations for North Dakota since October 2019. Beyond meeting federal regulations, CFS' goals included ensuring children with treatment needs were able to receive

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the right services, at the right location, for the right duration of time. HHS partnered across sections to include Children and Family Services, Medical Services and the Behavioral Health Division to develop a process so

that all children in North Dakota seeking out of home placement or residential care through children's treatment services would receive an independent assessment with application of established criteria focus on determinations of the least restrictive setting to meet the child's needs. To achieve these goals, Maximus has partnered with North Dakota Health and Human Services to expand the prior QRTP assessment and determination workflow to also include TFC and PRTF determinations.

### Definition of Treatment Foster Care (TFC)

Treatment foster care providers receive extra training and support compared to State or Tribal foster care providers, as children in therapeutic settings have co-occurring mental, behavioral health or emotional needs, which require additional in-home supports for the child and provider. Nexus-PATH serves as North Dakota's provider of treatment foster care services. Treatment Foster Care (TFC) is an alternative to institutional and residential facilities intended to meet the complex mental and behavioral health needs of children in a least restrictive family setting. This level of care is for children who experience frequent, co-occurring symptoms and behaviors that result in the need for increased services, supports and provider training to address complex trauma.

### Definition of QRTP

Qualified Residential Treatment Programs (QRTP) are short-term residential treatment options providing trauma-informed treatment designed to address the serious complex behavioral health needs of children in need of residential treatment. QRTP's are defined in North Dakota Administrative Code 75-03-40. QRTPs are one of the limited reimbursable non-foster family placement settings licensed as childcare institutions for which a state child welfare agency can seek Title IV-E reimbursement. To meet the federal definition of QRTP, QRTPs must have a trauma-informed treatment model, have registered or licensed nursing and other clinical staff who are available 24/7, facilitate participation of family member in a child's treatment program, and provide aftercare supports for at least 6 months after a child discharges.

### Definition of Psychiatric Residential Treatment Facility (PRTF)

PRTFs are defined in North Dakota Administrative Code Chapter 75-03-17 as a facility or distinct part of a facility that provides to children and adolescents a total, twenty-four-hour, therapeutic environment integrating group living, educational services, and a clinical program based upon a comprehensive, interdisciplinary clinical assessment and an individualized treatment plan that meets the needs of the child and family. The services are available to children in need of and able to respond to active psychotherapeutic intervention and who cannot be effectively treated in their own family, in another home, or a less restrictive setting. PRTFs are designed to offer a short-term, intense, focused mental health treatment program to promote a successful return of the child or youth to the community.

The federal government allows states the option of having Medicaid cover inpatient psychiatric services for individuals under the age of 21 (known as 'the Under 21 benefit'). Services can be provided in psychiatric hospitals, psychiatric units in a hospital, or PRTFs. Although this is an optional benefit, most states opt to provide it, as it is a significant means for Medicaid to cover the cost of inpatient mental health services. Typically, Medicaid does not reimburse states for the cost of institutions for mental diseases (IMDs), but the Under 21 benefit allows Medicaid to reimburse inpatient psychiatric services for people under 21 (note that people who are under 21 at the time of admission may continue receiving care, as authorized, until age 22, at which point the person must transition into community services, or non-Medicaid covered inpatient services). Federal regulations regarding the Under 21 Benefit can be found at the Code of Federal Regulations (CFR), Title 42, CFR 441 Subpart D and CFR 438 Subpart G.

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### PRTFs and the Certificate of Need (CON)

Through the Center for Medicare and Medicaid Services (CMS), the federal government requires that all agencies serving Medicaid populations and receiving Medicaid funds have a utilization control program that monitors the need and determines medical necessity before payment for the service can be authorized. For PRTF, a CTS LOC Determination is required indicating a PRTF is the most appropriate and least restrictive setting for the child, which serves as the Certificate of Need (CON). Without a CON, payment may not be made for PRTF services provided to a recipient. The CON process also applies to Acute inpatient services, more information about the Acute inpatient process can be found within this manual under the Acute Inpatient Utilization Review section.

The CON involves a certification that:

1. Ambulatory care resources available in the community do not meet the treatment needs of the beneficiary.
2. Proper treatment of the beneficiary's psychiatric condition requires services on an inpatient basis under the direction of a physician; and
3. The services can reasonably be expected to improve the beneficiary's condition or prevent further regression so that the services will no longer be needed.

The federal regulations regarding the CON process specify that for child or youth who are Medicaid recipients at the time of admission to a facility or program (unless the admission was an emergency admission), the CON should be made by an independent team that:

- Includes a physician.
- Has competence in the diagnosis and treatment of mental illness, preferably in child psychiatry; and
- Has knowledge of the child or youth's situation

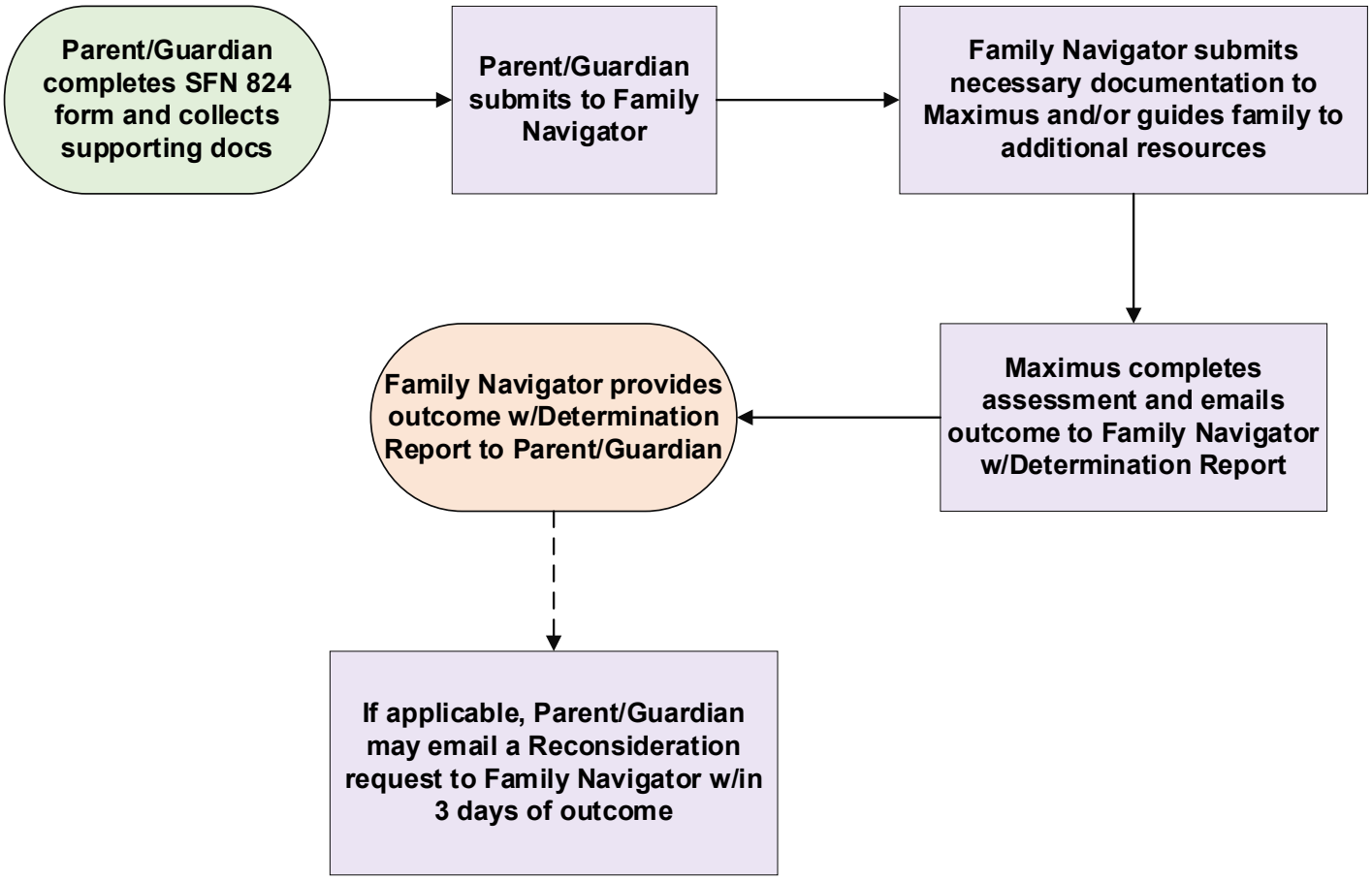
North Dakota Administrative Code 75-02-02-10 further specifies that the independent review team must '…be composed of individuals who have no business or personal relationship with the inpatient psychiatric facility or program requesting a certification of need.' The Maximus Clinical Reviewer making the CTS LOC determination and the Maximus Medical Director who reviews the CTS LOC determination serve as the independent review team for North Dakota PRTF decisions.

## ND CTS LOC Determinations Workflows

See next 3 pages.

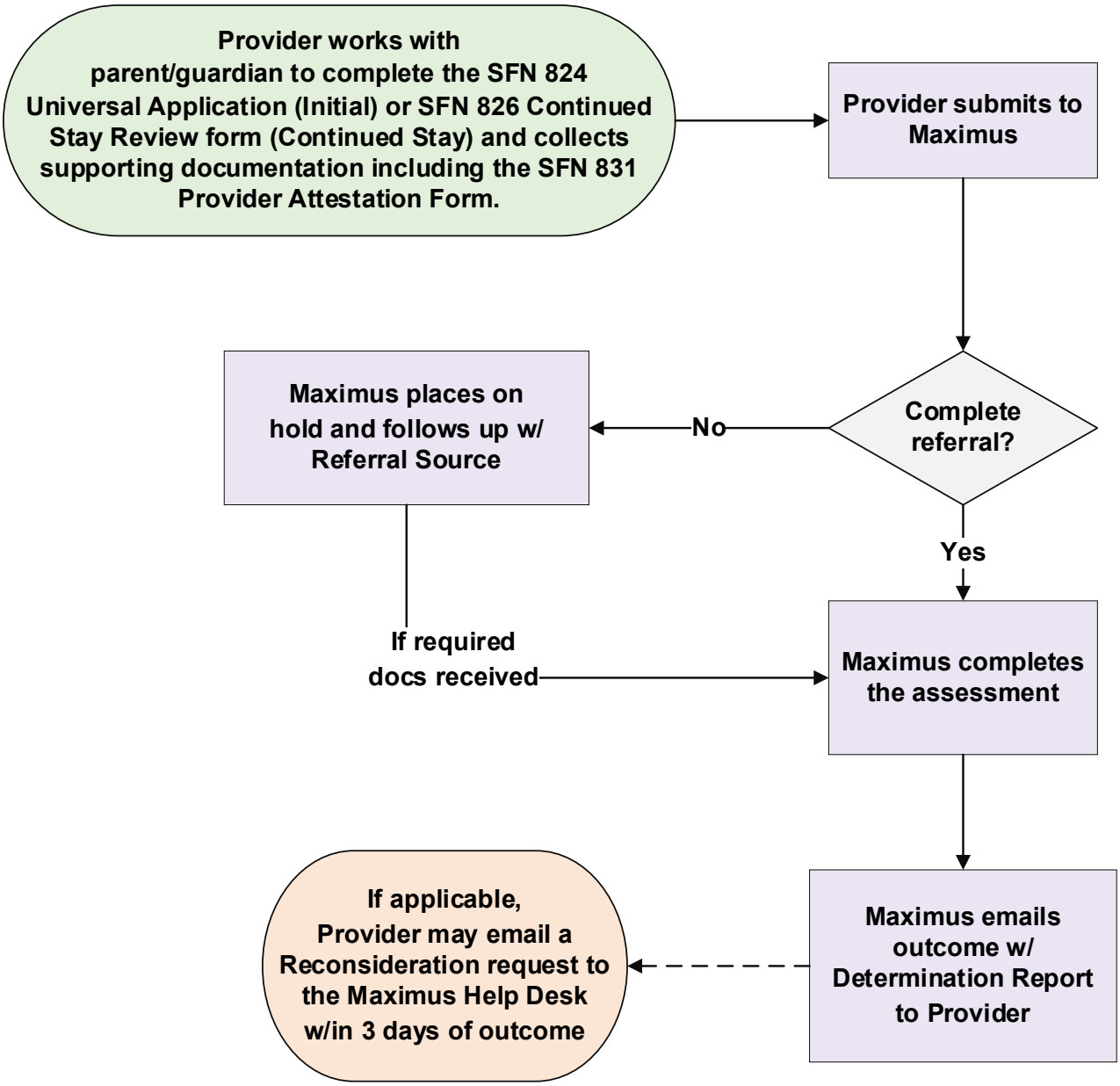
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*Figure 1: Initial Assessment Workflow: Private Custody*



