



Department of  
Medicaid



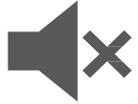
Resilience through  
Integrated Systems and Excellence

# OhioRISE Psychiatric Residential Treatment Facility (PRTF) Workgroup

June 29, 2021

9:00 AM-11:00 AM

# 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 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](#).

# Agenda

- 1** | Welcome and Introductions
- 2** | PRTF Concepts (continued)
- 3** | Residential vs PRTF
- 4** | Small Group Discussions and Large Group Report-out
- 5** | Next Steps

# PRTF Workgroup

## Psychiatric Residential Treatment Facility (PRTF) Workgroup Role

- » 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 WORKGROUP MEMBERS:**

*OhioRISE Advisory Council members and others they suggested for workgroup participation*

Diverse range of expertise and experience

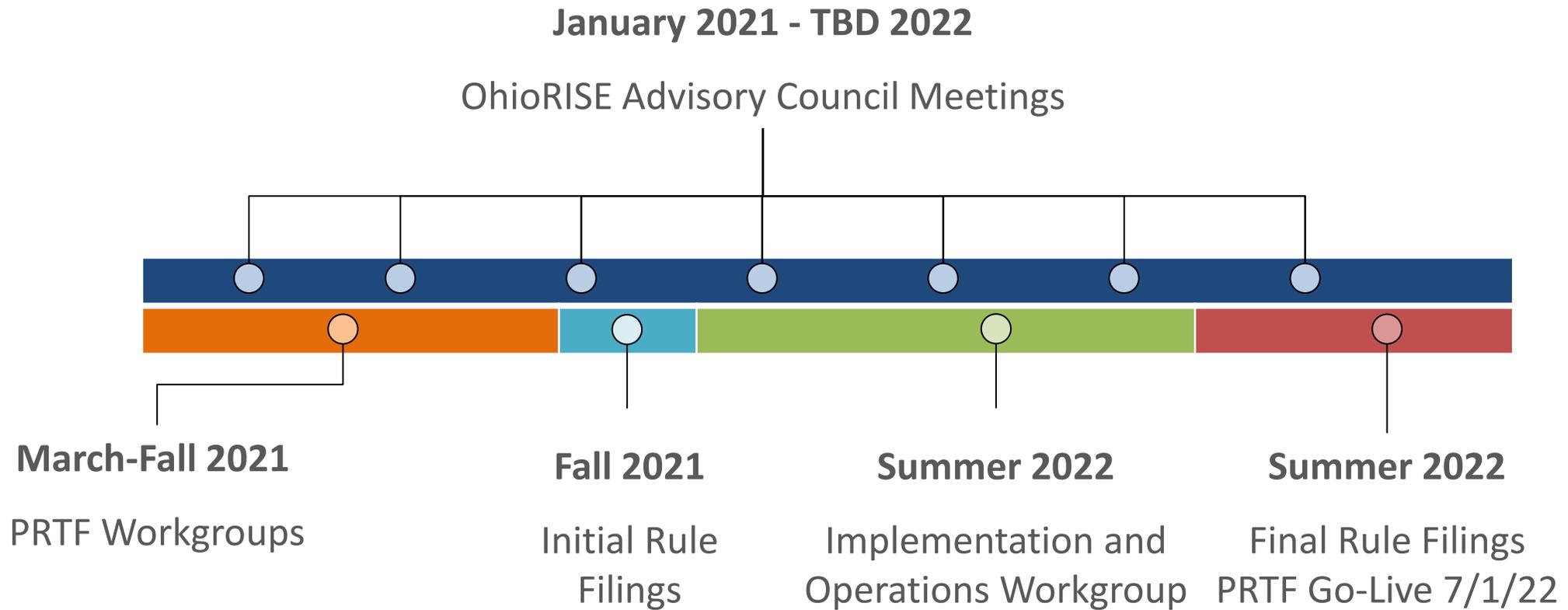
Local system partners

Associations and providers of services

Youth and Families with lived experience

Ohio's geography

# OhioRISE PRTF Timeline



# PRTF Concepts

# PRTF Guiding Principles

- 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
- Strength based and evidence-based treatment
- Quickly stabilize youth behaviors and address symptoms to allow return to community in as short of a time-frame as possible
- Non-coercive care environment
- Youth and family engagement is 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 competent PRTF workforce
- Data collection and analysis to demonstrate outcomes and identify any areas for improvement

