GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

ELIZABETH HERTEL
DIRECTOR

June 25, 2024

TO: Interested Party

RE: Consultation Summary for Project Number 2325-PRTF - Psychiatric Residential Treatment Facilities (PRTF)

Thank you for your comment(s) to the Behavioral and Physical Health and Aging Services Administration relative to Project Number 2325-PRTF. Your comment(s) has been considered in the preparation of the final publication; a copy of the bulletins is attached for your information.

Responses to specific comments are addressed below.

Comment: **I**s "serious emotional disturbance" the same as "severe emotional disturbance"? We recommend using consistent language.

Response: Thank you for your feedback. The Michigan Department of Health and Human Services (MDHHS) will modify for consistent language.

Comment: There is no definition of a hospital within the proposed policy. We recommend the department clarify what is meant by a "non-hospital" facility and consider expanding the types of facilities eligible to participate in creation of a Psychiatric Residential Treatment Facility (PRTF).

Response: Thank you for your feedback. MDHHS will revise for further clarification and **"**non-hospital facility" will be defined in Section 2 - Common Terms of the final policy.

Comment: In reviewing Section 11 of the Behavioral Health and Intellectual and Developmental Disability Supports and Services chapter of the MDHHS Medicaid Provider Manual, it states that "for children with intellectual/developmental disabilities (I/DD), services may be provided only in a licensed foster care or child caring institution (CCI) setting with a specialized residential program certified by the state." Given the language in the proposed policy that PRTFs are required to be licensed as a CCI, it is our understanding that children with I/DD are eligible to receive services in a PRTF; however, that is not explicitly stated.

Response: Thank you for your feedback. MDHHS will revise for further clarification that children with a primary diagnosis of I/DD are not eligible to receive services in a PRTF. The eligibility for this benefit is limited to serious mental illness (SMI) and serious emotional disturbance (SED) populations. MDHHS is committed to addressing the needs of the I/DD population and will consider this gap in future planning.

Comment: The proposed rule states that the residential treatment facility is expected to work actively with family, other agencies, and the community to meet the individual needs of youth. Custodial agency is mentioned in the PIHP Responsibilities of Section 5 – Service Authorization. We recommend the language be more inclusive throughout the proposed rules. While we are always hopeful that there is family involved in the youth's care, sometimes there is not.

Response: Thank you for your feedback. MDHHS will consider this in further revisions.

Comment: There is inconsistent language in reference to the youth (child, adolescent, beneficiary, and youth) in the rules. We recommend determining one consistent way to refer to youth in the PRTF.

Response: Thank you for your feedback. MDHHS will modify for consistent language.

Comment: If a family member or guardian for a youth wants to take the youth home, would this be allowed? If the adult is not on a treatment order or guarded, can they discharge themselves from the PRTF if they would like to do so? We recommend further guidance be developed on these topics.

Response: Yes, the PRTF benefit is voluntary. If the family member, guardian, or individual not on a treatment order chooses to discharge, this is allowable. Through the person-centered planning process, MDHHS recommends a thorough transition plan with aftercare services be established in the instance of an individual voluntarily discharge.

Comment: The rules discuss planned discharges and admissions, but not emergency situations that may warrant emergency discharges. We recommend further guidance be developed on this issue.

Response: Thank you for your feedback. MDHHS will address this in the standard operating procedure. All standard operating procedures will be located on the PRTF website (https://www.michigan.gov/mdhhs/keep-mi-

healthy/mentalhealth/mentalhealth/psychiatric-residential-treatment-facilities).

Comment: The rules do not provide guidance around recipient rights processes. Is it the responsibility of the PIHPs (Prepaid Inpatient Health Plans), CMHSPs (Community Mental Health Services Programs), internal to the PRTF's organization, or the MDHHS?

Response: As this is a MDHHS managed benefit, jurisdiction of recipient rights is held at MDHHS.

Comment: Family-centered youth-guided principles do not seem to have a strong presence in this policy.

Response: Thank you for your feedback.

Comment: How will educational services be provided? This will be done in coordination with the local intermediate school district (ISD), but how will equal access to education services be ensured?