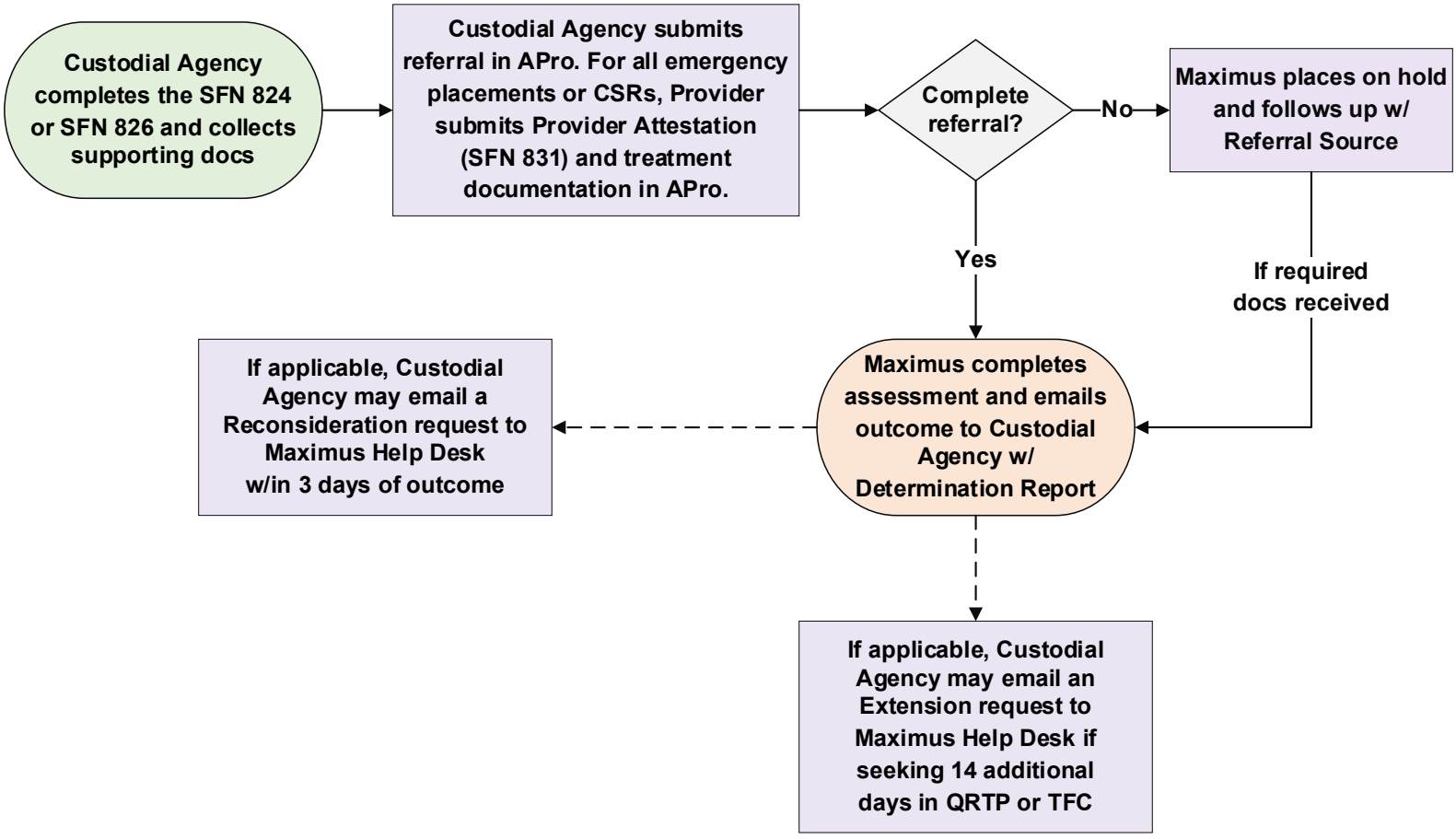

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*Figure 2: Initial Emergency or Continued Stay Review Workflow: Private Custody*




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*Figure 3: Initial or Continued Stay Review Workflow: Public Custody*




## Types of ND CTS LOC Determination Referrals

### Referral Types and Cadence

- Initial or Initial Emergency: A full review. The assessor will conduct interviews with the custodial agency worker, parent/guardian, the child, the treatment agency, and any other relevant parties.
- 3 months: A document-based review (no interviews are completed)
- 6 months: A full review. The assessor will conduct interviews with the custodial agency worker, parent/guardian, the child, the treatment agency, and any other relevant parties.
- 9 months: A document-based review (no interviews are completed)
- 12 months: A full review. The assessor will conduct interviews with the custodial agency worker, parent/guardian, the child, the treatment agency, and any other relevant parties.

The typical Continued Stay Review (CSR) cadence is listed above; however, in special circumstances the cadence may be altered. There should never be two face-to-face or two document-based reviews in a row.

For Continued Stay Reviews: Referrals should be submitted no greater than 20 calendar days prior to placement expiration and no less than 14 calendar days before placement approval expires.

It should be noted that once an outcome has been made, a new referral cannot be submitted until 60 calendar days have passed since the original outcome, unless an onset or increase of high-risk behaviors are present.

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High-risk behaviors include danger to self or others, self-injurious behaviors, sexual aggression, fire setting and runaway if present with additional dangerous behaviors, or the child runs to unsafe environments where the likelihood to be victimized is high. If the above occurs and a resubmission is needed within the 60 calendar day period, if child is in public custody, the custodian must request permission from Children and Family Services (CFS) via cfslicensing@nd.gov prior to submitting. If the child is in private custody, the parent/guardian must contact the Behavioral Health Division, who will request permission from HHS to allow for submission.

### Emergency Referrals

An emergency placement into a PRTF, QRTP or treatment foster care home is allowable prior to a completed CTS LOC Determination. This would be considered an emergency referral: A child is placed in a PRTF, QRTP, or treatment foster care home prior to the CTS LOC Determination referral submission. If a child is placed as an emergency placement, the assessment interview will be virtual and must be completed with 3 working days. Referral type will not be adjusted for emergency placements, after a referral has been submitted to Maximus. For example, if Maximus receives a standard referral, and the child is then emergency placed the following day, Maximus does not change the turnaround time for completion of assessment to align with the 3- business day emergency placement turnaround time, and rather it remains the standard 7-business day turnaround time.

### Age of Referring Child

Maximus only completes referrals for children 5 years old or older through age 17.

### ND CTS LOC Referral Form

The ND CTS LOC determination process starts with provider submission of the ND CTS LOC referral form in AssessmentPro. The form includes completion of distinct sections where the provider must provide demographic information to support the review.

| CTS LOC Referral Form Section | What the Provider is Expected to Provide |
|---|---|
| **Assessment Type** | • Assessment type based on definitions above (Initial, Initial-Emergency, Continued Stay Review-3 Month, Continued Stay Review-6 Month, Continued Stay Review-9 Month, Continued Stay Review-12 Month, Retrospective Review) |
| **Demographics** | • Child or youth's name<br>• Child or youth's **Medicaid ID** (preferred ID), or Social Security Number if the child is not Medicaid Eligible<br>• Date of birth, gender, and race<br>• Current location type (and date of admission, if applicable)<br>• Living Arrangements Prior to Current Admission |
| **Legal Custodian and Support System** | • Legal Custodian name and type (Human Service Zone, DJS, Tribe, Parent, Relative-non-parent, Other-specify)<br>• Legal Custodian phone number and email address<br>• Child or youth's Court Case Number (applicable to child welfare)<br>• Child or youth's primary language and accommodation needs |
| **Document Upload** | • Any supporting documentation provided by the submitter |
| **Virtual Interview Approval** | • Approval for virtual interview with child (if applicable) |
| **Submitter Information** | • Submitter name, facility, email, and phone |

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## Submitter Type and Referral Requirements

### *Table 1: Submitter Type for Each Population Type and Assessment Type*

| Referral Type | Submitter for Children in Public Custody (Human Service Zones, Tribal Nations, and Division of Juvenile Services) | Submitter for Children in Private Custody |
|---|---|---|
| **Initial** | Custodial Case Worker | Family Navigator after review of referral and supporting documentation |
| **Initial-Emergency for QRTP or PRTF** | Custodial Case Worker | Provider (PRTF only) in which child was emergency placed |
| **Continued Stay Review (TFC)** | Custodial Case Worker | N/A (TFC LOC is only applicable to children in public custody) |
| **Continued Stay Review (QRTP)** | Custodial Case Worker | NA (QRTP LOC is only applicable to children in public custody) |
| **Continued Stay Review (PRTF)** | Custodial Case Worker | PRTF |

### *Table 2: Referral Requirements based on Referral Type*

All referrals are processed through the Maximus online assessment system, AssessmentPro.

| Type of Referral | What does this mean? | Requirements of Referral |
|---|---|---|
| **ND CTS LOC** | | |
| **Initial** | **What it means:** This is either a first-time referral for a new treatment episode for the child.<br><br>**Note:** If there has been an identified need that the child requires a higher level of care than the current level of care and a new assessment and determination is needed, it would follow the PRTF Transfers and CTS Level of Care Change policy.<br><br>As noted, Initial referrals will be received from Custodial Case Workers (for children in public custody), or from a member of the ND Family Navigator (for children in private custody). | • All initial referrals must include a completed copy of ND SFN 824 Universal Application.<br>• Required documentation requested on the ND SFN 824:<br>○ Recent discharge information (if previously placed in a facility/treatment setting).<br>○ Assessment, testing, IEP, medication list, diagnosis detail, or specialist evaluations.<br>○ Progress notes specific to therapeutic intervention.<br>○ If the child was placed in a QRTP in the past 6 months aftercare documentation.<br>○ ND CTS LOC Screening tool (new document to the CTS LOC Determination)<br>○ Narrative may be submitted to support attached clinical documentation, but may not be used in place of clinical documentation<br>• All initial referrals seeking TFC, QRTP or PRTF placement must include a completed North Dakota Screening tool to ensure community based services have been explored, engaged in, or attempted. |

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| Type of Referral | What does this mean? | Requirements of Referral |
|---|---|---|
| **ND CTS LOC** | | |
| | | • If the above documentation is not provided, Maximus is required by HHS to place the referral on hold and referral source will receive an automated email from AssessmentPro with notification to log into their Action Required queue to review relevant items to move forward with referral. The documentation must then either be provided or the referral source must provide an adequate explanation for why those documents cannot be provided.<br>• An Assessor will be assigned for a face-to-face interview (either onsite or virtual) with the child and required to complete all collateral interviews as well. |
| **Initial-Emergency** | **What it means:** This is a first- time referral for a child that has already been admitted to a TFC home, QRTP or PRTF at the time of the referral because of an emergency situation where it was not feasible to wait for a full assessment prior to admission. | • Initial referrals must include a completed copy of ND SFN 824 Universal Application.<br>• Initial-Emergency referrals must include a completed ND_SFN_831CTS_LOC_Determination-Attestation and any initial clinical/treatment information completed by the treatment agency.<br>• All initial-emergency referrals must include a completed North Dakota Screening tool to ensure community-based services have been explored, engaged in, or attempted (applicable to children in public custody only)<br>• The Clinical Admin will verify that the child's current location is in a TFC home, QRTP or PRTF and an assessment has not been completed for this episode/admission within the past 60 calendar days.<br>• Required documentation requested on the ND SFN 824:<br>○ Recent discharge information (if previously placed in a facility/treatment setting).<br>○ Assessment, testing, IEP, medication list, diagnosis detail, or specialist evaluations.<br>○ Progress notes specific to therapeutic intervention.<br>○ If the child was placed in a QRTP in the past 6 months aftercare documentation.<br>○ Narrative may be submitted to support attached clinical documentation, but may not be used in place of clinical documentation<br>• If the above documentation is not provided, Maximus is required by HHS to place the referral **on hold** and referral source will receive an automated email from AssessmentPro with notification to log into their Action Required queue to review relevant items to move forward with referral. The documentation must then either be provided or the referral source must provide an adequate explanation for why those documents cannot be provided. |

