



Department of
Medicaid



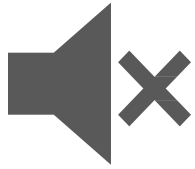
Resilience through
Integrated Systems and Excellence

OhioRISE PRTF Workgroup

August 2, 2022

1:00 PM – 3:00 PM

Housekeeping



All participants can mute and unmute their own lines, **so please be sure to mute your line when you're not talking. If you are muted during the meeting and called in, you must press *6 to unmute.**



Please introduce yourself by entering **your name, title, and organization in the chat feature.**

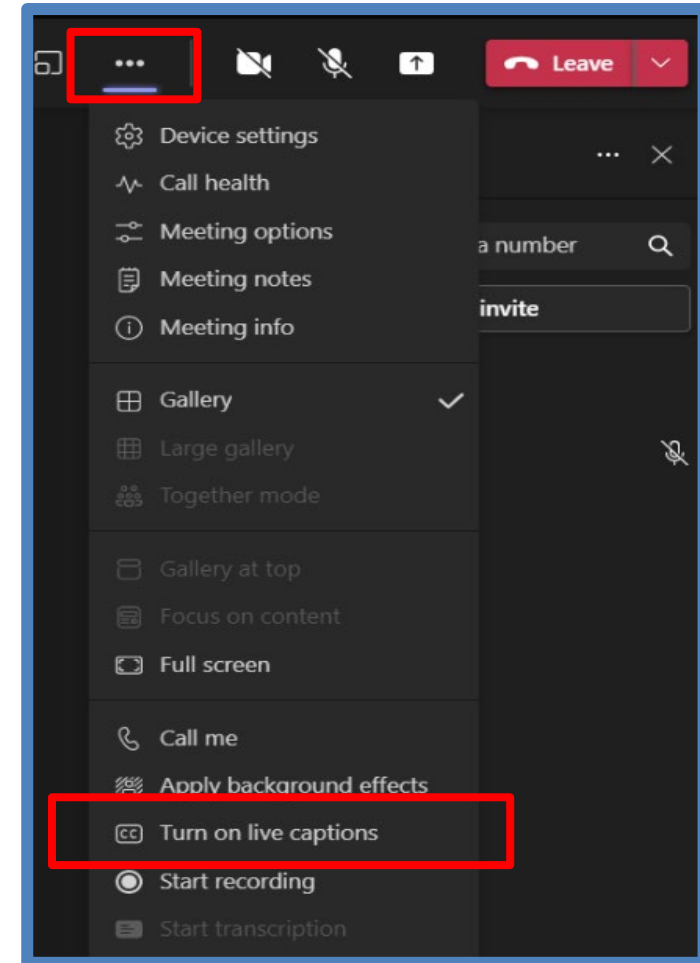
We hope to have robust oral discussion among Advisory Council members. **All other attendees may enter comments or questions using the chat feature in Teams.**



The slides from this meeting **will be available following the meeting on the [OhioRISE webpage](#).**



ODM is committed to providing access and inclusion and reasonable accommodation in its services, activities, programs and employment opportunities in accordance with the Americans with Disabilities Act and other applicable laws. For today's presentation, **participants can utilize the closed captioning functionality in Teams by clicking the ellipsis and selecting turn on live captions. If you need assistance, please use the chat feature to indicate assistance is needed.**



Meeting Agenda

- 1** | PRTF Service Development Updates
- 2** | Update on PRTF Rules Development
- 3** | Overview of PRTF Rate Development Current State
- 4** | Next Steps
- 5** | Q&A

Psychiatric Residential Treatment Facility (PRTF) – New Service

Provide **high-quality inpatient-level behavioral health treatment services in a residential setting:**

- » Quickly stabilize behaviors and treat symptoms of children and youth with acute behavioral health needs
- » Help children/youth prepare to return to a lower level of treatment or family-based setting



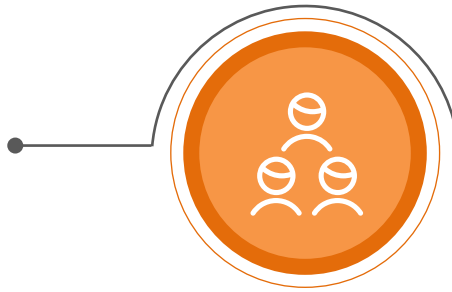
Ohio’s approach will prioritize treatment with the goal of **keeping youth in-state and rapidly reunifying children with their families and/or community support networks:**

- » Provide services that are trauma-informed and use evidence-based practices to ensure the highest quality of care and the best possible outcomes for youth and children
- » Coordinate effectively and seamlessly with key partner entities, including the OhioRISE Plan and Care Management Entities (CME)
- » Cultivate strong community networks around youth and children
- » Where appropriate, align with Qualified Residential Treatment Program (Q RTP) principles

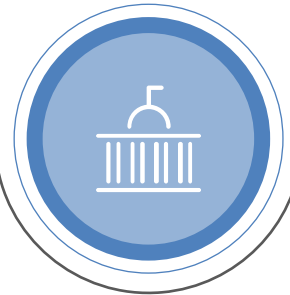


The PRTF Workgroup Members are...