Response: Educational services are provided through the local school district at the PRTF settings, and equal access will be ensured by the PRTF provider and MDHHS.

Comment: Will this be available to I/DD kids? And autism spectrum disorder (ASD) kids? Only those dually diagnosed I/DD and SED?

Response: The eligibility for this benefit is limited to SMI and SED populations. MDHHS is committed to addressing the needs of the I/DD population and will consider this gap in future planning.

Comment: If Child and Adolescent Needs and Strengths (CANS) is a part of assessment for eligibility, when will we start training on this?

Response: Please refer to information following the MichiCANS trainings. *https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/childrenandfamilies/michicans*

Comment: It is unclear when a Behavior Treatment Plan (BTP) should be developed. We recommend the policy state clear criteria regarding when a BTP should be required.

Response: A BTP should be developed in accordance with the MDHHS Technical Requirement for BTP. https://www.michigan.gov/mdhhs/keep-mi-

healthy/mentalhealth/mentalhealth/practiceguidelines/behavior-treatment-plans

Comment: BTPs should be implemented when needed and as urgently as possible when safety/risk are a concern. PRTFs should be allowed to execute a BTP before MDHHS review.

Response: In accordance with the MDHHS Technical Requirement for BTPs, the MDHHS BTP committee will review urgent BTP's if there is an immediate safety or risk concern.

Comment: The “specially constituted body” should include only a fully licensed psychologist as part of the three-member committee versus allowing limited licensed psychologists (LLPs) to act in this role.

Response: Thank you for your feedback. PRTF providers follow the MDHHS Technical Requirement for BTPs and the requirements for committee members.

Comment: PRTF Certification of Need (CoN) should be determined in less than 14 days. We recommend no more than three days.

Response: Thank you for your feedback.

Comment: The current policy states that a “BTP, where needed, is developed through the person-centered planning process that involves the beneficiary.” This is reiterated in Section 7 – Provider Requirements where it indicates the treatment team should “develop a BTP, if appropriate”. Without clear guidance or criteria as to when a BTP would be needed or should be developed, PRTF providers will be left to their individual judgement about what situations a BTP should be developed.

Response: PRTF providers are required to follow the MDHHS Technical Requirement for BTPs that addresses these concerns.

Comment: Entities will likely be able to substantiate many of the aversive, intrusive, or restrictive techniques that the MDHHS is trying to eliminate, through one singular study or publication, which is not the intent. By providing explicit rules about when facilities need to submit a BTP to the MDHHS, it will ensure that one facility is not submitting the majority of their BTPs to the MDHHS, while others never submit any, even though both contain the same interventions.

Response: PRTF providers are required to follow the MDHHS Technical Requirement for BTPs that addresses these concerns.

Comment: For BTPs that are required to be submitted to the department for review and approval, the MDHHS should outline a process for doing so and define a turnaround time for when PRTFs can expect to have an approval on the plan. Further, to avoid delays in patient care and ensure safety of PRTF staff and other residents, we recommend that PRTFs be allowed to implement the treatment plan prior to MDHHS review, stopping interventions if the MDHHS deems necessary.

Response: Thank you for your feedback**.** PRTF providers are required to follow the MDHHS Technical Requirement for BTPs that addresses these concerns.

Comment: For the development of BTPs, the proposed rule describes a specially constituted body and its makeup. The rules, however, are unclear on who convenes this group and by whom they are employed.

Response: MDHHS has developed a behavior treatment review committee to review BTPs developed for youth in a PRTF setting. This committee follows the MDHHS Technical Requirement for BTPs.

Comment: In the proposed rule for PRTF certification (Section 2 – Common Terms), the CoN must be made by an independent team. It is unclear who employs the independent team.

Response: Thank you for your feedback. MDHHS will consider this in further revisions.

Comment: There are two types of PRTF licenses outlined in the proposed rule: one CCIs managed by the MDHHS and the other for Adult Foster Care (AFCs) managed by the Michigan Department of Licensing and Regulatory Affairs (LARA). For organizations which plan to provide PRTF services to individuals under age 18 and over age 18, we recommend providing clarity in the final rule about how these organizations should be licensed.