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| Type of Referral | What does this mean? | Requirements of Referral |
|---|---|---|
| **ND CTS LOC** | | |
| | | • An Assessor will be assigned for a face-to- face interview (either onsite or virtual) with the child and required to complete all collateral interviews as well |
| **Continued Stay Review-3 Month** | **What it means:** The child is currently in a PRTF and the 3-month approval period is expiring, and additional time is being requested. | • Continued Stay Referrals must include a completed copy of ND SFN 826 Continued Stay Review as well as a treatment plan and permanency plan (applicable to children in public custody only).<br>• Continued Stay Referrals must include a completed copy of ND SFN 831CTS LOC Determination-Attestation and supporting clinical/treatment documentation since the previous review completed by the treatment agency.<br>• As TFC approvals are for 6-month increments, no 3-Month Continued Stay Reviews should be requested for those services.<br>• The licensed Clinical Reviewer will complete the Continued Stay Review via a document-based review (DBR). |
| **Continued Stay Review-6 Month** | **What it means:** The child is currently in a PRTF approaching 6 months of admission and the approval period is expiring OR the child is currently in TFC or QRTP, and the initial 6-month approval period is expiring. | • Continued Stay Referrals must include a completed copy of ND SFN 826 Continued Stay Review as well as a treatment plan and permanency plan (applicable to children in public custody only).<br>• Continued Stay Referrals must include a completed copy of ND SFN 831CTS LOC Determination-Attestation and supporting clinical/treatment documentation since the previous review completed by the treatment agency.<br>• An Assessor will be assigned for a face-to- face interview (either onsite or virtual) with the child and required to complete all collateral interviews as well. |
| **Continued Stay Review-9 Month** | **What it means:** The child is currently in a QRTP or PRTF approaching 9 months of admission and the current approval period is expiring. | • Continued Stay Referrals must include a completed copy of ND SFN 826 Continued Stay Review as well as a treatment plan and permanency plan (applicable to children in public custody only).<br>• Continued Stay Referrals must include a completed copy of ND SFN 831CTS LOC Determination-Attestation and supporting clinical/treatment documentation since the previous review completed by the treatment agency.<br>• As TFC approvals are for 6-month increments, no 9-Month Continued Stay Reviews should be requested for those services.<br>• The licensed Clinical Reviewer will complete the Continued Stay Review via a document-based review (DBR). |

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| Type of Referral | What does this mean? | What does this mean for staff when we receive this type of referral? |
|---|---|---|
| **ND CTS LOC** | | |
| **Continued Stay Review-12 Month or 12+ Month** | **What it means:** The child is currently in a QRTP or PRTF approaching 12 or over 12 months of admission and the current approval period is expiring. | • Continued Stay Referrals must include a completed copy of ND SFN 826 Continued Stay Review as well as a treatment plan and permanency plan.<br>• Continued Stay Referrals must include a completed copy of ND SFN 831CTS LOC Determination-Attestation and supporting clinical/treatment documentation since the previous review completed by the treatment agency.<br>• There are placement maximums for QRTP. If the child is placed at a QRTP location and a Continued Stay Review-12 Month request is received:<br>○ An approval is required from HHS prior to the referral, for Maximus to process the referral. If approved, HHS will notify Maximus.<br>• An Assessor will be assigned for a face-to- face interview (either onsite or virtual) with the child and required to complete all collateral interviews as well. |
| **Retrospective Review** | **What it means:** The child is currently in a PRTF and has become Medicaid eligible since admission. | • Applicable to PRTF placement only.<br>• Maximus must receive approval from HHS Medical Services to proceed with a Retrospective Review. If a PRTF Retrospective referral is received and Maximus has not yet received notification from the State Contract Officer that approval for the Retrospective Review has been given, per HHS policy the Retrospective Review referral must be placed on hold until receipt of approval from HHS.<br>• All Retrospective referrals must include a completed copy of ND SFN 824 Universal Application.<br>• All retrospective referrals must include a completed ND SFN 831CTS LOC Determination-Attestation completed by the treatment agency.<br>• An Assessor will be assigned for a face-to- face interview (either onsite or virtual) with the child and required to complete all collateral interviews as well. |

## Program Transfers

This is only applicable for PRTFs, QRTP requires a new assessment for program transfers.

PRTFs can now complete a PRTF-PRTF Transfer within 45 calendar days of admission, without a new assessment (CON). If the day of transfer occurs after 45 days from the assessment determination date, and without the child discharging, a Continued Stay Review assessment is required and the assessment must occur prior to program transfer. For children in private custody, the Family Navigator will be responsible for referral submission to Maximus. For a child in public custody, the custodial agency is responsible for referral submission to Maximus. The assessment type (face to face interview versus document-based assessment) will follow an every other assessment cadence based on the assessment type completed prior to. Example: if the child's prior assessment was a document-based review, the child's transfer assessment will be a face-to-face assessment. Or if the child's prior assessment was a face-to-face, the child's transfer assessment will be a document-based review. Once an assessment is complete and child continues to meet transfer level of care,

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the child has 30 days from the determination date for the transfer to occur. Program Transfers and CTS Level of Care Changes also require the necessary documentation including a completed copy of ND SFN 831 CTS LOC Determination-Attestation, supporting clinical/treatment documentation, a treatment plan, a completed copy of ND SFN 826 Continued Stay Review, and a permanency plan (applicable to children in public custody only).

**Note:** Dual approvals are prohibited. If a new referral is submitted outside of continued stay review timelines (e.g., for a transfer to a new location) when a child is already approved for a CTS LOC, the second determination will supersede the prior determination and the child must discharge the current level of care 14-days from the date of the new determination.

## ND CTS LOC Assessment

### Assessment Tool

The age-appropriate, evidence-based, validated functional assessment tool utilized for the ND CTS LOC determinations is the Child and Adolescent Needs and Strengths (CANS).

The CANS is a multi-purpose tool that is the intellectual property of the Praed Foundation. It was developed to support care planning and level of care decision-making, to facilitate quality improvement initiatives, and to allow for monitoring of outcomes of services. The CANS gathers information on the child or youth's and parent/caregiver's needs and strengths.

Each CANS rating suggests different pathways for service planning. There are four levels of rating for each item with specific anchored definitions. These item level definitions are designed to translate into the following action levels, with different scoring designs for needs and strengths.

#### *Basic Design for Rating Needs*

| Rating | Level of Need | Appropriate Action |
|---|---|---|
| 0 | No evidence of need | No action needed |
| 1 | Significant history or possible need that is not currently interfering with functioning | Watchful waiting/prevention activities/ additional assessment |
| 2 | Need interferes with functioning | Action/intervention required |
| 3 | Need is dangerous or disabling | Immediate/intensive action required |

#### *Basic Design for Rating Strengths*

| Rating | Level of Strength | Appropriate Action |
|---|---|---|
| 0 | Centerpiece strength | No action needed |
| 1 | Strength present | Useful in planning |
| 2 | Identified strength | Need to build or develop strength |
| 3 | No strength identified | Strength creation or identification is indicated |

Domains for the CANS being used for ND CTS LOC assessment include:

- Life Functioning Domain
- Strengths
- Cultural Factors Domain
- Caregiver Resources and Needs
- Child Behavioral/Emotional Needs
- Risk Behaviors
- Violence Module items (if a 1, 2, or 3 is chosen for the Danger to Others item)
- Runaway Module items (if a 1, 2, or 3 is chosen for the Runaway item)
- Commercially Sexually Exploited Module (if a 1, 2, or 3 is chosen for the Exploitation/Victimization item)

For more information on the ND CANS and anchor descriptions for each item, please refer to the ND CANS

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Comprehensive Reference Guide found on the Maximus CTS LOC website.

## Participant Involvement for Face-to-Face Assessments

For Initial, Initial-Emergency, Continued Stay Review-6 Month, Continued Stay Review-12 Month, and Retrospective Review referrals, the assessment process requires the Assessor to, at minimum:

- Interview the child face-to-face either in person or via HIPPA compliant virtual platform as determined at the time of referral
- Interview the parent/guardian, or custodial agency of the referring child
- Contact (and interview as successful) additional members of the Permanency Team or collateral contacts identified on the Universal Application or Continued Stay Review reform with a minimum of 3 attempts to contact each, ensuring that if more than one type of contact information is provided, that both are utilized as part of the contact attempts (e.g., by phone and email)

The Assessor will also review all supporting documentation provided with the referral.

## Participant Involvement for DBR Assessments

For Continued Stay Review-3 Month and Continued Stay Review-9 Month referrals, the assessment process requires a Document Based Review. Interviews are not conducted as part of this assessment period and rely on the clinical documentation provided at time of referral.

## Consumer Safety Concerns and Assessment Best Practices

### *Abuse, Neglect, Exploitation, and Duty to Warn*

If an Assessor or Maximus staff suspects abuse, neglect, or exploitation of a child during an assessment, they are required to follow the Maximus gold standard process documented in the Recognizing and Reporting Consumer Safety Concerns and notify HHS within 48 hours.

Anyone who suspects that a child is being abused, neglected, or exploited is required by North Dakota law to call **1-800-958-3500**, North Dakota's toll-free Child Abuse & Neglect Reporting Line.

### *Trauma Informed Assessments*

Maximus reinforces the expectation that staff strive to be trauma informed. This means being knowledgeable about the commonness of trauma and conducting themselves in a way that offers others safety and support. In day-to-day practice, this includes Assessor helping participants understand the sensitivity and purpose of the assessment questions and being sensitive and empathetic to the participant's needs and reactions. Even in the absence of trauma, the process of interviewing guardians or caregivers takes a careful approach since emotional responses, such as anxiety, anger, and grief, are possible.

Substance Abuse and Mental Health Services Administration (SAMHSA) defines trauma as individual trauma resulting from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

A trauma-informed approach involves recognizing, understanding, and responding to the effects of trauma. This approach shifts understanding away from controlling or fixing the behavior toward recognizing that trauma experiences create reactions that make sense during a traumatic experience but that do not positively serve the person afterward. Understanding how trauma impacts a person can lead to more effective and compassionate interactions.

While everyone reacts differently to trauma, some common reactions can include:

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- Detachment from or negative sense of self
- Diminished sense of safety
- Strained relationships
- Jaded, fearful, or mistrustful of the world or other people
- Difficulty regulating emotions
- Decline in performance at school or work
- Physical responses (e.g., upset stomach, trouble eating or sleeping, pounding heart, rapid breathing, feeling shaky)
- Impaired cognitive functioning (e.g., memory, focus)

### *Awareness of Implicit Cultural Bias*

Children from different identify groups are often represented disproportionately in the child welfare system and are at high risk of receiving disparate services. Utilizing assessment tools that rate child or youth on normative scales comes inherently with a risk of misrepresenting or labeling their needs. Use of the CANS can help combat this, as one of the CANS principles that guides administration of the assessment involves taking cultural and developmental norms into consideration when scoring.