*Diverse range of expertise
and experience*



*Youth and families with
lived experience*



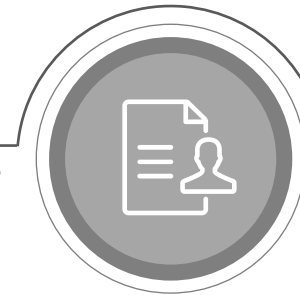
Local system partners



Ohio's geography



*Associations and
providers of services*



You are our PRTF EXPERTS

Contribute personal experience
from providing / participating in
use of residential and psychiatric
residential treatment

Provide expert clinical and
programmatic feedback on
development of serving children
and youth in these settings

Review and provide
feedback on regulatory
concepts and rules

Provide critical
feedback regarding
PRTF implementation

PRTF Service Development Current State

Updates

Policy Development

(ODM and OhioMHAS)

Collaboration to define PRTF benefit that aligns with PRTF best practices and Building Bridges principles

Rate Setting

- *PRTF interviews*
- *PRTF survey*
- *Rates will be set based on likely future costs*

Provider Certification System / Process

- *Providers will apply in the OhioMHAS LACTS system.*
- *PRTF requires a deemed community behavioral health certificate and a residential class 1 license.*

OhioRISE Coverage Approach / Framework

OhioRISE program structure refreshers:

- *Children eligible for PRTF services are eligible for OhioRISE*
- *OhioRISE services (including PRTF services) will be provided through Aetna*

Training and Technical Assistance

- *Develop and retain PRTF workforce*
- *State support through clear guidance and TA*

Implementation Activities

Selection process by Aetna to contract with PRTF providers to serve youth enrolled in OhioRISE

ODM and OhioMHAS Shared System Goals

- **Disconnect treatment intensity from location**
- Development of **PRTF Guiding Principles**
- **Reduce out-of-home care** whenever possible
- **Reduce length of stay** when a child needs PRTF level of care
- **Treat children closer to their communities** in order to engage family and activate community resources
- **Engage families** in treatment
- **Engage community providers** prior to discharge
- **Individualized** plan of care
- **Increase evidence-informed approaches** instead of using point and level systems
- Focus on **skill acquisition** for return to home/community, not amelioration of all BH needs

Reminder: PRTF Guiding Principles (Presented 6/2/2021)

- PRTF is **one service on a continuum of care** for youth with complex needs
- **Trauma-focused**, culturally and linguistically competent care
- **Individualized, collaborative, and intensive** interdisciplinary treatment
- **Strengths-based** and **evidence-based** treatment
- Quickly stabilize youth behaviors and address symptoms to allow **return to community in as short of a timeframe as possible**
- **Non-coercive care environment** – system that does not use physical restraint or seclusion on children
- **Youth and family engagement** is a key component
- **Shared decision-making** between youth, family and treatment TEAM
- **Strengthen and expand** the youth and family's community **connections and natural supports**
- **Develop and retain** a competent PRTF **workforce**
- Data collection and analysis to **demonstrate outcomes** and identify any **areas for improvement**

Considerations for Ohio's Approach to PRTF

- 1 Building Bridges Initiative** » <https://buildingbridges4youth.org>
- 2 Commitment to Families and Youth** » Services should strengthen and not diminish the connection within families
» Learning from families about what works and what does not work
- 3 Solution / Treatment Frameworks** » Commitment to highly individualized, strengths-based solutions that are evidence-informed
- 4 Expansion of In-Home & Community-Based Solutions** » Guiding principle: PRTF is one service on a continuum of care for youth with complex needs
» PRTF seen as part of the Home and Community Based Service Continuum, not separate / siloed.
» Intensity of treatment is no longer about a place or location
- 5 Feedback and Best Practices** » Gathering experiences, best practices, lessons learned, and feedback from in-state and out-of-state providers

Treatment Model and Standards To Be Defined



Admission

- Pathway to admission to a PRTF and pre-admission process
- Admission criteria
- Admission process
- Emergency Admission Process
- No reject if youth meets PRTF-developed admission criteria



Treatment

- PRTF treatment options/approaches
- Treatment determination processes
- Average LOS
- Clear philosophy
- Individualized Plan of Care
- Home-like environment



Release and Transition

- Release / transition criteria
- Process for transition from PRTF to Other Home & Community Based Services
- Post-transition services

Since the Last PRTF Workgroup Held on 10/27/21....