Response: Thank you for your feedback. MDHHS will consider this for revision.

Comment: We recommend the final policy clearly state whether CCIs need to be licensed as a ‘children’s therapeutic group home’ to provide services to children with SED.

Response: Thank you for your feedback. MDHHS will consider this for revision.

Comment: As is repeatedly acknowledged in the rules, the youth being cared for in this environment must meet the medical necessity criteria for treatment in an inpatient hospital setting. However, the interventions allowed by the rules of these two settings do not support the needs of the proposed population. We recommend exploration of an additional type of licensing that allows for the use of interventions that better match the clinical needs of the proposed population, whether youth or adult.

Response: Thank you for your feedback.

Comment: Section 4 – Eligibility states PRTF placement is appropriate when the need for the safety, security, and monitoring of an inpatient psychiatric hospitalization are not a factor. The fifth bullet point states an eligibility requirement is "evidence of difficulty functioning safely and successfully in the community…" We recommend defining safety concerns to avoid mis characterizing concerns that warrant inpatient hospitalization versus placement in a PRTF.

Response: Thank you for your feedback.

Comment: One of the eligibility requirements listed for PRTF admission states the child must have a "severe functional impairment." To ensure consistency of PRTF admissions between facilities, we recommend the final policy define what a severe functional impairment means.

Response: Thank you for your feedback. MDHHS will revise for further clarification and "severe functional impairment" will be defined in Section 2 - Common Terms of the final policy.

Comment: One of the eligibility requirements is the establishment of medical necessity through comprehensive evaluation and assessment and the Child and Adolescent Needs and Strengths (CANS) assessment. We recommend updating the language to include the use of the Adult Needs and Strengths Assessment (ANSA) tool or another evidence-based tool for those older than 20 years of age.

Response: Thank you for your feedback. MDHHS will consider this in further revisions.

Comment: What is the youngest that can be served? There is not a minimum age. If it goes up to the day before turning 18, will these facilities be dually licensed AFC and CCI?

Response: For milieu compatibility, the minimum recommended age is nine years old. The facilities will not be dually licensed for the same unit but may hold different licenses for different settings.

Comment: Does MDHHS have the capacity and content expertise to manage certification and enrollment of PRTF providers, monitor quality and performance of PRTFs, and review applications for potentially eligible persons?

Response: Yes, MDHHS has a team dedicated to the PRTF benefit that are versed in clinical and quality experience.

Comment: The certification and authorization process is complex, with MDHHS providing final approvals and the PIHPs serving the role of screening/vetting potential eligible individuals. During a crisis, delays in contacting individuals and/or departments can result in escalating situations. The policy needs to outline, through a clear communication plan/process, how intake/triage/approvals will be secured.

Response: Thank you for your feedback. MDHHS will address this in the standard operating procedure. All standard operating procedures will be located on the PRTF website (https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/psychiatric-residential-treatment-facilities).

Comment: What happens when MDHHS disagrees with the PIHP?

Response: If this were to occur, the PIHP can go through the appeal process.

Comment: There are references throughout the bulletin to (PIHPs) and their responsibilities. It is unclear what the involvement of the Community Mental Health (CMH) agency is and whether the PIHP can delegate all or some of their responsibilities.

Response: Yes, PIHP's may delegate as appropriate.

Comment: For PRTF Responsibilities, we recommend changing the following sentence to reflect the requirement that discharge planning begins upon admission: “The IPOS ***must*** include a tentative discharge plan and a request…”

Response: Thank you for your feedback.

Comment: "The PRTF must submit a child's IPOS to MDHHS and the PIHP/CMHSP no later than 10 calendar days after admission." The Mental Health Code, Sec. 712 requires a preliminary plan within seven days.

Response: Yes, MDHHS will communicate with the PIHP when the admission meets medical necessity for the PRTF benefit.

Comment: Is “timely” defined? Because the level of care is near inpatient, this would mean an urgent or emergent process.

Response: MDHHS has developed a standard operating procedure for referrals that includes a timeline for MDHHS review of medical necessity and the providers timeline for assessment.