## ND CTS LOC Quality Review and Clinical Determination of the Appropriate LOC

### Clinical Reviewer Quality Review Goals

The Clinical Reviewer determination is based on the interview, CANS assessment, and supporting documentation. The Clinical Reviewer's role is to maintain a tight-knit quality control process through the following tasks:

1. Providing a quality review on the CANS assessment completed by the Assessor's (for face-to-face assessments).
2. Reviewing the CANS and relevant supporting documentation (and prior assessments as applicable), applying North-Dakota specific decision rules, and identifying an outcome regarding the most appropriate and least restrictive level of care in line with the child's needs.
3. Completing the Determination Report in conformance with North Dakota requirements and Maximus standards, including each required State and federal element for determinations.

### Clinical Reviewer Quality Review

The Clinical Reviewer completes a quality review of 100% of face-to-face ND CTS LOC assessments. Assessor quality is documented using the ND CTS LOC Assessor Quality Tool. Assessor quality expectations are based on adherence to quality benchmarks outlined in the NDHHS contract with Maximus and are focused on primary expectations that the Assessor returns the assessment on time, includes all required participants and/or makes sufficient contact attempts, performed a complete and individualized assessment, uses person-centered language with a focus on factual and accurate descriptions of the child or youth's needs and strengths, and completes the CANS accurately based on anchored definitions in the CANS manual.

### Determining the Most Appropriate and Least Restrictive LOC

Potential outcomes for ND CTS LOC Determinations are as follows, and please note the minimum age requirement associated by each outcome. If a child meets clinical criteria for a level of care, they are excluded from based on age, please refer to next lower level of care for recommendation:

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| Outcome | Age Requirements | Placement Maximums | Approval Periods and Clinical Explanation |
|---|---|---|---|
| **Standard Community Setting Appropriate** | Not applicable; any age can be recommended for community placement | N/A | **There is no Approval Period for this outcome.**<br><br>The child or youth has no or minimal Behavioral and Emotional Needs, Risk Behaviors, and/or Life Functioning needs **OR** the assessment determined there has been insufficient community behavioral health services or supports implemented in the last 90 days.<br>If referral is a child welfare referral, needs are below the threshold for Treatment Foster Care. If referral is non-child welfare, needs are below the threshold for QRTP. |
| **Treatment Foster Care Appropriate** | Applicable to ages 6 and over | 12 consecutive months<br>18 non-consecutive months | **180-Day Approval Period**<br><br>**Note: This level of care is only applicable referrals for children in public custody.** The child or youth was referred by child welfare and Behavioral and Emotional Needs, Risk Behaviors, and/or Life Functioning needs meet at least minimal threshold on the Clinical Decision Support Model for Treatment Foster Care criteria. |
| **QRTP Appropriate**<br>• **Difficulty of Care Level: Base**<br>• **Difficulty of Care Level: 2**<br>• **Difficulty of Care Level: 3** | Applicable to age 10 and over | Children aged 13 and over:<br>12 consecutive months<br>18 non-consecutive months<br>Children aged 12 and younger:<br>6 months | **180-Day Approval Period for Initial and Initial-Emergency assessments**<br><br>**90-Day Approval Period for Continued Stay Review assessments**<br><br>The child or youth has Behavioral and Emotional Needs and Risk Behaviors present that meet at least minimal threshold for ND Residential Treatment criteria. At least one Risk Behavior that is dangerous or disabling or two that are impacting functioning must be present as aligned with the ND Clinical Decision Support Model. Clinical judgment can be applied to recommend a lower level than QRTP as appropriate. If QRTP is determined to be appropriate, the Clinical Reviewer must apply the Difficulty of Care logic to determine the Difficulty of Care Level. |
| **PRTF Appropriate** | Applicable to age 5 and over | N/A | **90-Day Approval Period**<br><br>The child or youth has a DSM diagnosis and Risk Behaviors present to the extent that they are dangerous or disabling and/or chronic and severe in nature. All ND Residential Treatment Criteria and PRTF criteria must be met for approval. |
| **Higher Level of Care Appropriate** | Not applicable; any age can be recommended for higher level of care | N/A | **There is no Approval Period for this outcome.**<br><br>Although Maximus cannot provide authorization for payment of acute hospitalization through the ND CTS LOC determination process, the Clinical Reviewer can determine that a child or youth's needs present too extreme of a current risk of harm even for PRTF and note that an acute level of care should be explored. |

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## Considerations to Apply for ND Residential Treatment Criteria to Promote the Least Restrictive Environment

**When determining the appropriate outcome, the Clinical Reviewer determines the least restrictive setting for which the child or youth meets criteria and is allowable given the referral type. Some clinical judgment considerations that can be taken into account that support the least restrictive environment determination include:**

- Has a less restrictive level of care been attempted or is there rationale in the clinical documentation for why a less restrictive level of care may not meet the identified needs?
- Applicable to Treatment Foster Care: Have community behavioral health services and supports been utilized and exhausted? Before seeking out-of-home placement or residential treatment, community behavioral health services are necessary to ensure the least restrictive level of care outcome is provided.
- Where is the child or youth currently at the time of assessment? The current location of a child is taken into consideration when determining level of care, as if they are in an acute setting at the time of assessment and their needs will likely present as less intensive at the time of discharge, a lower level of care may be appropriate.
- Has the child or youth been in a residential treatment setting for an extended period (e.g., 6+ months) and there is no identified improvement in conditions? Maximus may take the length of stay and lack of improvement into consideration when determining level of care and they may recommend treatment in the community as the continued stay may be non-therapeutic.
- Are the behaviors that result in meeting approval criteria a pattern of behavioral risk, or are they isolated events and can they be easily mitigated? If behaviors are isolated and can be easily mitigated, a lower level of care or community setting may be more appropriate, as they can potentially be treated in the community with appropriate safety planning.
- Do the present risk behaviors only occur in one life domain (e.g., only at home, but at school there is no indication of risk)? If yes, this is taken into consideration and a recommendation for a lower level of care may be made.
- What is the child or youth's age, both chronologically and developmentally? A child's age is taken into consideration when making a determination, as a lower level of care may be more appropriate given their level of development.

## Exclusionary Criteria Information

Per the ND Clinical Decision Support Model, ND Child Welfare Policy 624-05, Medical Services, and the Behavioral Health Division, certain exclusion criteria can result in a family or community placement recommendation for children referred for a residential placement. Exclusionary Criteria may include, but is not limited to: a shortage or lack of foster family homes or community placements, insufficient community services and supports attempted or implemented prior to seeking out-of-home placements, children who have remained in a residential setting for a prolonged period of time, multiple repeated admissions to residential settings with minimal or no response to treatment interventions, and/or demonstrating no marked improvement or an overall regression in treatment as a result of a lack of permanency and discharge planning. All clinical criteria will be assessed for need but, should these conditions be assessed, it is possible a residential level of care will not be recommended.

If a child is determined to meet exclusionary criteria following review of the clinical decision support model and clinical staffing from ND state personnel (BHD, CFS, HSC, Medical Services), the child must remain in, or return to, a family or community placement. The treatment team must coordinate appropriate services, supports, and safety planning in order to maintain or reestablish connection with the community and work towards maintaining a long-term family placement.

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### *TFC Decision Support Model*

To be determined appropriate for TFC, a child or youth MUST be referred by child welfare AND all of the following must be met (if a child or youth meets TFC criteria but is NOT referred by child welfare, **Standard Community Setting Appropriate** outcome must be chosen).
In addition to a mental or behavioral health diagnosis, the child must have at least two or more co-occurring symptoms/behaviors noted below:

| |
|---|
| Peer relationship issues-significant disruptions with peer relationships. May have no friends or have constant conflict with others, |
| Suicidal ideation that can be managed with a safety plan that assesses severity, frequency, and intensity of risk |
| Self-harm that can be managed with a safety plan that assesses severity, frequency, and intensity of risk |
| Harm to pets that can be managed in a home setting |
| Property destruction |
| Delinquent behavior (shoplifting, probation, current or pending legal charges) |
| Impulsivity that interferes with functioning and requires services and interventions |
| Tantrums for extended periods of time |
| Self-care/hygiene issues that interfere with functioning and require services and interventions |
| School misbehavior that interferes with functioning and requires services and interventions |
| Substance use that can be managed with a safety plan that assesses severity, intensity, and frequency of risk |
| Emotional or impulsive aggression |
| Encopresis/enuresis |
| Sexual exploitation |
| Also taken into consideration: |
| Placement disruptions due to behaviors (not related to custodial preference or provider circumstances); Frequent documented involvement with multiple service providers |

### How the CANS Is Used to Apply TFC Criteria

| TFC Criteria | Applicable CANS Items |
|---|---|
| Peer relationship issues-significant disruptions with peer relationships. May have no friends or have constant conflict with others, | Social Functioning |
| Suicidal ideation that can be managed with a safety plan that assesses severity, frequency, and intensity of risk | Suicide Risk |
| Self-harm that can be managed with a safety plan that assesses severity, frequency, and intensity of risk | Non-Suicidal Self-Injurious Behavior |

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| | |
|---|---|
| Harm to pets that can be managed in a home setting | Animal Cruelty |
| Property destruction | Danger to Others and/or Anger Control |
| Delinquent behavior (shoplifting, probation, current or pending legal charges) | Delinquent Behavior |
| Impulsivity that interferes with functioning and requires services and interventions | Impulsivity/Hyperactivity |
| Tantrums for extended periods of time | Anger Control |
| Self-care/hygiene issues that interfere with functioning and require services and interventions | Self-Care |
| School misbehavior that interferes with functioning and requires services and interventions | School Behavior |
| Substance use that can be managed with a safety plan that assesses severity, intensity, and frequency of risk | Substance Use |
| Emotional or impulsive aggression | Danger to Others and/or Anger Control |
| Encopresis/enuresis | Self-Care |
| Sexual exploitation | Exploitation/Victimization |

### *North Dakota Residential Treatment Criteria and Decision Support Model*

To be appropriate for residential treatment in North Dakota, a child must meet all the following (must meet Criterion A **AND** Criterion B to be determined appropriate for residential LOC).

**Criterion A**

At least two behavioral/emotional needs that are dangerous/disabling or at least three behavioral/emotional needs impacting functioning.

| Dangerous/Disabling Description | Impacting Functioning Description |
|---|---|
| **Psychosis**-hallucinations, delusions, or other indication of thought disorder present at a disabling level | **Psychosis**-presence of intermittent delusions or hallucinations that are impacting functioning |
| **Impulsivity/Hyperactivity**-impulsive, distractive, or hyperactive behavior that places the youth at risk of harm | **Impulsivity/Hyperactivity**-clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with functioning |
| **Depression**-clear evidence of severe depression (e.g., stays in bed all day, or emotional symptoms prevent any participation in school, social, or family life) | **Depression**-presence of depressed mood or significant irritability that interferes with functioning |
| **Anxiety**-debilitating anxiety | **Anxiety**-anxious mood or significant fearfulness that interferes with functioning |
| **Oppositional**-severe problems with compliance with rules or adult instruction or authority | **Oppositional**-oppositional and/or defiant behavior towards authority figures that interferes with functioning |

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| | |
|---|---|
| **Conduct**-severe level of aggressive or antisocial behavior that places the youth or community at risk of harm | **Conduct**-presence of antisocial behavior (e.g., lying, stealing, manipulating others, sexual aggression, violence towards people, property, or animals) |
| **Adjustment to Trauma**-debilitating level of trauma symptoms (e.g., flashbacks, nightmares, significant anxiety, intrusive thoughts, and/or re-experiencing trauma) | **Adjustment to Trauma**-adjustment problems associated with trauma life event(s); adjustment is interfering with functioning |
| **Attachment Difficulties**-unable to form attachment relationships with others OR present with diffuse emotional/physical boundaries leading to indiscriminate attachment with others | **Attachment Difficulties**-problems with attachment that interfere with functioning (e.g., ongoing difficulties with separation, consistent avoidance of contact with caregivers, and/or ongoing difficulties with physical or emotional boundaries with others) |
| **Anger Control**-temper or anger control problem may be dangerous; others likely fear the youth | **Anger Control**-temper has resulted in trouble with peers, family, and/or school |
| **Substance Use**-substance use problem represents complications to functional issues (e.g., danger to self, public safety issue) | **Substance Use**-substance use consistently interferes with ability to function optimally, but does not completely preclude functioning in an unstructured setting |