WHAT WE ACCOMPLISHED

- Held 5 rate setting discussions with PRTF Provider groups to understand requirements to set PRTF rates since January.
- Delivered four modules and specific community partner OhioRISE trainings to over 4,000 attendees.
- Final filed OhioRISE Rules.
- Launched the OhioRISE Program on 7/1/22.
- Aetna and CMEs began care coordination activities.

WHAT'S UPCOMING

- OhioMHAS PRTF Rules are open for public comment.
- ODM PRTF Rules are open will be open for public comment later this week.
- Continue building existing range of community-based behavioral health services.

Update on PRTF Rules Development



Mike DeWine, *Governor*
Lori Criss, *Director, OhioMHAS*

New OAC Chapter 5122-41

Psychiatric Residential Treatment Facilities (PRTF)

OhioMHAS PRTF Rules - Process

- Last version shared with this group dated August 11, 2021, and changes were reviewed with this group.
- That version is available here:
https://managedcare.medicaid.ohio.gov/wps/wcm/connect/gov/bd8dc599-8838-4f65-8215-fcc0c40eb7cb/OhioRISE_MHAS+PRTF+Rule+Redline_2021.08.11.pdf?MOD=AJPERES&CVID=nJPSvWR
- This is an informal opportunity for public comment with the formal Common Sense Initiative Office (CSIO) and Joint Committee on Agency Rule Review (JCARR) still to come.
- Current versions released via OhioMHAS rules [listserve](#) July 29, 2022
 - Can be accessed here: <https://mha.ohio.gov/rules-and-regulations/rules/draft-rules>
 - Comments may be sent by e-mail to: MH-SOT-rules@mha.ohio.gov
 - Comments period ends on August 12, 2022



OhioMHAS PRTF Rules changes

- 5122-41-01
 - Added definition of “home-like environment” or “home-like”. This also causes some renumbering to occur.
 - (C)(1) revised and QRTP “exemption” language added
 - (D)(4) CANS clarification on timing related to admission and updating
- 5122-41-02
 - Fixed error in “time frame” in paragraph (A)
 - (B)(2) added CANS reference
 - Moved (C)(2) to stand alone section (D) with additions related to “home-like” environment (see paragraphs 2 – 7). This also causes some renumbering and re-lettering to occur.
 - Restored (C)(3) from the August 11, 2021, version
 - (E)(1)(c) clarifying language added



OhioMHAS PRTF Rules changes

- 5122-41-03
 - No changes since August 11, 2021, version
- 5122-41-04
 - No changes since August 11, 2021, version
- 5122-41-05
 - No changes since August 11, 2021, version
- 5122-41-06
 - No changes since August 11, 2021, version



OhioMHAS PRTF Rules changes

- 5122-41-07
 - (C) added “and more often when clinically indicated” for plan of care review
 - (D)(3) cleaned up language on minimum practitioner for the team
 - (E) revised and (F) and (G) added regarding required services
 - (F) sets minimum services (including minimums on time and frequency) specifically associated with young people that **are able** to engage in education. Removed family therapy minimum but defers to individualized plan of care.
 - (G) sets minimum services (including minimums on time and frequency) specifically associated with young people that **are unable** to engage in education. Removed family therapy minimum but defers to individualized plan of care.
 - (G)(1) changed to “A face-to-face consultation with a psychiatrist or other qualified physician, lasting at least fifteen minutes, and occurring not less than once a week;”
 - (F) and (G) changed “organized recreational activities to “Ancillary services based on the young person's clinical needs as indicated in the young person's individualized plan of care, provided seven days a week for at least two hours each day.”



OhioMHAS PRTF Rules changes

- 5122-41-08
 - Condensed (B)(1)
- 5122-41-09
 - No changes since August 11, 2021, version



Discussion?