Comment: "All PRTF service authorizations will be made by MDHHS." What is the process for this to occur? How long does MDHHS have to review and authorize? Does this slow access to PRTF?

Response: Thank you for your feedback. MDHHS will address this in the standard operating procedure. All standard operating procedures will be located on the PRTF website (https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/psychiatric-residential-treatment-facilities).

Comment: "IPOS specifying PRTF service and concurrent community-based services". What is the required timeline for this to be completed?

Response: It is required for the individualized plan of service (IPOS) specifying PRTF service and concurrent community-based services to be completed at the time of referral.

Comment: "appropriately credentialled professional" - I assume that this also means appropriately licensed? Consider including acceptable credentials.

Response: Thank you for your feedback.

Comment: Since the admission criteria is outlined in the proposed rule, having MDHHS review all cases that meet the criteria and approve admission to the PRTF not only adds duplication of effort and undue burden on teams that are already short-staffed, but it also delays timely access to appropriate patient care. We recommend that beyond issuing admission criteria for PRTFs, no further review or authorization be required.

Response: Thank you for your feedback.

Comment: Section 5 – Service Authorization states that PIHPs are responsible for the 'certification of requests for admission to PRTF services. We recommend providing more clarity about what this PIHP responsibility entails and how it differs from the role MDHHS will play in authorizing services. Please include language in the final policy that specifies what entity is responsible for managing PRTF admissions for patients currently residing in a state-operated inpatient facility.

Response: Thank you for your feedback. MDHHS will address this in the standard operating procedure. All standard operating procedures will be located on the PRTF website (https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/psychiatric-residential-treatment-facilities).

Comment: The policy says services provided by the CMHSP can be kept active when in a PRTF. Are there any that cannot stay active?

Response: Services provided by the CMHSP may remain active, however, services that are replicated by the PRTF provider (i.e., psychiatry) would not remain active.

Comment: The CMHSP role is not clearly defined except for referring. It seems like the PIHP and MDHHS roles are clearly defined.

Response: Thank you for your feedback. MDHHS will consider this in further revisions.

Comment: Under admission guidelines, a physician assistant or nurse practitioner are included as certifiers of continuing need for care. Given that individuals could be admitted to a PRTF against their will, we believe this critical decision be made by a physician (treating primary care physician or psychiatrist, neurologist).

Response: Thank you for your feedback.

Comment: "…PIHP/CMHSPs or other qualifying providers/entities, to MDHHS for authorization." What is the mechanism for the request? Will it be the in the Customer Relations Management (CRM) system?

Response: Referrals will be sent through email to MDHHS-ICTS-PRTF@michigan.gov.

Comment: Who else can request PRTF admissions? Who are the other qualifying entities? Families? What other agencies?

Response: Other clinically based entities can refer for the PRTF benefit. This may include child welfare agencies, hospitals, and CMHSP's for example.

Comment: At what point would MDHHS stop paying?

Response: MDHHS will stop paying when the individual is clinically ready for discharge, with a maximum authorization of 180 days.

Comment: Certification of Need – Language in section 5.2 – PRTF Admission Guidelines appears to include the right to appeal by the individual if they disagree with a PRTF being ordered, although it should be explicitly stated. Likewise, there should be language stating individuals have a right to access the fair hearing process in the event admission is denied.

Response: Thank you for your feedback.

Comment: Section 5.2 - PRTF Admission Guidelines discusses verifying an individual's need for continued stay and outlines the types of providers who are eligible to complete this written order. What is not clear is what entity this individual works for, or whether that is important.

Response: Thank you for your feedback. MDHHS will consider this in further revisions.

Comment: The proposed rules state that the PRTF must have appropriate medical clearance documented in the individual's record. There is wide variability of the meaning of medical clearance.

Response: Thank you for your feedback. MDHHS will revise for further clarification.

Comment: The PRTF must submit an updated IPOS "before" the 30th day of the last authorized date of service. It appears that this will be demanding of time and involve many staff. Instead, could this be something like an updated medical necessity report?

Response: This will need to be completed through an IPOS to ensure medical necessity and through the person-centered treatment process.