**Criterion B**

One of the following columns is met.

| At least one ‘of the following is present: | At least two of the following are present: |
|---|---|
| Frequent or severe level of physical aggression toward others | Moderate physical aggression that is typically not responsive to de-escalation |
| Suicidal ideation that is ongoing with history of impulsivity and/or carrying out suicidal gestures | Recent suicidal ideation where intent or gestures were present |
| Self-injurious behavior that is significant enough to put the youth’s health at risk | Self-injurious behavior that puts the youth at risk of needing medical evaluation or attention |
| Reckless or intentional risk-taking behavior (other than suicide risk or self-injurious behavior) that puts the youth at significant risk of physical harm | Reckless or intentional risk-taking behavior that may put the youth at risk of danger or physical harm |
| Sexually aggressive behaviors that present with significant danger (e.g., involving sexual penetration) | Sexually aggressive behaviors involving inappropriate touching of others with force or power differential present |
| | Delinquent behavior with identified risk to the youth or community |
| | Repeated fire setting behavior |
| | Runaway behavior present that occurs in conjunction with other unsafe behavior |

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## Considerations For Recommending Lower LOC Due to Strengths

| Presence of three or more significant or centerpiece Strengths can mitigate the need for residential treatment even if Criterion A and B are met. |
|---|
| Family Strengths |
| Interpersonal |
| Optimism |
| Educational Setting |
| Vocational |
| Talents/Interests |
| Spiritual/Religious |
| Community Life |
| Relationship Permanence |
| Resiliency |
| Resourcefulness |
| Cultural Identity |
| Natural Supports |

## QRTP Difficulty of Care Logic

Maximus has collaborated with ND's Children and Family Services (CFS) to develop strategies for identifying higher needs children and adolescents, using scoring on the CANS as indicators that higher needs are present. We recognize that children and adolescents with higher needs and higher risk behaviors present may require additional supports and services in order to meet those needs. Using a rate setting strategy, this allows for providing additional resources to QRTPs when accepting a child or adolescent with higher needs to ensure that those higher needs have more potential to be addressed. In developing this strategy, Maximus and NDHHS considered behaviors that are typically considered higher risk and behaviors that have historically resulted in discharge from services and also took into consideration feedback from stakeholders regarding needs that have historically been challenging to meet.

Behaviors and needs taken into consideration are weighed differently depending on the severity. Behaviors considered at a lesser severity include significant socially inappropriate behaviors, risk of self-injury, and frequent runaway behaviors and behaviors considered to be at higher risk include thoughts and behaviors associated with taking one's life, fire setting, sexually aggressive behaviors, violent behaviors, and significant criminal behaviors that put the child or adolescent or others at risk. Needs are weighted based on the severity and intensity present for that child or adolescent. Based on the total weighted score of needs, each child or adolescent falls into a base level of needs that are typically expected to be met in a QRTP setting, Level 2 meaning that needs are present that likely require some level of additional support to meet the needs present,

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or Level 3 meaning that there are significant needs present and the QRTP likely needs significant support to meet the child or adolescent's needs.

- Base Level: Children and adolescents that fall into the base level of needs typically have needs present that present enough risk to be appropriate for the QRTP level of care, but the QRTP could reasonably be expected to meet those needs. This likely means the needs that are present are either specific to one or two areas or at a lower frequency and/or intensity.
- Level 2: Children and adolescents that fall into Level 2 typically have either a higher frequency of risk behaviors present or the needs they have are at a moderate level of risk and/or intensity and could potentially disrupt their own treatment or the treatment of others without additional supports.
- Level 3: Children and adolescents that fall into Level 3 typically have a high frequency of risk behaviors and the risk behaviors they have that are present are likely to have potential to disrupt their own treatment or the treatment of others without additional supports present.

## *PRTF Clinical Decisions and Alignment of the CANS with PRTF Medicaid Criteria*

As the ND CTS LOC determination serves as the CMS-required utilization review process for Medicaid payment to be approved for PRTF services, Maximus applies the PRTF criteria developed in partnership with HHS through a series of clinical alignment sessions. Although there is a full set of PRTF criteria, the clinical needs present do align with Needs on the CANS, as discussed in further detail below.

### PRTF Basic Criteria

PRTF criteria includes some basic admission criteria that should also be met along with establishing medical necessity:

- The child or youth must have a DSM diagnosis not solely due to an intellectual or developmental disability or a substance use diagnosis. The diagnosis should indicate the presence of a psychiatric condition which is moderate to severe in nature, and which has had a serious impact on the child or youth's family, school, or social functioning. The child or youth must not have a current unstable medical condition or present with psychiatric symptoms that require acute intervention due to significant immediate risk of harm. If an intellectual or developmental disability is present, there is indication that the recipient has the capacity to acquire habilitative and rehabilitative skills based on their adaptive functioning.
- The admission must not be used primarily as:
  a. An alternative to incarceration or means to ensure community safety in a child or child or youth exhibiting primarily antisocial behavior that poses a risk to community safety
  b. The equivalent of safe housing or a permanency placement
  c. An alternative to a parent/guardian's or other agency's capacity to provide for the child or child or youth, or
  d. An intervention when other less restrictive alternatives are available and not being used.

### PRTF Admission Criteria

Before payment by the Department may be authorized, child must (1) meet ND Residential Treatment Criteria AND (2) meet the following criteria for admission to a PRTF.

| **Criterion A**<br>**Ambulatory resources do not meet the treatment needs of the recipient.** |
|---|
| **To meet this requirement, BOTH of the following must be met (A and B).** |
| **A.** The child or child or youth has behaviors or conditions that require intensive treatment with continuous monitoring under the direction of a physician and receiving treatment in a lower level of care would result in risk of admission or readmission into an acute psychiatric hospital.<br>**B.** Community resources have been determined not to meet the current treatment needs of the child or child or youth as indicated by ONE (1) of the following (a or b): |

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**a.** The child or child or youth has participated in community services such as individual, family, and/or group psychotherapy, psychiatric medication management, or rehabilitative services and these services have not produced substantive improvement in behaviors or psychiatric symptoms.
**b.** The child or child or youth's psychiatric condition prohibits using community services because of 1 of the following:
  **i.** Multiple acute admissions prohibit consistent use of community services
  **ii.** The behaviors or psychiatric condition are so severe that they prohibit consistent use of community services

The family, school, agency, or community's efforts to manage the behaviors or psychiatric condition have exhausted all available and accessible resources

**Criterion B**
**Proper treatment of the recipient's psychiatric condition requires services on an inpatient basis under the direction of a physician.**

**Symptoms or functional impairment of a severe or persistent nature are present related to the child or child or youth's psychiatric condition that pose a risk of danger to self or others as indicated by at least ONE (1) of the following Note: These symptoms or functional impairment correspond with CANS Needs, which are in parentheses beside the criteria.**

**A.** Self-harm that is present on a repeated or daily basis that results in a need for medical attention **(Non-Suicidal Self-Injurious Behavior)**
**B.** Suicidal ideations present with intent but that is responsive to de-escalation and does not warrant acute treatment for stabilization **(Suicide Risk)**
**C.** Chronic suicidal ideation, behaviors, or gestures **(Suicide Risk)**
**D.** Physical aggression that is frequent and unprovoked, planned, or intended to instigate violence in others and has been unresponsive to intervention **(Danger to Others)**
**E.** Chronic sexually abusive behaviors that involve power differential and/or force **(Sexual Aggression)**
**F.** Pattern of behaviors that pose a direct risk to self and/or the community due to significant endangerment (e.g., fire setting, theft by force, violence toward animals, reckless endangerment with a vehicle, etc.) **(Delinquent Behavior or Fire Setting)**
**G.** Consistent basic impairment in ability to meet physical self-care needs for nutrition, sleep, hygiene, rest, stimulation, etc. **(Self-Care)**
**H.** Impaired reality testing and orientation to the extent that there is an inability to negotiate the basic environment or participate in family/school/social environment **(Psychosis)**

## PRTF Continued Stay Criteria

For PRTF CSRs, for Medicaid payment to be authorized for the continued stay, ALL of the Admission criteria must be met as well as the below.

**To be eligible for continued Medicaid payment in a PRTF, ALL the following conditions must be met:**

**A.** The recipient's ongoing treatment plan must include the child or youth's strengths, developmental needs, problem areas, treatment goals and objectives, which are based upon integration of the preadmission/admission assessments.
**B.** The child or youth is receiving active treatment. The child or youth is responding to the therapeutic services. Progress is documented in the medical record.
**C.** The child or youth demonstrates reasonable likelihood of substantial benefit as a result of active continuation in the therapeutic program or a high likelihood of significant deterioration in the recipient's condition without continued care in the residential settings. Benefits for this level of care are demonstrated by objective behavioral measurement of improvement.
**D.** The recipient's family or caregiver(s) are actively involved in treatment and making progress toward goals; or there is documentation of family or caregiver inability or unwillingness to participate and the provider has documented efforts to engage family or caregiver.
**E.** Discharge planning is active, documented, and reflective of treatment needs and residential status.

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### *Circumstances That May Warrant Override of the Clinical Decision Support Models/Criterion Due to Need for Higher Level of Care*

Although Maximus cannot provide an authorization for payment for acute inpatient hospitalization through the ND CTS LOC determination (the Acute Review process would need to be completed), Clinical Reviewers may determine that a child or youth's current needs are too significant of a risk even for PRTF and choose the outcome that a higher level of care is appropriate and should be explored. The chart below outlines specific clinical anchors (that go beyond just the CANS score of 3) that, if present, could warrant a Higher Level of Care Appropriate outcome.

| CANS Need | Clinical Anchors Present with Need That May Warrant Higher Level of Care |
|---|---|
| Psychosis | • Command Hallucinations/Delusions that involve self-harm or harm to others<br>• Imminently dangerous inability to care adequately for his/her own physical needs due to disorganized or disordered behavior (may present as complete neglect of and inability to attend to self-care/hygiene/control of biological functions)<br>• Inability to perceive reality to the extent that he/she is unable to participate in their immediate basic environment<br>• Catatonic or delirious state |
| Non-Suicidal Self-Injurious Behavior | • Ongoing acutely self-endangering behavior requiring 1:1 observation and restrictions to prevent injury requiring medical intervention<br>• Neglect of basic physical needs or purposeful neglect of an existing medical condition with intent to cause self-harm to the point of serious endangerment or death |
| Suicide Risk | • Current suicidal ideation or behavior with a plan or in the presence of command hallucinations/delusions that override the ability to exhibit impulse control<br>• Ongoing need for 1:1 observation and restrictions due to ongoing plan |
| Danger to Others | • Current homicidal ideation with intent OR in the presence of command hallucinations/delusions that override the ability to exhibit impulse control |
| Substance Use | • Substance use is present with current severe withdrawals (or imminent risk) requiring intensive active medical management (typically due to heroin, prescription opioids, alcohol, and/or benzodiazepines) |

### ND CTS LOC Physician Review

The Maximus Medical Director reviews assessments in the following circumstances:

1. Any review, regardless of type, where the individual referred is a child of 6 years old or younger and PRTF Appropriate is the outcome recommended.
2. All Initial and Initial-Emergency reviews where PRTF Appropriate is the outcome recommended, as this serves as the Certification of Need.
3. All Continued Stay Reviews where the child was placed in a PRTF and rather than providing a PRTF, QRTP, or TFC approval, Maximus is issuing a standard community outcome.
4. All Continued Stay Reviews where the youth is placed in a level of care outside of PRTF (i.e. TFC or QRTP) and Maximus is making a recommendation of a PRTF level of care.

All the above outcome scenarios are applicable to the Reconsideration Request outcome, too.