ODM PRTF Rules

Two Rules

- PRTF Service, 5160-59-03.6 – defines eligible PRTF providers and reimbursement structure
- PRTF Cost Report, 5160-59-07 – describes PRTF cost report requirements

OAC 5160-59-03.6 PRTF Service Rule

Items that have been updated:

Last version was shared on 08/11/2021

- Added (B) Definitions section
- (D) Coverage:
 - PRTF per diem includes staffing and services provided in the PRTF as described in 5122-41-07
 - Higher rate for facilities serving cooccurring BH and IDD
 - Higher rate for facilities providing services to youth in a discrete building of six or fewer beds
 - Bed hold for up to three days per therapeutic leave or family visit event
 - Separate payment may be made for:
 - Services provided outside of the PRTF, to include medical, ancillary and specialty healthcare services (labs, pharmacy, medical visits, dental, vision, hospital, etc.)
 - Community BH services rendered by a provider outside of the PRTF when necessary for transition to a lower level of care
 - OhioRISE CME care coordination
 - MRSS
 - Transportation (emergency or NEMT for healthcare, family/guardian visits to the facility, admission/discharge)

OAC 5160-59-03.6 PRTF Service Rule - Continued

Items that have been updated:

Last version was shared on 08/11/2021

- (F) Limitations
 - PRTF admissions requested by OhioRISE Care Coordinator upon recommendation of CFT
 - Meet the certification of medical necessity requirements in 5122-41-01
 - Authorized by the OhioRISE plan

PRTF Cost Report Rule, OAC 5160-59-07

Who is required to file a cost report and why?

- Filing a cost report is important because the information reported on the PRTF cost report (CR) is used in the calculation of future PRTF related rates.
- What you report today determines how you will be paid tomorrow.

Items that have not changed:

Last version was shared on 08/11/2021

- Cost reports must cover a consecutive twelve-month period of the provider's operations.
- Facilities may request a 30-day extension of the deadline to submit their CR.
- Facilities will be able to submit their CR via the Provider web portal.
- Facilities will be required to submit hardcopies of the Medicaid cost report along with any other required documents associated with the CR.
- Requirement that every PRTF in Ohio file a CR, whether they have Medicaid data to report or not.

PRTF Cost Report Rule, OAC 5160-59-07 - Continued

Items that have been added, changed, or removed:

Last version was shared on 08/11/2021

- Added language to allow changes in the time period covered by the applicable CR.
- Changed the instances requiring out-of-State facilities to file a CR.
- Removed the clause stating facilities will be fined that do not file their cost report on time.

Questions and Answers



PRTF Rate Development Current State

PRTF Rate Setting Stakeholder Engagement

Potential PRTF Interviews

Role: Inform current and future operations, including staffing models, participant acuity and specialty services, and financial reporting

Participants: 6 potential PRTFs

Updates: Final interview completed in January; key takeaways were presented to the Rate Setting Subgroup; results informed provider survey development and draft rate model assumptions

Rate Setting Subgroup

Role: Provide informed recommendations on the rate setting methodology, provider survey, research, and cost report

Participants: PRTF providers and provider association representatives

Updates: Started holding monthly meetings in January 2022; PRTF provider survey completed; ongoing engagement and feedback related to the draft PRTF rates