## OMHAS

- Licensure/Certification Standards
- Seclusion and Restraint

## ODM

- Eligible providers
- Coverage and Limitations
- Cost Report

## OhioRISE Plan

- Selective Contracts
- Medical Necessity Criteria

# PRTF Rule Framework Topics

- Youth and Family Engagement
- Care Coordination, Transition Planning and Continuity of Care
- Treatment Environment
- Required Services
- Staffing
- Data, Outcomes and Performance Improvement
- Miscellaneous

Today

- Characteristics of Youth
- PRTF Model
- Treatment Team
- Staff Qualifications and Training
- Admission Criteria, Certification of Need, Admissions and Discharges

Last Meeting

# Youth and Family Engagement

- Family / caregiver is considered a critical member of the team and engaged at the beginning in a way that is meaningful and values their contribution to the team and the treatment of the youth. Outcomes improve when families are genuinely involved in their child's care.
  - » Youth is asked directly for their input on their treatment needs and services, and goals and objectives
  - » Family / caregiver and youth are offered choices in treatment
  - » The family / caregiver is invited to participate in family counseling and team meetings from the time of the youth's placement in the PRTF

# Youth and Family Engagement

- Family / caregiver engagement is prioritized. Examples of ways to engage:
  - » Frequent clear and concise communication free of jargon
  - » Environment that promotes respect and that the family /caregivers feel valued and heard
  - » Families / caregivers are encouraged to be full participants in their children’s ongoing care, including participation in clinical appointments
  - » Welcome natural support networks & professionals as youth and family /caregiver support
  - » Work to identify adults / family members who could be involved in a positive way
  - » Visitation policies prioritize youth’s connections and promote face-to-face contact
  - » Utilize technology for visitation and clinical services
  - » PRTF includes the family / caregiver in transition planning
  - » The PRTF provides additional family services and supports or refers the family / caregiver for recommended services and supports in the community

## Care Coordination, Transition Planning and Continuity of Care

- Youth in PRTFs require an intensive level of coordination, some of which may be provided by the PRTF and some by those external to the PRTF (e.g., CME, OhioRISE plan)
- Coordinate care with other providers during treatment, as part of transition planning and after treatment
- Recognize that transition to the community is challenging for the youth and family / caregiver and assures that services and supports are in place to support the youth's successful return to the community
- Transition planning begins at admission and includes partnering entities
- Partner with the youth and family to engage and utilize natural community supports as part of transition planning
- Establish individualized community connections prior to the transition
- Available to the youth, family / caregiver and community partners post discharge

# Treatment Environment

- Trauma-informed
- Nurturing, family-friendly, and provides for normalcy and consistency
- Non-coercive
- Focus on assisting youth with self-regulation
- Staff identify strategies around youth safety
  - » Soothing plans
  - » Sensory boxes for each youth
- Recognize triggers and work to prevent the escalation of behaviors
- Staff model positive skills and communication and focus on safety when describing behavior that is of concern
- Person first and descriptive behavior
- Focus on and verbalize youth successes

## Required Services

- Physical health exam
- Psychiatrist
- Individual counseling
- Group counseling
- Family / caregiver counseling and engagement activities
- 24-hour nursing services
- Medications
- Other medical services, including lab, dental, vision, occupational, physical and speech therapy, either provided by PRTF or through arrangements made by the PRTF
- Provide transportation to appointments, including medical and dental
- Education in coordination with the PRTF's local and the youth's school district
- Substance Use Disorder treatment when clinically indicated and in PRTF admission criteria

# Staffing

## 24/7 Staff

- Nurse
- Direct care

## “Scheduled” Staff

- Administrative director
- Physician / psychiatrist
- Clinical director
- Clinical staff