## ND CTS LOC Determination Report

As part of the ND CTS LOC Determination process, a Determination Report is completed. The report includes:

a. The determination of the most appropriate setting for the child or youth's care and an outcome-specific rationale for why that level was chosen.
b. A summary of the circumstances of why the child or youth is being referred now and a high-level timeline of key events that led to the referral.
c. A summary of the child or youth's service history.

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d. The child or youth's strengths and needs, with rationales.
e. The child or youth's short- and long-term mental and behavioral health goals and the interventions needed to address these goals based on the Needs and Strengths identified in the CANS
f. If applicable, the barriers to the child or youth/family progress toward treatment goals and steps that could be taken to overcome any barriers
g. The placement preference as determined by the child or youth, family, and permanency team (or identified supports)

## Issuing Notification for ND CTS LOC Determinations

All determinations are issued via secure encrypted email from the ND CTS LOC Help Desk (NDCTS@Maximus.com). For more information regarding use of encrypted email services, please visit the Maximus Secure Email User Guide by clicking here.

## PathTracker: Admissions, Discharges, Transfers, and Changes to QRTP Difficulty of Care Levels

HHS relies on accurate information in AssessmentPro to determine approval periods for children entering TFC, QRTPs, and PRTFs, to assess federal and state placement maximums, as well as ensure payment alignment. To provide accurate approval periods and relevant data to HHS, providers must notify Maximus of program entry dates. If a child for whom Maximus completed a CTS LOC determination for enters a facility, the provider must provide the date of entry via PathTracker. This will allow Maximus to update AssessmentPro to include an effective date and an end date, which creates an updated determination report outlining the approval period. Once Maximus receives the date of admission, Maximus will update the report within one business day and re-send to the appropriate entity.

Maximus will use the PathTracker tool for collection of admissions, discharges, transfers, and changes to QRTP Difficulty of Care levels (applicable to QRTPs only). HHS has requested for PathTracker to be updated within 7 calendar days of a child's admission, discharge, transfer, or difficulty of care level.

To learn more about the PathTracker tool, please visit the Maximus CTS LOC web page for a review of resources, such as the user guide and tutorial video.

## Reconsiderations, Extensions, and Court Notification for ND CTS LOC Determinations

Desk reconsideration and appeal processes are recourse opportunities for providers, custodial agencies, parents/guardians (and recipients) to disagree with adverse determinations. Desk reconsiderations allow the referral source to attempt to justify medical necessity of the child or youth's treatment based on either new information or information that was not available at the time of the clinical review. If this does not resolve the disagreement in determination, the process may proceed to appeal. An appeal is a request from a recipient or his/her authorized representative to disagree with a denial for services and the opportunity to present his/her case to a reviewing authority.

### Desk Reconsideration Process

The Desk Reconsideration Process for CTS LOC occurs as follows:

1. For Initial and Initial Emergency referrals, the Family Navigator for children in private custody or the Custodial Case Worker for children in public custody can submit the reconsideration request. For CSRs, the QRTP or PRTF submits for children in private custody and the Custodial Case Worker submits for children in public custody. The appropriate entity contacts Maximus via email within 3 business days of the determination to request the reconsideration and provide any additional documentation disputing the basis for the determination. The reconsideration request form and instructions can be found on the Maximus CTS LOC website.

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2. The Maximus Clinical Reviewer (and Medical Director, if applicable, based on review type, age, and determination) will complete the desk reconsideration within 1 business day of receipt of the clinical information.
3. Notification of all final determinations will include rationale for the determination based upon the criteria.
4. If the desk reconsideration review upholds the adverse determination, the option to appeal remains available. The Department is not responsible for payment to the provider for services provided to the recipient during the desk reconsideration. If the outcome of the desk reconsideration reverses the denial, payment for services will be retroactive to the date of the disputed adverse decision.
    - Applicable to seeking placement in a Psychiatric Residential Treatment Facility (PRTF) only: If a request for a desk reconsideration is not made within three days of this notice, submission of a written request within 30 days of this notice for appeal for placement in a PRTF by the individual or his or her legal representative may be made to:

**Appeals Supervisor, Legal Advisory Unit**
North Dakota Health and Human Services
600 E. Boulevard Ave., Dept. 325
Bismarck, ND 58505-0250
Phone: (701) 328-2311
Toll-Free: (800) 472-2622
Fax: (701) 328-2173
Email: dhslau@nd.gov

## 14-Day Extension Requests

For PRTF, QRTP, and TFC Appropriate determinations, 14-day extension requests can be made if the child is being requested to remain in the current setting up to 14 days past a current approval period. This allows a child to remain in the setting to reach their discharge date without requiring a new assessment when a discharge plan is already place.

The request should include a clear discharge plan and discharge date that falls within 14 days of the current approval period. 14- Day Extension Request and instructions can be found on the Maximus CTS LOC website. The Clinical Reviewer will review the request and determine if the 14-day extension can be granted. Regardless of outcome, the Clinical Reviewer will include number of days approved (0-14), update the end date to match days approved, and add the rational in AssessmentPro. Once those steps are complete, the Clinical Reviewer will reprint the Determination Report and email to the submitter within 1 business day. Submission of the 14-day Extension Request should be submitted prior to the expiration of the existing approval period.

Applicable to PRTF: Extension of approval periods ***may*** be considered for children in private and public custody for up to 14 days pending HHS review and approval. Formal requests must be submitted to Maximus with the completed 14-Day Extension Request form and emailed to the Help Desk. Maximus will provide the request to HHS for consideration.

For children in public custody, the 14-Day Extension Request should be submitted by the Custodial Case Worker. For children in private custody, the 14-Day Extension Request should be submitted by the residential treatment provider.

If the request requires an approval period for longer than 14 days, then a Continued Stay Review request will need to be completed with the required referral and supporting documentation.

## Admission Extension Requests

The Children's Treatment Services Level of Care (CTS LOC) assessment is always based on a child's current and consistent symptoms and behaviors for residential treatment. The allowable period for admission into residential treatment services is 30 days post the CTS LOC determination, outlined in the cover letter of the issued

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determination report. If a youth does not admit within 30 days, a new assessment is required.

An exception to this *may* be granted for up to 14 additional days, unless otherwise determined by the department, for admission to occur. For consideration, the Admission Extension Request Form must be completed and submitted to Maximus. Maximus will then coordinate with HHS department review and outcome.

### Court Notification

Maximus is responsible for following Title IV-E and FFPSA guidelines associated with QRTP outcomes, to align with the 60-day court review process. As such, Maximus is required to either e-file on the ND court website for children in public custody associated with Human Service Zones or DJS or email the associated court if a child is in custody of Tribal Social Services. Effective 07.01.2024, Children and Family Services (CFS) implemented a policy that ONLY QRTP determinations, reconsiderations with QRTP outcomes, and 14-day extension requests are required for upload and/or tribal email for children in public custody. Notification includes the determination report and all related supporting documentation attached to the referral, combined into one PDF document often referenced as the court packet.

## Background and Scope for Acute Inpatient Utilization Reviews

The federal government allows states the option of having Medicaid cover inpatient psychiatric services for individuals under the age of 21 (known as 'the Under 21 benefit'). Services can be provided in psychiatric hospitals, psychiatric units in a hospital, or PRTFs. Although this is an optional benefit, most states opt to provide it, as it is a significant means for Medicaid to cover the cost of inpatient mental health services. Typically, Medicaid does not reimburse states for the cost of institutions for mental diseases (IMDs), but the under 21 benefit allows Medicaid to reimburse inpatient psychiatric services for people under 21 (note that people who are under 21 at the time of admission may continue receiving care, as authorized, until age 22, at which point the person must transition into community services, or non-Medicaid covered inpatient services). Federal regulations regarding the Under 21 Benefit can be found at the Code of Federal Regulations (CFR), Title 42, CFR 441 Subpart D and CFR 438 Subpart G.

The Certificate of Need (CON) required for PRTF reviews is also required for acute inpatient hospitalization. As a reminder, the CON involves a certification that:

1. Ambulatory care resources available in the community do not meet the treatment needs of the beneficiary.
2. Proper treatment of the beneficiary's psychiatric condition requires services on an inpatient basis under the direction of a physician; and
3. The services can reasonably be expected to improve the beneficiary's condition or prevent further regression so that the services will no longer be needed.

For youth who apply for Medicaid while admitted to an acute facility (known as Retrospective Reviews) or emergency admissions (Acute Emergency in ND U21-which are the majority of acute inpatient reviews), the team responsible for the plan of care (the provider) provides a CON form to Maximus, which is required for Maximus to then complete additional utilization review process steps. **Note:** For Retrospective Reviews, the CON form is only required if the youth is still in the facility or program at the time of the review. For circumstances where the facility or program is required to provide the CON form, the provider team must include as a minimum of 2 team members:

- A Board-certified/eligible psychiatrist; or
- A clinical psychologist who has a doctoral degree and a physician licensed to practice medicine osteopathy; or
- A physician licensed to practice medicine or osteopathy with specialized training and experience in the diagnosis and treatment of mental illness, and a psychologist who has a master's degree in clinical psychology or who has been certified by the State or by the State psychological association.

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The team must also include 1 of the following:

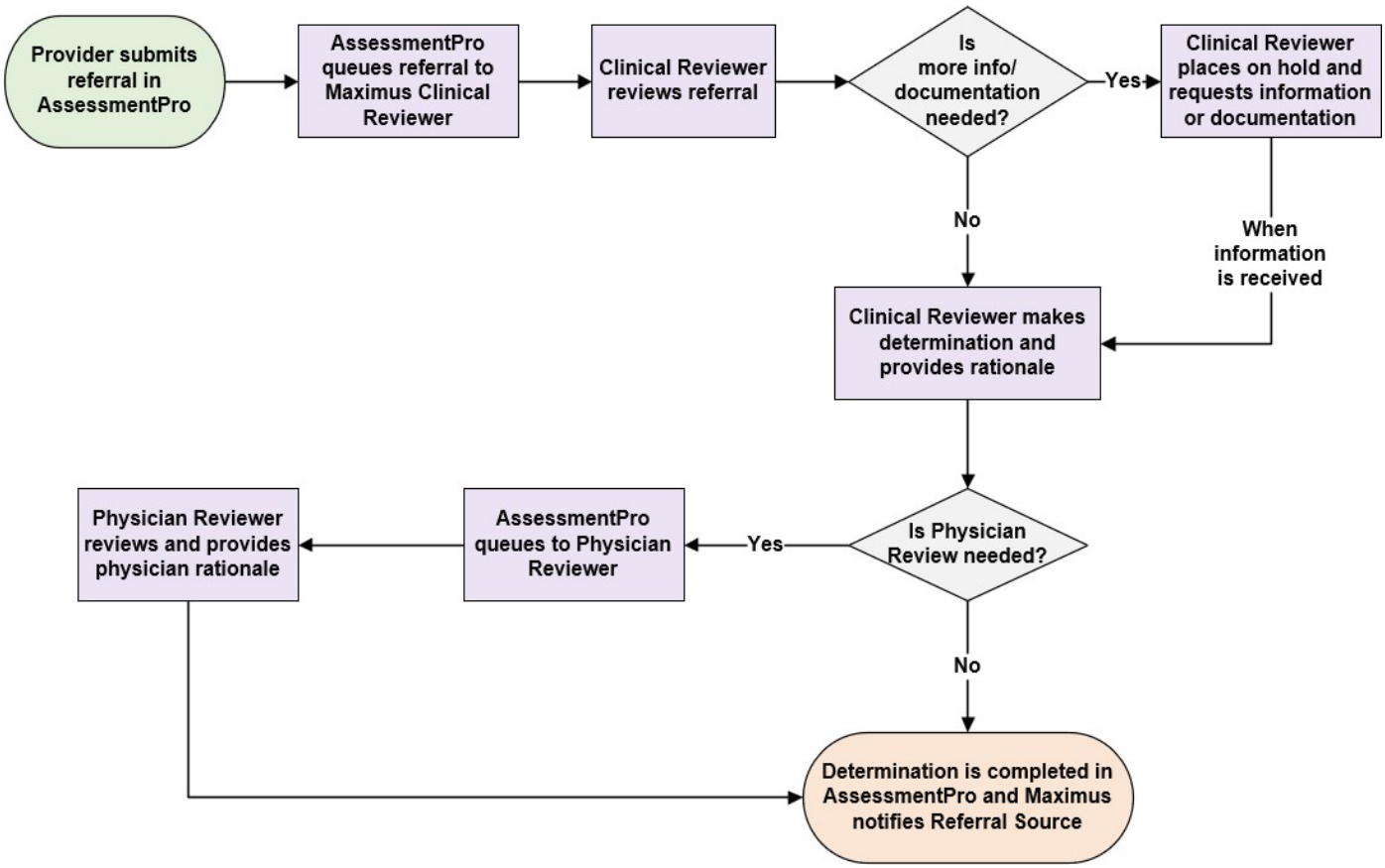
- A psychiatric social worker
- A registered nurse with specialized training of 1 year's experiencing in treating individuals with mental illness
- An occupational therapist who is licensed, if required by the State, and who has specialized training or 1 year of experience in treating individuals with mental illness
- A psychologist who has a master's degree in clinical psychology or who has been certified by the State or by the State psychological association.

