OhioRISE Psychiatric Residential Treatment Facility (PRTF) Workgroup

March 16, 2021
3:00 – 5:00 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 and workgroup 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 Website.

Note about OhioRISE procurement
Agenda

1. Welcome and Introductions
2. Stakeholder Engagement Refresher
3. PRTF Overview – Elizabeth Manley
4. PRTFs in Ohio
5. Next Steps
Today’s Ohio Medicaid Managed Care Program

Members are impacted by business decisions that don’t always take their needs or circumstances into consideration. Providers are not always treated as partners in patient care. We want to do better for the people we serve.

“Next Generation” of Managed Care in Ohio

The focus is on the individual with strong coordination and partnership among MCOs, vendors & ODM to support specialization in addressing critical needs.

1. Single Pharmacy Benefit Manager (SPBM) Procurement
2. OhioRISE Procurement
   Resilience through Integrated Systems and Excellence
3. Fiscal Intermediary
4. Centralized Credentialing
5. Managed Care Procurement
OhioRISE Enrollment

✓ Enrolled in Medicaid (managed care or fee for service)
✓ Up to age 21
✓ In need of significant behavioral health services
✓ Meet functional needs criteria as assessed by the Child and Adolescent Needs and Strengths (CANS)
✓ Estimate 55-60,000 children & youth by end of year 1

OhioRISE Services

✓ All existing behavioral health services – with a few limited exceptions (ex: BH emergency dept.)
✓ Intensive Care Coordination
  • Consistent with principles of High-Fidelity Wraparound
  • Delivered by a regional “Care Management Entity”
  • Two levels – intensive and moderate
✓ Intensive Home Based Treatment (IHBT)
✓ Psychiatric Residential Treatment Facility (PRTF)
✓ New 1915(c) waiver that runs through OhioRISE
  • Unique waiver services & eligibility
✓ Mobile Response and Stabilization Service (MRSS)
  • Also covered outside of OhioRISE (MCO and FFS)
We Need to Build Significant Capacity to Shift the System

CURRENT STATE

Lower Intensity Services

Out-of-Home Services

FUTURE STATE

Intensive In-Community Services
- Intensive Care Coord.
- In-home therapies
- Crisis Intervention

Out-of-Home Services

Lower Intensity Services
- Outpatient counseling
- Medication management
OhioRISE Ecosystem

Family and Children First Cabinet Council:
Governor’s Office of Children’s Initiatives, Office of Family & Children First MHAS, ODJFS, DODD, ODM, DYS, DRC, ODH, ODE,
Federal and State funds | Governance and Oversight

Medicaid Managed Care Organizations (MCOs)
Physical health, limited BH services

Service Providers
Contract with OhioRISE & MCOs to provide services

OhioRISE Plan
Contract with CMEs, providers

Network of Care Management Entities (CMEs)
Provide Intensive Care Coordination using High Fidelity Wraparound

Center(s) of Excellence (COEs)
Support evidence-based practices, training, fidelity reviews, workforce development
The current focus of the managed care procurement is on soliciting RFA responses and evaluating them in preparation for award.
Provide Feedback to inform the OhioRISE Program

Provide Expertise for Development of New and Enhanced OhioRISE Services

Collaborate on Readiness, Transition and Implementation

Actively Participate in Population Health, Quality Improvement Activities

Communicate with individuals we serve and our shared community partners
Provide ongoing feedback to OhioRISE Governance Network, collaborate, and learn across systems
OhioRISE Advisory Committee & Workgroup Structure

OhioRISE Advisory Council

Services Workgroup
MRSS  PRTF  IHBT

Eligibility & Care Coordination Workgroup (CANS, CME, ICC, MCC)

Implementation & Operations Workgroup
OhioRISE Advisory Council & Workgroups – Membership and Purpose

**Purposes of the OhioRISE Advisory Council & Workgroups**

- Offer specific advice, expert opinions and suggestions to Directors and staff regarding the OhioRISE program
- Provide clinical and programmatic input on key components of new and enhanced services
- Review rule development and changes
- Provide critical technical feedback regarding initial implementation activities and OhioRISE operations

**MEMBERS SELECTED FOR THE ADVISORY COUNCIL REPRESENT:**

- Diverse range of expertise and experience
- Local system partners
- Associations and providers of services
- Youth and Families with lived experience
- Ohio’s geography
Introduction to PRTFs
Residential Interventions within Systems of Care: Connecting the Dots

Presented by:

Elizabeth Manley
Clinical Instructor for Health and Behavioral Health Policy
What works best is anything that increases the quality and number of relationships in a child’s life. People, not programs, change people.