## On-call Staff

- Physician / psychiatrist
- Clinical staff

## Data, Outcomes and Performance Improvement

- Collect and analyze data to identify the need for broader programmatic changes
- Collect and respond to youth and family feedback during PRTF stay and post discharge
- Examples:
  - » Referral
  - » Family and youth engagement
  - » Transition and discharge

# Miscellaneous

- Emergency Preparedness
  - » §441.184 Emergency preparedness
- Seclusion and Restraint
  - » Looking to integrate PRTF specific requirements into existing rules
  - » Federal PRTF regulations include requirements around time-out
- Incident Reporting
  - » Serious occurrence (CMS definition of serious injury, suicide attempt, substantiated abuse and neglect and death)
  - » Time frame is different than current MHAS incident reporting rules
  - » Report to DRO, ODM
    - Death of youth is also reported to CMS regional office

# Key Differences

## MHAS Class 1 Residential for Youth vs PRTF

(does not include seclusion and restraint comparison)

# Comparison of MHAS Class 1 Youth Residential (includes QRTP) vs. PRTF

Component	Residential (either MHAS rules or typical operations)	PRTF
Staffing	<ul style="list-style-type: none"> <li>• Minimum 1:10 for youth-serving facilities</li> <li>• Crisis Stabilization rules have expectation to adjust according to the number and clinical needs of the persons being served</li> </ul>	<ul style="list-style-type: none"> <li>• Higher (more) staff to youth ratio, and expectation to adjust based on acuity</li> </ul>
Staff positions * Same person may fill multiple roles.	<ul style="list-style-type: none"> <li>• Clinical</li> <li>• Direct care</li> <li>• May designate medical and clinical directors, but there are no standards requiring these positions</li> </ul>	<ul style="list-style-type: none"> <li>• Administrative director</li> <li>• Medical director</li> <li>• Clinical director</li> <li>• Nursing</li> <li>• Direct care</li> <li>• Clinical staff</li> </ul>
On-call staffing	<ul style="list-style-type: none"> <li>• Nursing and clinical staff accessible 24/7 either on-site or via interactive videoconferencing (QRTP requirement)</li> </ul>	<ul style="list-style-type: none"> <li>• Psychiatrist available to come on-site 24/7</li> <li>• Clinical staff or APRN available to come on-site 24/7</li> </ul>
Physician	<ul style="list-style-type: none"> <li>• No requirement. Most residentials have physician/psychiatrist either on staff or contract</li> </ul>	<ul style="list-style-type: none"> <li>• Physician directed service</li> </ul>
Nursing	<ul style="list-style-type: none"> <li>• No requirement. Most residentials have nurses on staff and some staff a nurse 24/7</li> </ul>	<ul style="list-style-type: none"> <li>• 24/7</li> </ul>

# Comparison of MHAS Class 1 Youth Residential (includes QRTP) vs. PRTF

Component	Residential (either MHAS rules or typical operations)	PRTF
Placing person/entity/referral source	<ul style="list-style-type: none"> <li>• Direct family / guardian</li> <li>• Children services board (child welfare)</li> <li>• Court</li> <li>• Any</li> </ul>	<ul style="list-style-type: none"> <li>• Direct family / guardian</li> <li>• Children services board (child welfare)</li> <li>• Court</li> <li>• Any</li> </ul>
Admission	<ul style="list-style-type: none"> <li>• Facility reviews referral information and decides whether to accept</li> <li>• Assessment by independent assessor/qualified individual within 30 days of placement (QRTP IV-E)</li> </ul>	<ul style="list-style-type: none"> <li>• External team                             <ul style="list-style-type: none"> <li>▪ Team includes physician with competence in diagnosis and treatment of mental illness (preferably in child psychiatry) and determines if appropriate for PRTF</li> </ul> </li> </ul>
Discharge	<ul style="list-style-type: none"> <li>• Completion of treatment plan goals</li> <li>• Facility issues discharge notice (e.g. behavioral, treatment needs)</li> <li>• Admission to acute inpatient psychiatric hospital</li> </ul>	<ul style="list-style-type: none"> <li>• Completion of treatment plan goals</li> </ul>
Service Intensity	<ul style="list-style-type: none"> <li>• Range from low (within concept of residential environment) to high</li> </ul>	<ul style="list-style-type: none"> <li>• High service intensity</li> </ul>
Service plan	<p>(Certification standards)</p> <ul style="list-style-type: none"> <li>• Developed 5 sessions or 30 days, whichever comes last (excludes SUD case management)</li> <li>• Reviewed:                             <ul style="list-style-type: none"> <li>▪ When clinically indicated</li> <li>▪ Service added or dropped</li> <li>▪ Request of person served</li> <li>▪ At least 1X per year</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Developed quickly</li> <li>• Reviewed at least monthly</li> </ul>