Comment: Section 5.4 - Continued Stay Authorization Requirements explicitly states that "an assurance that the child and family is making progress towards treatment goals, discharge, and successful transition into a home and community-based setting" is required." However, there may be times that a youth and/or family is not making progress.

Response: Thank you for your feedback. If the youth is not making progress towards their goals due to lack of participation in clinical interventions, discharge to an appropriate setting needs to be secured through the responsible party for transition planning (i.e., CMHSP, child welfare). MDHHS will not stop payment to the provider during the transition planning period.

Comment: In Section 6 – Discharge Planning, we recommend adding vocational rehabilitation service agencies to the second bullet. The sentence could read "…with the recipient's family, school, *vocational rehabilitation service agencies,* and community upon discharge".

Response: Thank you for your feedback.

Comment: Section 6 – Discharge Planning states discharge planning must begin at the onset of treatment in the inpatient unit. What inpatient unit is it referring to?

Response: MDHHS will revise for further clarification.

Comment: Section 6 - 1st bullet point refers to a family-based setting. Does this mean a home?

Response: Yes, a family-based setting includes a youth's family home.

Comment: We appreciate the comprehensive, multidisciplinary team of professionals listed as required for a PRTF.

Response: Thank you for your feedback.

Comment: We oppose the vague language regarding education. We recommend language that outlines the facility's obligation to protect the rights of youth in care by ensuring compliance with all state and federal education laws.

Response: Thank you for your feedback.

Comment: Restraint and seclusion as defined in Mental Health Code (MHC) are prohibited. Physical management must be used in compliance with Acceptable Risk Safeguards (ARS), with the addition of debriefing. This should align with CCI language.

Response: Thank you for your feedback.

Comment: Pediatrician, or a family physician, or an internist - how involved are these staff? Or should it be that the youth is already connected, and this person should be involved as needed?

Response: It is required that a beneficiary receive physical health care in a PRTF setting.

Comment: A behavioral treatment plan will be very important in addressing progress and possibly length of stay. What does this mean in terms of stressing the presence of identified markers for success in the BTP to be considered more ready for discharge?

Response: PRTF providers are required to follow the MDHHS Technical Requirements for BTPs https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/practiceguidelines/behavior-treatment-plans and the IPOS process to address markers for successful outcomes.

Comment: The proposed policy requires weekly meetings among a large group of individuals to review the care plan, discuss and deliver services. Recognizing service re-authorization is required every 30 days; it is pertinent that this group convenes and has regular discussions about the progress being made, changes to the care plan and next steps. However, convening a group this size on a weekly basis may present significant logistical and scheduling challenges.

Response: Thank you for the feedback. The purpose of frequent meetings is to ensure quality clinical care and to allow for transition planning communication to be conducted efficiently and address any barriers with subject matter experts.

Comment: The rules currently state that a pediatrician, family physician or internist is required. Many general medicine services are effectively provided by advanced practice professionals. We recommend that advanced practice professionals also be allowed to provide general medicine services.

Response: Thank you for your feedback.

Comment: The proposed rules include a requirement for a debrief with the Medical Director and treatment team after a restraint. We recommend that the post-restraint debrief occur with the treatment team, including the psychiatrist, instead of limiting this to the Medical Director.

Response: Thank you for your feedback. MDHHS will consider this in further revisions.

Comment: The requirement for a weekly meeting to assess, plan and deliver services, including the youth, their family or guardian, the entire treatment team, the primary caseworker or clinician, and child welfare worker or juvenile justice probation officer will likely be quite difficult to coordinate logistically. We recommend adjusting the frequency with which all these participants are included, possibly to a bi-weekly cadence.

Response: Thank you for your feedback. MDHHS will consider this in further revisions.

Comment: We recommend that the ability to administer intramuscular medication (i.e., Olanzapine) be considered for aggression given its effectiveness and superiority over oral medication for rapid management of moderate to severe aggression.

Response: Thank you for your feedback. MDHHS will follow the technical requirements of seclusion and restraint as defined in the CCI rules. These technical requirements do not allow for seclusion, mechanical restraint, or chemical restraint in a PRTF setting.

Comment: Would you be able to include the state's definition of "psychotropic medications" or include which reference/drug database is used to identify which medications the State considers "psychotropic"?