### Definition of Acute Inpatient Services

Acute inpatient services are provided in a secure psychiatric hospital or psychiatric unit to treat symptoms so severe that in the absence of psychiatric intervention could potentially result in increased serious dysfunction, death, or harm to self or others.

## ND Acute Review Workflow

*Figure 4: U21 Acute Review Process*




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## Types of Acute Review Referrals

| Type of Referral | What does this mean? |
|---|---|
| **Acute Reviews** | |
| **Acute Elective** | **What it means:** The child or youth has experienced a relatively sudden and severe onset of a psychiatric condition and/or symptoms that may present with a significant and immediate danger to the child or youth, others, or public safety. Acute treatment is being requested to quickly address the need and move the child or youth to a less restrictive environment. Although the request is urgent, it is not as urgent as an Acute Emergency referral and the admission is planned. For ND U21, Acute Elective referrals have typically and historically occurred for child or youth being referred for admission to an eating disorder program.<br><br>**What the provider needs to do:** The provider must verify the child or youth's Medicaid status and if applicable, submit the Acute Elective referral on the day of admission or up to 3 days prior to admission. |
| **Acute Emergency** | **What it means:** The child or youth has experienced a sudden, urgent, and severe onset of a psychiatric condition and/or symptoms that may present with a significant and immediate danger to the child or youth, others, or public safety. Symptoms are characterized by suicidal ideations/gestures, homicidal ideations/gestures, and/or psychosis (or in some limited circumstances, primary substance abuse) to the extent that immediate medical attention is being requested because there is reasonable expectation that the absence of acute psychiatric services may result in serious dysfunction, death, or harm to another person.<br>**What the provider needs to do:** The provider must verify the child or youth's Medicaid status and if applicable, submit the Acute Emergency referral on the day of admission or within two business days of admission. The provider must also submit a completed CON form filled out by the provider review team indicated above within 14 days of admission. |
| **Acute Continued Stay Review (CSR)** | **What it means:** The child or youth has previously been approved for Acute care but is approaching the last day of approval and is continuing to have psychiatric symptoms of the level of severity that continued medical attention is being requested due to because there is reasonable expectation that the absence of acute psychiatric services may result in serious dysfunction, death, or harm to another person.<br>**What the provider needs to do:** The provider must submit the Acute CSR referral within 1 business day prior to the last day covered under the prior approval. |
| **Acute Retrospective** | **What it means:** During or following the receipt of inpatient psychiatric services, the child or youth applied for Medicaid (or someone applied for Medicaid on their behalf). It is believed that the child or youth's psychiatric symptoms are/were of the level of severity that medical necessity is or was met for acute inpatient services and a retrospective review of medical necessity is being requested.<br>**What the provider needs to do:** The provider verifies the child or youth's Medicaid status and if applicable, completes the retrospective review form and submits for review by the State's Contract Officer. The Contract Officer will then either approve to proceed with the review or issue a technical denial based on the child or youth's Medicaid status at the time of admission and return a copy of the decision to the provider and Maximus. If approved, the provider must submit the Acute Retrospective referral within 30 days from the date of Medicaid notification. |

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## Acute Referral Form

The Acute Review process starts with provider submission of the Acute referral form in AssessmentPro. The form includes completion of distinct sections where the provider must provide both demographic and clinical information to support the review.

| Acute Referral Form Section | What the Provider is Expected to Provide |
|---|---|
| **Reason for Screening** | • Screening type (Acute Elective, Acute Emergency, Acute Continued Stay Review, Acute Retrospective)<br>• **Note:** It is important for the provider to choose the correct screening type, as there is some variation in questions on the form based on the screening type chosen |
| **Demographics** | • Child or youth's name, Medicaid ID (or Member ID if Medicaid ID has not yet been issued)<br>• Date of birth, gender, and race<br>• Current location type (and date of admission, if applicable)<br>• Living Arrangements |
| **Legal Custodian and Support System** | • Legal Custodian/Guardian name, relationship to the child or youth, address<br>• Legal Custodian/Guardian phone, email address, and agency (if available and/or applicable)<br>• Members of the child or youth's key support system (and relationship and type of involvement) OR indication that there is no identified key support system **(not required for Acute CSR referrals)** |
| **Symptoms Requiring Inpatient Care** | • Any current behavioral, emotional, and substance abuse needs/symptoms (with a description of how the symptom(s) look, including frequency and severity)<br>• Any current risk behaviors (with a description of how the symptom(s) look, including frequency and severity)<br>• Any current functional needs (with a description of how the symptom(s) look, including frequency and severity<br>• Any current caregiver/family needs (with a description of how the need(s) look, including frequency and severity<br>• Any current safety precautions in place (e.g., suicide, self-harm, or elopement precautions, or any other safety precautions) along with a description of the precaution(s) and the reason it is needed |
| **Diagnosis** | • Mental health diagnosis(es)<br>• If applicable, any intellectual and/or developmental diagnosis(es)<br>• If applicable, any medical condition(s) that impact functioning or treatment needs<br>• Any psychotropic medications currently prescribed along with dosage and diagnosis being treated by the medication (or indication that none are currently prescribed) **(For CSRs, if psychotropic medications have not changed since the prior review, the medication section is not required)** |

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| Acute Referral Form Section | What the Provider is Expected to Provide |
|---|---|
| **Treatment History** | • Any applicable history of inpatient treatment, which includes both acute psychiatric admissions and residential treatment, along with admission type and any clinical information known about the treatment, such as reason for admission and response to treatment (or indication of no history of inpatient treatment)<br>• Any applicable history of outpatient treatment, which includes service type and what is known about this treatment, such as response to treatment (or indication of no history of outpatient treatment)<br>• **Note: This entire section is not required for Acute CSRs.** |
| **Treatment Goals and Discharge Plan** | • Planned discharge date **(for Acute CSRs if the planned discharge date has changed the prior review an explanation must be provided)**<br>• Anticipated discharge setting **(only required for Acute CSRs if anticipated discharge setting has changed)**<br>• Contingency plan if preferred discharge plan cannot be implemented<br>• Treatment plan goals, start date, and service(s) to be provided to support the goal **(only required for CSRs if there was a change in treatment goals since the prior review)** |
| **Document Upload** | • Any supporting documentation provided by the submitter<br>• **Note:** The provider Certification of Need form is a required document for Acute Emergency referrals and if not provided, the provider must explain why it has not been provided at the time of referral<br>• Although not indicated by AssessmentPro as a required document, the provider is instructed to upload the initial psychiatric admission progress note (or updated progress notes demonstrating ongoing symptoms for CSRs) |
| **Submitter Information** | • Submitter name, facility, email, and phone |

### Acute Referrals and Hold Process

There are a few circumstances where an Acute referral may be placed on Hold as Maximus is unable to proceed with the clinical review process with what was provided by the submitter at the time of the referral submission.

1. **Acute Emergency referrals where the provider does not upload the provider CON form at the time of referral submission:** In this circumstance, AssessmentPro automatically sends the Acute Emergency referral into 'On Hold' status. The submitter than has up to 14 days to upload the provider CON form to the referral. Once the CON form is uploaded, this moves the Acute Emergency Referral into Queued for Review status. If the CON form is not received within 14 days, AssessmentPro will automatically cancel the referral.
2. **Acute Retrospective referrals when Maximus has not received approval for the retrospective review from the State contract officer:** If an Acute Retrospective referral is received and Maximus has not yet received notification from the State Contract Officer that the approval for the retrospective review has been given, Maximus will place the review On Hold and receive confirmation from State Contract Officer if the approval for the retrospective review was given; if yes, the review can move forward. If not and the State Contract officer either informs Maximus that a technical denial was given for the retrospective review OR the approval for the retrospective review is not received within 2 business days (48 hours) of the referral, the referral is cancelled.
3. **Any Acute referral type where it is determined during the Clinical Review that additional information is needed to complete the review:** This may include circumstances where the submitter did not provide the psychiatric admission progress note or additional progress demonstrating ongoing symptoms as applicable, or if the referral form does not provide sufficient clinical information to be able

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to apply the criteria and determine medical necessity. Once a review is placed On Hold, the submitter must provide the additional information within two business days (48 hours), and if not received during that timeframe, a technical denial is issued.

## Acute Clinical Reviews

### Acute Admission Criteria

Each of the following criteria A-C must be met for Elective admission to acute inpatient psychiatric services. The same criteria is also applied to all Acute Retrospective reviews, though a determination of whether the criteria was met for the days the service was provided.

**For Acute Emergency referrals, in lieu of applying criteria A-C, an approval may be granted through a determination that the child or youth presented at admission with at least 1 of the following symptoms: homicidal thoughts, behaviors, or statements; suicidal thoughts, behaviors, or statements; and/or psychosis.**

| **Criterion A**<br>**Ambulatory resources providing less restrictive levels of care that are available in the community do not meet the treatment needs of the recipient.** |
|---|
| **To meet this requirement, ONE (1) of the following three (3) items must be established:** |
| **1.** A less restrictive (lower) level of care will not meet the recipient's needs<br>**2.** An appropriate less restrictive (lower) level of care is unavailable or inaccessible<br>**3.** Medically necessary due to complicating co-existing mental health and physical disorders. Although the physical disorder requires medical treatment, the comorbid mental health disorder is the predominant treatment course |
| **Criterion B**<br>**Proper treatment of the recipient's psychiatric condition requires services on an inpatient basis under the direction of a physician.** |
| **To meet this requirement, the following conditions must be established:** |
| • A DSM-5-TR primary diagnosis is present<br>**AND**<br>• A OR B is met below<br>**A. (For child or youth with a primary mental health diagnosis) Acute disturbances related to the Mental Health Disorder with deficits in at least 1 of the following:**<br>**a. Self-care deficit (not age-related):** Impairment of ability to meet needs for nutrition, sleep, hygiene, rest or stimulated related to the recipient's mental health disorder(s). Indicators include at least 1of the following:<br>**i.** Self-care deficit places recipient in life-threatening physiological imbalance without skilled intervention and supervision<br>**ii.** Sleep deprivation or significant weight loss<br>**iii.** Self-care deficit severe or longstanding enough to prevent participation in any alternative setting in the community, including refusal to comply with treatment<br>**b. Impaired safety:** Threat to self or others caused by the mental disorder, including threats accompanied by any 1 of the following:<br>**i.** Depressed mood<br>**ii.** Concomitant substance abuse<br>**iii.** Recent loss<br>**iv.** Verbalization of intent accompanied by a gesture or plan<br>**v.** Recent suicide attempt or gesture<br>**vi.** Verbalizations escalating in intensity<br>**vii.** Other (describe) |

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a. **Impaired thought and/or perceptual processes (reality testing):** Inability to perceive and validate reality to the extent that the recipient is at risk of severe harm to self or others because of problems negotiating the basic environment **(both a and b below must be met)**
   i. **Symptoms include at least 1 of the following:**
      - Loose associations
      - Hallucinations
      - Paranoia
      - Delusions
      - Other form of thought disorder
   ii. **Indicators include at least 1 of the following**
      - Disruption of safety to self, family, peer, or community group
      - Impaired reality testing sufficient to prohibit participation in school or vocational pursuits
      - Not responsive to outpatient trial of medication or supportive care
      - Requires inpatient diagnostic evaluation to determine treatment needs

b. **Severely dysfunctional patterns:** Familial, environmental, or behavioral processes that place the recipient at risk. Indicators include at least 1 of the following:
   i. Family environment is causing escalation of recipient's symptoms or places them at risk
   ii. The family situation is not responsive to outpatient or community resources and intervention
   iii. Instability or disruption is escalating
   iv. The situation does not improve with the provision or economic or social resources
   v. Severe behavior problems prohibit any participation in a less restrictive level of care (e.g., acutely sexualized behavior, risk of running away, impairing safety, repeated substance abuse, etc.)