# Comparison of MHAS Class 1 Youth Residential (includes QRTP) vs. PRTF

Component	Residential (either MHAS rules or typical operations)	PRTF
Required clinical services	<ul style="list-style-type: none"> <li>• Assessment (youth-serving)</li> <li>• Counseling and therapy (youth-serving)</li> <li>• Medical activities (youth-serving)</li> <li>• Crisis stabilization unit                             <ul style="list-style-type: none"> <li>▪ General services</li> <li>▪ Crisis intervention</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Assessments                             <ul style="list-style-type: none"> <li>▪ Physical exam</li> <li>▪ Medical, psychological, social, behavioral and developmental</li> </ul> </li> <li>• Individual counseling</li> <li>• Group counseling</li> <li>• Family counseling</li> <li>• Physician/psychiatrist</li> <li>• Nursing services</li> <li>• Medication administration</li> <li>• SUD if clinically indicated and part of PRTF admission criteria</li> </ul>
Staff training	<ul style="list-style-type: none"> <li>• Trauma</li> <li>• Assist w/ self-admin of meds and personal care, if applicable</li> <li>• Direct Care plus staff authorized to utilize seclusion &amp; restraint (S/R)                             <ul style="list-style-type: none"> <li>▪ Non-physical interventions, e.g., de-escalation</li> <li>▪ CPR/First Aid</li> <li>▪ Application of S/R</li> </ul> </li> <li>• Direct Care Staff                             <ul style="list-style-type: none"> <li>▪ Resident Rights</li> <li>▪ Abuse and neglect reporting</li> <li>▪ Disaster procedures</li> <li>▪ Securing medical and psychiatric emergency assistance</li> <li>▪ Topics specific to mental illness or substance abuse</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Class 1 Residential Training, if applicable (note: medication is to be administered by appropriately credentialed nurse, physician or physician’s assistant)</li> <li>• All staff                             <ul style="list-style-type: none"> <li>▪ De-escalation training</li> <li>▪ Cultural and linguistic competency</li> <li>▪ Calming strategies</li> <li>▪ Mental Health First Aid (non-clinical staff)</li> </ul> </li> <li>• Direct care staff                             <ul style="list-style-type: none"> <li>▪ "Supporting Youth with Intensive and Complex Needs"</li> <li>▪ Additional mental health training</li> </ul> </li> </ul>