Response: Thank you for your feedback. The PRTF policy will follow MDHHS policy on psychotropic medications.

Comment: Clarification is needed regarding reimbursement for K-12 education services and how these will be implemented within a PRTF.

Response: Providers will partner with their local school district to implement education services.

Comment: Given the comprehensive and intensive nature of PRTF services, assurance of adequate reimbursement is critical to attracting/retaining these professionals. Review of this policy and reimbursement rates should be completed within 3-6 months after initial start.

Response: Thank you for your feedback.

Comment: Section 7.2 – Reimbursement provides limited information about how payment rates will be calculated and the methodology that will be

considered. We recommend MDHHS provide additional clarity on this so the reimbursement methodology is clear to all stakeholders involved.

Response: Thank you for your feedback. PIHPS are not responsible for reimbursing the services provided at a PRTF setting. The PRTF benefit is fee for service, managed by MDHHS.

Comment: Providing PRTF services is compressive and expensive. We recognize the policy outlines a comprehensive rate; however, it excludes non-psychiatric professional fees, vision and dental services, and funding to ensure K-12 education can be provided in the event the patient is under 18 years of age or still requires K-12 education. We encourage MDHHS to consider how PRTFs would fund these services.

Response: Thank you for your feedback.

Comment: We encourage MDHHS to consider the process being used to implement this policy. Upon review, it appears there are critical pieces that require updates and feedback from clinicians before implementing the final policy.

Response: Thank you for your feedback.

Comment: Section 7.2 – Reimbursement states that rates are tiered to reflect the severity of the treatment services and staffing ratios. We recommend clarification of methodology for determining tiered rates and staffing ratios.

Response: Determining the staffing ratio is based on the individual's needs and the staffing required to maintain safety.

Comment: We recommend specifying frequency of training (e.g., annually) rather than suggesting it be “ongoing” to avoid gaps or assumptions about frequency.

Response: Thank you for your feedback.

Comment: We recommend including language defining emergency physical restraint and emergency seclusion to be consistent with language in the CCI rules stating restraint and seclusion may only be used in emergencies.

Response: Thank you for your feedback.

Comment: All staff must receive recipient rights training before or within 30 days of employment and annually thereafter by law.

Response: Thank you for your feedback. MDHHS will revise for further clarification.

Comment: "The safe use of physical restraint (mechanical and chemical restraint not allowed) and the safe use of seclusion, including the ability to recognize and respond to signs of physical distress in residents who are restrained or in seclusion." Restraint and seclusion as defined in the MHC are prohibited, as well as chemical restraint.

Response: Thank you for your feedback. MDHHS will revise for further clarification.

Comment: The use of seclusion will be challenging for PRTF settings if they will be licensed as CCI or AFC settings, as both prohibit the use of seclusion. We recommend an additional type of license to allow for necessary interventions that will meet the needs of the target population, whether youth or adult.

Response: Thank you for your feedback. MDHHS will follow the technical requirements of seclusion and restraint as defined in the emergency rules of child caring institutions. These technical requirements do not allow for seclusion, mechanical restraint, or chemical restraint in a PRTF setting.

Comment: Direct care worker training requirements are more robust than the training requirements of staff in a PRTF it appears.

Response: Thank you for your feedback.

Comment: We have concerns about youth being placed out-of-state and away from their families and other supports and want to ensure, if out-of-state placement at a PRTF occurs, the facility operates under the same rules that apply to PRTFs in Michigan.

Response: Thank you for your feedback. MDHHS will make all efforts for in-state placement and would only utilize out-of-state placement in an emergent event where in-state placement could not be secured.

Comment: Regarding Section 8 - Coverage for Out of State Services, will this follow the same premise as placing in a hospital in a bordering state?

Response: Yes, coverage for out-of-state services will follow the same premise and process for placing in a hospital in bordering states.

Thank you for your comments. We trust that these responses addressed the concerns and questions noted. If you wish to comment further, send your comments to Dana Moore at moored61@michigan.gov.

Sincerely,

Meghan E. Groen, Director
Behavioral and Physical Health and Aging Services Administration