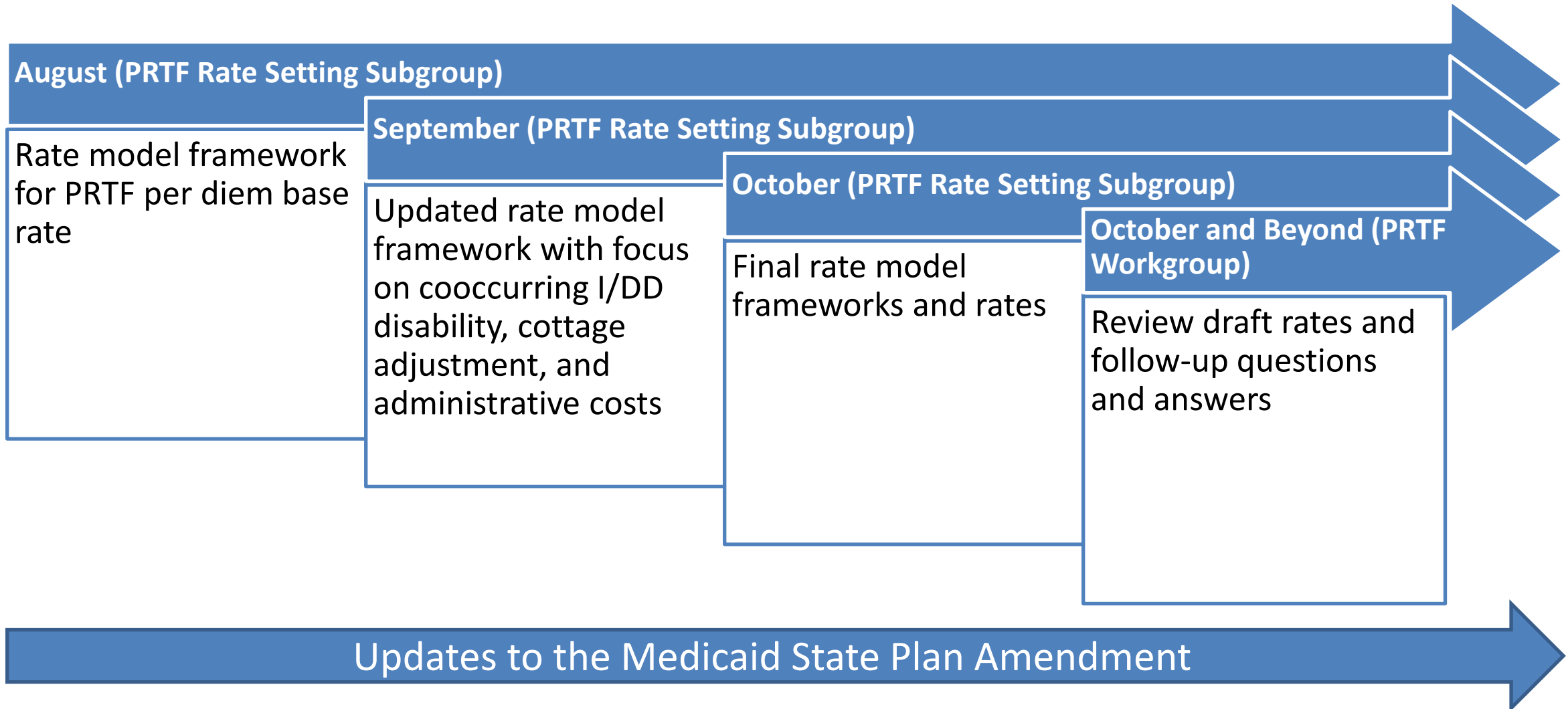
PRTF Workgroup

Role: Review draft rates (year 1) and other PRTF Rate Setting Subgroup outcomes

Participants: PRTF Workgroup members, including all potential Ohio PRTFs

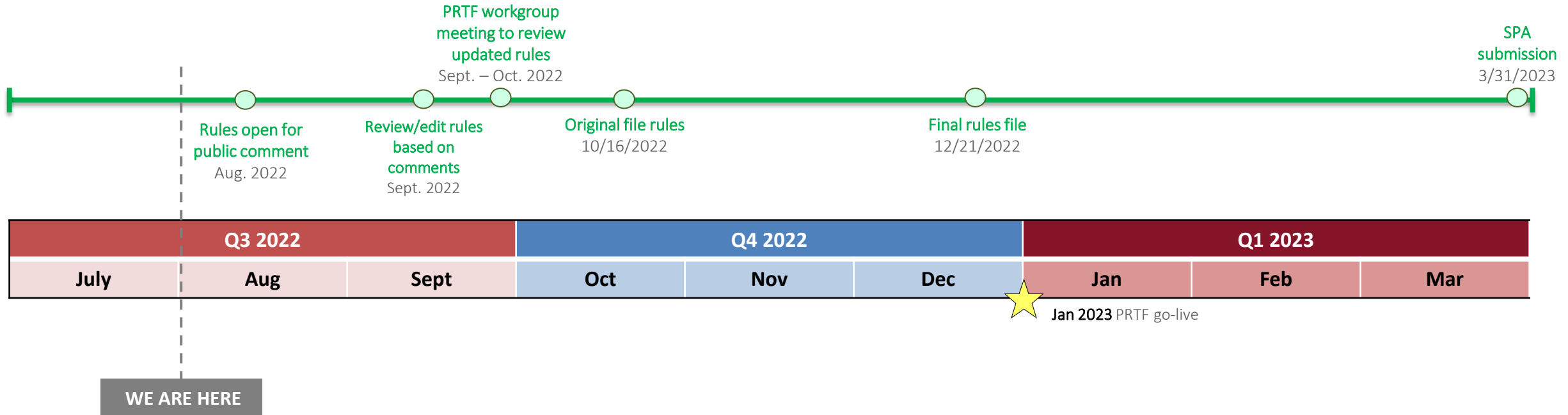
Updates: Ongoing engagement and updates as necessary

Proposed Next Steps for PRTF Rate Setting



Next Steps

PRTF Rules High-Level Timeline



Next Steps

- 1** | Submit comments on draft rules
 - » OhioMHAS: MH-SOT-rules@mha.ohio.gov; open for public comment until August 12
 - » ODM: OhioRISE@medicaid.ohio.gov
- 2** | Continue rate setting work
- 3** | Continue Rule and SPA work
- 4** | Explore OhioRISE PRTF provider selection frameworks
- 5** | Provider certification
- 6** | Training and technical assistance for selected providers

Thank you for attending!