**B. (For child or youth with a primary substance dependency diagnosis) For admissions due to a primary substance dependency diagnosis, the recipient is currently experiencing problems related to the substance use disorder in at least 2 of the following categories:**

a. Evidence of signs and symptoms of withdrawal which continue to require 24-hour medical nursing intervention

b. Persistent Biomedical conditions and complications in addition to signs and symptoms of withdrawal which would place the recipient at risk of life-threatening consequences within 24-hour medical nursing care. To meet this criterion, at least 1 of the following must be present:
   i. Continued imminent danger or serious damage to physical health for concomitant biomedical conditions (e.g., pregnancy, hepatic decompensation, acute pancreatitis, gastrointestinal bleeding, cardiovascular disorders).
   ii. Continued life-threatening symptomology related to excessive use of alcohol or other drugs (e.g., stupor, convulsions, etc.).

c. Emotional/Behavioral conditions and complications are present, indicated by at least 1 of the following:
   i. Continued risk of behaviors endangering self or others (e.g., current suicidal/homicidal thoughts)
   ii. Presence of violent or disruptive behavior with imminent danger to self or others
   iii. Altered mental status or without delirium as manifested by disorientation to self, alcohol-related hallucinations, or toxic psychosis

**Criterion C**
**The services can reasonably be expected to improve the recipient's condition or prevent further regression so that the services will no longer be needed.**

**To meet this requirement, BOTH of the following conditions must be met.**

1. Active daily measures are taken by staff to develop and implement an appropriate lower level of care. The details of these active measures were given by the provider or are documented in daily progress notes.

**AND**

The treatment provider describes a treatment plan showing how the recipient's condition is expected to improve or prevent risk of regression and possible impairment of safety, such as would be caused by discharge without immediate accessibility or availability to an appropriate placement at a lower level of care.

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## Acute Continued Stay Criteria

For continued acute inpatient stays in a psychiatric hospital or an inpatient psychiatric program in a hospital to be authorized for Medicaid payment, criteria in Sections A, B, and C must be met.

**Criterion A**
**Ambulatory resources providing less restrictive levels of care that are available in the community do not meet the treatment needs of the recipient.**

**To meet this requirement, ONE (1) of the following three (3) items must be established:**

1. A lower level of care is unsafe and will place the recipient at risk for imminent danger of harm
2. There is clinical evidence that a lower level of care will not meet the recipient's treatment needs
3. The recipient's mental health disorder could be treated with a lower level of care, but because the recipient has 1 or more complicating concurrent disorders, inpatient care is medically necessary at a higher level of care (***Note:*** *this item does not apply to primary substance dependence reviews.)*

**Criterion B**
**Proper treatment of the recipient's psychiatric condition requires services on an inpatient basis under the direction of a physician.**

**To meet this requirement, the following conditions must be established:**

- A DSM-5-TR primary diagnosis is present

**AND**

- A OR B AND C is met below

**A. (For child or youth with a primary mental health diagnosis) Acute disturbances related to the Mental Health Disorder with deficits in at least 1 of the following:**

**a. Self-care deficit (not age-related):** Impairment of ability to meet needs for nutrition, sleep, hygiene, rest or stimulated related to the recipient's mental health disorder(s). Indicators include at least 1 of the following:

**i.** Self-care deficit places recipient in life-threatening physiological imbalance without skilled intervention and supervision
**ii.** Sleep deprivation or significant weight loss
**iii.** Self-care deficit severe or longstanding enough to prevent participation in any alternative setting in the community, including refusal to comply with treatment

**b. Impaired safety:** Threat to self or others caused by the mental disorder, including threats accompanied by any 1 of the following:

**i.** Depressed mood
**ii.** Concomitant substance abuse
**iii.** Recent loss
**iv.** Verbalization of intent accompanied by a gesture or plan
**v.** Recent suicide attempt or gesture
**vi.** Verbalizations escalating in intensity
**vii.** Other (describe)

**c. Impaired thought and/or perceptual processes (reality testing):** Inability to perceive and validate reality to the extent that the recipient is at risk of severe harm to self or others because of problems negotiating the basic environment **(both a and b below must be met)**

**i. Symptoms include at least 1 of the following:**

- Loose associations
- Hallucinations
- Paranoia
- Delusions
- Other form of thought disorder

**ii. Indicators include at least 1 of the following:**

- Disruption of safety to self, family, peer, or community group
- Impaired reality testing sufficient to prohibit participation in school or vocational pursuits
- Not responsive to outpatient trial of medication or supportive care

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- Requires inpatient diagnostic evaluation to determine treatment needs

**d. Severely dysfunctional patterns:** Familial, environmental, or behavioral processes that place the recipient at risk. Indicators include at least 1 of the following:

**i.** Family environment is causing escalation of recipient's symptoms or places them at risk
**ii.** The family situation is not responsive to outpatient or community resources and intervention
**iii.** Instability or disruption is escalating
**iv.** The situation does not improve with the provision or economic or social resources
**v.** Severe behavior problems prohibit any participation in a less restrictive level of care (e.g., acutely sexualized behavior, risk of running away, impairing safety, repeated substance abuse, etc.)

**B. (For child or youth with a primary substance dependency diagnosis) For admissions due to a primary substance dependency diagnosis, the recipient is currently experiencing problems related to the substance use disorder in at least 2 of the following categories:**

**a.** Evidence of signs and symptoms of withdrawal which continue to require 24-hour medical nursing intervention
**b.** Persistent Biomedical conditions and complications in addition to signs and symptoms of withdrawal which would place the recipient at risk of life-threatening consequences within 24-hour medical nursing care. To meet this criterion, at least 1 of the following must be present:

**i.** Continued imminent danger or serious damage to physical health for concomitant biomedical conditions (e.g., pregnancy, hepatic decompensation, acute pancreatitis, gastrointestinal bleeding, cardiovascular disorders).
**ii.** Continued life-threatening symptomology related to excessive use of alcohol or other drugs (e.g., stupor, convulsions, etc.)

**c.** Emotional/Behavioral conditions and complications are present, indicated by at least 1 of the following:

**i.** Continued risk of behaviors endangering self or others (e.g., current suicidal/homicidal thoughts)
**ii.** Presence of violent or disruptive behavior with imminent danger to self or others
**iii.** Altered mental status or without delirium as manifested by disorientation to self, alcohol-related hallucinations, or toxic psychosis

**C. The treatment team has updated the initial plan of treatment and has identified clinical evidence that continued intensive services are still required at an inpatient psychiatric level of care as indicated by all the following conditions:**

**a.** The treatment facility has developed a plan for continuing treatment illustrating the required intensity of services available at an inpatient psychiatric level of care
**b.** The treatment facility has provided a plan for discharge and aftercare placement and treatment. A comprehensive discharge plan will be initiated as soon as the initial assessment is completed and will include discrete, behavioral, and time-framed discharge criteria with documentation of referral to outpatient providers for placement and identified aftercare services.
**c.** There is evidence that discharge to available community resources will likely result in exacerbation of the mental disorder (or substance dependence) to the degree that continued hospitalization would be required or would result in regression
**d.** Available clinical and research data supports the likelihood of positive outcome from inpatient psychiatric treatment for the beneficiary's diagnosis and presenting symptoms

The Maximus Clinical Reviewer must either determine that Criterion B was met OR determine that this criterion was not met. If not met, this would automatically result in a Denial determination. The Clinical Reviewer may enter comments to later support completion of the rationale, but comments are not required.

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### Acute Physician Review

As noted above, Acute reviews are queued to the Maximus Medical Director after clinical review in the following circumstances:

1. All Acute Elective reviews where Maximus determines that medical necessity is met, the Medical Director completes the Certification of Need
2. Any Acute referrals of any type where Maximus determines that medical necessity is not met
3. Any Acute referrals, regardless of type or outcome, where the recipient is a child of 6 years old or younger.

### Acute Outcomes

| Outcome | What does this outcome mean? |
|---|---|
| **Approval** | The acute stay is authorized for payment as it has been determined that Acute medical necessity criteria is met. Acute referrals can be approved for up to 14 days. Authorization includes the end date on which the certification period terminates. |
| **On Hold** | Additional information is needed to complete the review. The provider must submit information within 2 business days of the request for additional information (the only exception is the provider CON for Acute Emergency referrals, which must be received within 14 days). If additional information is not received from the provider within the required timeframe, a technical denial will be issued. **On Hold is only a temporary circumstance and will never be a final outcome.** |
| **Denial** | The Maximus Medical Director determined that the request for authorization does not meet the Acute medical necessity criteria. The provider has the option of requesting a Desk Reconsideration or proceeding to an Appeal as desired. |
| **Partial Approval** | The Maximus Medical Director determines that only a portion of an Acute stay meets the Acute medical necessity criteria so only a portion of the stay is authorized for payment. The provider has the option of requesting a Desk Reconsideration or proceeding to an Appeal as desired. |
| **Technical Denial** | The acute stay is not authorized for payment because of provider non-compliance with Medicaid protocol (i.e., failure to complete or submit a CON within the established timeframes, failure to submit additional information when requested, etc.). Technical denial is based on failure to submit in a timely manner and does not involve a physician review. |

### Desk Reconsideration Process

The Desk Reconsideration Process for Acute Reviews occurs as follows:

1. The appropriate entity contacts Maximus via email within 3 business days of the determination to request the reconsideration and provide any additional documentation disputing the basis for the determination. The reconsideration request form and instructions can be found on the Maximus CTS LOC website.
2. The Maximus Clinical Reviewer (and Medical Director, if applicable, based on review type, age, and determination) will complete the desk reconsideration within 1 business day of receipt of the clinical information.
3. Notification of all final determinations will include rationale for the determination based upon the medical necessity criteria.
4. If the desk reconsideration review upholds the adverse determination, the option to appeal remains available. The Department is not responsible for payment to the provider for services provided to the recipient during the desk reconsideration. If the outcome of the desk reconsideration reverses the denial, payment for services will be retroactive to the date of the disputed adverse decision.
5. Written notification will be provided related to the outcome of the desk reconsideration.

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## Appeal Process

For Acute Inpatient services receiving Medicaid funding for room and board and treatment services, the Department is not responsible for payment to the provider for services provided to the recipient during an appeal. If the outcome of the appeal reverses the denial, payment for services will be retroactive to the date of the disputed appeal.

Recipients and/or parents and legal guardian of recipients may request an appeal via written request to North Dakota Health of Human Services within 30 calendar days of the initial denial determination notification.

**Appeals Supervisor, Legal Advisory Unit**
North Dakota Health and Human Services
600 E. Boulevard Ave., Dept. 325
Bismarck, ND 58505-0250
Phone: (701) 328-2311
Toll-Free: (800) 472-2622
Fax: (701) 328-2173
Email: dhslau@nd.gov

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