Dr. Bruce Perry, Mind and Heart Foundation
Language is Important:

The Language of System of Care
• Children, youth, young adults
• Parents, caregivers
• Treatment
• Engagement
• Transition
• Missing
• Family time

Not the Language of System of Care
• Clients, cases, consumers
• Mom and Dad
• Placement
• Not motivated
• Close, terminate
• Run away
• Home Visits
Implications for Residential Interventions Best Practice

- Movement away from “placement” orientation and long lengths of stay
- Residential as part of an integrated continuum, connected to community
- Shared decision making with families/youth and other providers and agencies
- Individualized treatment approaches through a child and family team process
- Trauma-informed care

For more information, go to Building Bridges Initiative: www.buildingbridges4youth.org
Psychiatric Residential Treatment Facility (PRTF) vs Inpatient Care

- Focus on engagement strategies
- Community Based
- Staff Secured
- Family Friendly
- Minimizes Trauma Experience
- Focus on Restraint Reduction

- Focus on crisis behaviors
- Not community based
- Secured
- Family Friendly can be challenging
- Can be traumatic experience
- Restraint and seclusion can be part of the experience
Residential Best Practices

- Trauma Informed Lens:
  - Leadership
  - Workforce
  - Environment
  - Programming
  - No Point Systems
Residential Best Practices Continued:

• Family Driven:
• Family Choice
• Family Engagement Strategies
• Family Time
• Maintaining and Supporting Family Connections
Residential Best Practices:

Youth Guided: Goal is for the Youth to Feel Better

- Engagement
- Individualized Planning
- Community Strategies and Connections
- Youth Advisory and Feedback Strategies
Trauma Informed Environments: Observe from a Self-Regulation Lens

• Creating environments that focus on dysregulation
  ✓ Use sensory rooms
  ✓ Use weighted blankets and other sensory sensitive tools
  ✓ Attentive to the physical needs of youth, eating, sleeping, moving

• Shifting language and understanding of the child behavior and the function of the behavior
  ✓ Move away for the use of the diagnosis as the descriptor for children
  ✓ Identify the behavior and the concern around the behavior is relation to safety
  ✓ Give evidence of the youth’s success

• Identify strategies around safety for youth as part of engagement
  ✓ Soothing Plans developed with each youth
  ✓ Sensory box for each youth
Residential Best Practices Continued:

Regulation and Sensory Tools for all Senses: Understand the sensory diet of each youth

- Sight
- Sound
- Smell
- Touch
- Taste
- Proprioception
- Vestibular input

Tools such as Yoga, chalkboard paint, weighted blankets, rocking chairs
Residential Best Practices Continued:

- Connection to Home and Community Based Services and Supports
- Strength Based
- Moving toward “No Eject, No Reject”
- Match youth to best residential intervention to meet their needs
- Individualized Planning
- Coordination across Programs and Systems
- Committed to Health Equity
- Commitment to Natural Helping Networks
- Resiliency Oriented
Residential Best Practices Continued:

• The Role of Restraint

• The Role of Seclusion

• The Role of Coercion
Residential Best Practices Continued:

Data and Outcomes Driven:

- Length of Stay
- Return to Care
- Community Connections
- Permanency
- School Attendance and Performance
- Juvenile Justice Involvement
- Rigorous Debrief
Residential Interventions within a System of Care

- Home Like Environment
- Trauma Informed
- Goal is for the child to feel better
- No breaks for the team when the youth is in an out of treatment intervention
- There are diminishing returns on long lengths of stay
Lessons from the Field:

• Set the vision and don’t move away from the vision
• Communicate, communicate, communicate
• Youth and family voices are the drivers to innovation
• The building blocks to systems of care work in coordination and not as well in isolation
• Community engagement and participation is essential
• It is not a program, but systems transformation
References:

- Making the Case for a Comprehensive Children’s Crisis Continuum of Care; NASMHPD 2018; https://www.nasmhpd.org/sites/default/files/TACPaper8_ChildrensCrisisContinuumofCare_508C.pdf
- Pires, Sheila; Building Systems of Care: A Primer; 2002; https://gucchd.georgetown.edu/products/PRIMER_CompleteBook.pdf
- Pires, Sheila; Customizing Health Homes for Children with Serious Behavioral Health Challenges; 2013; https://nwi.pdx.edu/pdf/CustomizingHealthHomes.pdf
References Continued


- Berrick, Ken and Sprinson, John S. *Unconditional Care; Relationship-Based, Behavioral Intervention with Vulnerable Children and Families*. Seneca Center. Oxford University Press, NY 2010


Questions???
Thank You
Thank you!

Elizabeth Manley
elizabeth.manley@ssw.umd.edu
Ohio’s PRTF Framework
The Current MSY System in Ohio

13% of children in the child welfare system are in congregate care and...

...for kids over age 15, this number increases to over 40%

140 kids per day are receiving care out of state

Percent by placement setting & age
(note: only 3 greatest placement settings included)

= Relative Care
= Foster Care
= Congregate Care

Nearly 700 children in the past 4 years and a 200% increase in kids for this year compared to 2016
Psychiatric Residential Treatment Facility (PRTF) – New OhioRISE Service

• Ohio’s PRTFs will 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 PRTFs will:
  » Prioritize treatment with the goal of 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
  » Cultivate strong community networks around youth and children to support long-term thriving in community settings after discharge
  » Where appropriate, align with Qualified Residential Treatment Program (QRTP) principles

Key Areas for Stakeholder Engagement
✓ Staffing, therapeutic parameters
✓ Additional regulatory considerations
A PRTF is a provider of inpatient psychiatric services for Medicaid-eligible individuals under age 21 that meets the requirements in 42 CFR 441.151 to 441.184 and 483.350 to 483.376

- Provided under the direction of a physician
- A treatment team must certify:
  - Ambulatory care resources available in the community do not meet the treatment plan needs of the recipient;
  - Proper treatment of the recipient’s psychiatric condition requires services on an inpatient basis under the direction of a physician; and
  - The services can reasonably be expected to improve the recipient’s condition to prevent further regression so that the services will no longer be needed

- Active treatment, as outlined in the Individual Plan of Care must be:
  - Based on a diagnostic evaluation that includes examination of the medical, psychosocial, and behavioral aspects of the beneficiary’s situation;
  - Developed by a treatment team in consultation with the beneficiary, and his or her parents, legal guardians, or others in whose care he or she will be released after discharged;
  - State treatment objectives and prescribe an integrated program of therapies, activities, and experiences designed to meet the objectives; and
  - Include discharge plans and aftercare resources such as community services to ensure continuity of care with the beneficiary’s family, school, and community upon discharge
PRTF Regulations – 42 CFR Part 443 Subpart G - Restraint and Seclusion

Restraint or seclusion must only be used in an emergency safety situation

• If resident’s treatment team physician is available only he/she can order restraint or seclusion

• Physician must order least restrictive emergency safety intervention that is most likely to be effective in resolving the emergency safety situation based on consultation with staff.

• The physician must be available to staff for consultation, at least by telephone, throughout the period of the emergency safety intervention

• Each order for restraint or seclusion must:
  » Be limited to no longer than the duration of the emergency situation
  » Under no circumstances exceed 4 hours for residents 18-21, 2 hours for residents 9-17, or 1 hour for residents under 9
  » Be documented in the resident’s record by the end of the shift in which the intervention occurred

• Face to face assessment must be completed by a physician or licensed practitioner within 1 hour of initiation

• Notification, reporting and staff training requirements

• Postintervention debriefings within 24 hours
**Other States and PRTF Policies**

Per CMS, PRTFs are recognized in 34 different states*  

<table>
<thead>
<tr>
<th>Common Themes Across States</th>
<th>Differences Across States</th>
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<tbody>
<tr>
<td>• Authorization / medical necessity of PRTF services for each child at admission and for continued stay</td>
<td>• Approach to number of facilities/beds, eligible provider types, physical composition of facilities</td>
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<td>• Periodic reviews of each plan of care, progress being made during the stay</td>
<td>• Maximum length of authorized length of stay</td>
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<td>• Reimbursement on per-diem basis</td>
<td>• Frequency with which plans of care are updated</td>
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<tr>
<td>• Discharge planning</td>
<td>• Staffing ratios and clinical contact requirements</td>
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<td></td>
<td>• Services included in reimbursement amount</td>
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<td></td>
<td>• Number of therapeutic (leave days) allowed and their level of reimbursement</td>
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<td></td>
<td>• Some states have classes or levels of PRTFs</td>
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*<https://qcor.cms.gov/index_new.jsp>
Psychiatric Residential Treatment Facility Policy Collaboration

Ohio Mental Health and Addiction Services

» Certification and oversight activities
  • Treatment plan and progress notes
  • Activities
  • Staffing

Ohio Department of Medicaid

» Eligible Providers
» Authorization
» Payment

OhioRISE Plan

» Selective contracts with PRTFs
PRTF Alignment with Other Types of Facilities

PRTF

ICF

with behavioral rate add-on

QRTP
HIGHEST LEVEL OF CARE

- Intermediate Care Facilities (ICF)
- Inpatient Hospital / Psych Hospital
- Nursing Facility
- Psychiatric Residential Treatment Facility (PRTF)
- IFC/IDD-IBSS

LOWER LEVELS OF CARE

- Congregate Care
- Treatment Foster Care
- Family Foster Care
- Residential facility
- Group Home
- Tiers 1-3

+ Family-Based Residential for SUD
## PRTF Alignment with QRTP Requirements

<table>
<thead>
<tr>
<th>Requirement</th>
<th>5122-30-32 * (OhioMHAS) and 5101:2-9-42* (ODJFS)</th>
<th>PRTF</th>
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<tbody>
<tr>
<td>Federal Accreditation</td>
<td>✔️</td>
<td>✔️</td>
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<tr>
<td>Trauma-Informed Treatment Model</td>
<td>✔️</td>
<td>✔️</td>
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<tr>
<td>Registered or licensed clinical staff</td>
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<td>✔️</td>
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<tr>
<td>Family-driven Treatment</td>
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<td>✔️</td>
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<tr>
<td>Discharge Planning</td>
<td>✔️</td>
<td>✔️</td>
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<tr>
<td>Aftercare Support</td>
<td>✔️</td>
<td>TBD</td>
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* Select on hyperlinks to go to the regulation
Next Steps
PRTF Workgroup

- Continue PRTF discussions
- Begin rule concepts discussion with stakeholders
- Finalize Draft OhioMHAS and ODM rules
- Share draft rule with Stakeholders provide a deadline for feedback
OhioRISE Stakeholder Timeline

**JANUARY 2021 - TBD 2022**

OhioRISE Advisory Council Meetings

**JANUARY – MARCH 2021**

Services & Care Coordination / Eligibility Workgroups

**SPRING 2021**

Initial Rule Filings

**APRIL 2021 & BEYOND**

Operations and Implementation Workgroup

**FALL 2021**

Final Rule Filings
OhioRISE Website

On the OhioRISE website we post the dates and times of future meetings, links to join the meetings, and presentation materials.

Select ‘Advisory Council and Workgroup Meetings’ dropdown tab

Access meeting presentations by clicking on the ‘Meeting Name (Link to Materials)’

Join meetings by clicking on the meeting links in the ‘Registration Link’
Thank you for participating!
Appendix