# Comparison of MHAS Class 1 Youth Residential (includes QRTP) vs. PRTF

Component	Residential (either MHAS rules or typical operations)	PRTF
Family Engagement	<p>Required (QRTP)</p> <ul style="list-style-type: none"> <li>• Family included in all aspects of care, if in the best interest of the youth</li> <li>• Facilitating contact</li> <li>• Involving and supporting families</li> <li>• Outreach, on-going support</li> </ul>	<ul style="list-style-type: none"> <li>• Expectations for family / caregiver engagement are more detailed, e.g.:               <ul style="list-style-type: none"> <li>▪ Invite to treatment team meetings</li> <li>▪ Minimum amount of family / caregiver counseling (exceptions noted, e.g., court order prohibiting contact)</li> </ul> </li> </ul>
Care Coordination	<ul style="list-style-type: none"> <li>• (QRTP) Coordinate engagement with any applicable community providers serving the youth or family</li> <li>• (QRTP) Ensure availability to community providers for ongoing consultation</li> </ul>	<ul style="list-style-type: none"> <li>▪ Coordinate care with other providers during treatment, as part of transition planning and after treatment</li> <li>▪ Individualized transition planning begins quickly after admission, including family / caregiver, youth and partnering entities</li> <li>▪ Establish individualized community connections prior to the transition</li> <li>▪ Available to community partners, youth and family / caregiver at least six months post discharge when the youth transitions to a community setting</li> </ul>
Outcomes and Performance Improvement	<ul style="list-style-type: none"> <li>• Required data collection and quarterly review of specific seclusion and restraint data</li> </ul>	<ul style="list-style-type: none"> <li>▪ Required data collection and quarterly review of specific seclusion and restraint data</li> <li>▪ Collect and analyze PRTF data and outcomes</li> </ul>
Emergency Preparedness	<ul style="list-style-type: none"> <li>• Develop fire and other disaster policies and procedures, including evacuation, emergency contact, etc.</li> <li>• Staff coverage that includes coverage during emergency situations</li> <li>• Designate staff member to be contacted in an emergency when there is only one staff member on duty</li> </ul>	<ul style="list-style-type: none"> <li>• Detailed federal rules</li> </ul>

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# Breakout Room Discussions

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## Discussion Topics for Breakout Session

- What strategies do you use when there's no identified family or placement for the youth when transition planning? What strategies do you use to engage families?
- How to distinguish treatment intensity in a PRTF vs. in a residential facility?
- How to creatively overcome workforce barriers within an agency or across agencies and systems?
- What data are you currently collecting and how could we leverage that data and technology to support positive outcomes for youth?
- What strategies have you used that have been most effective in reducing seclusion and restraint?
- Is there anything else to consider as we move forward with rules?

## Breakout Rooms

- Break out into smaller groups to discuss rule concepts
- Choose one person per room to take notes and be prepared to report out
  - » This person can also facilitate the discussion or choose someone else to facilitate
  - » The facilitator should help guide the discussion in the room
  - » The facilitator should share their screen and bring up the slide deck
- Typing in the chat box will save your notes for ODM/OhioMHAS to review later

\*Note: If you called in for audio and used another device for video, you will have to manually leave the breakout room you were assigned to get back to the main room to participate with your audio feed.

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# Next Steps

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## Next Steps

- Consider breakout room feedback
- Next Meeting July 14, 9 – 11 am
  - » Share OAC PRTF draft rules for stakeholder comments in advance of the meeting
  - » Stakeholder feedback opportunity to submit written comments
  - » Review and discuss OAC PRTF draft rules during the meeting
- Advisory Council meeting July 13, 9 – 11 am

# OhioRISE Website

On the [OhioRISE website](#) we post the dates and times of future meetings, links to join the meetings, and presentation materials.

**OhioRISE Advisory Council and Workgroups**

Beginning in 2021, OhioRISE Advisory Council and Workgroup meetings will commence. The purpose of these meetings is to engage with stakeholders to obtain critical feedback and expert advice for OhioRISE’s services and operations. You can find the members selected to be in the Advisory Council [here](#) and the presentation for the kickoff OhioRISE Stakeholder meeting on December 18, 2020 [here](#).

Please select the 'Advisory Council and Workgroup Meetings' dropdown tab below to view presentation materials and meeting registration links.

Advisory Council and Workgroup Meetings

Select 'Advisory Council and Workgroup Meetings' dropdown tab

Advisory Council and Workgroup Meetings

Meeting Name (Link to Materials)	Date	Time	Registration Link
<a href="#">OhioRISE Advisory Council Meeting</a>	01/11/2021	12:00 – 1:30 PM EST	Registration Has Closed
<a href="#">MRSS Workgroup</a>	01/22/2021	12:00 – 1:30 PM EST	Registration Has Closed
<a href="#">CANS &amp; Care Coordination Workgroup</a>	01/28/2021	12:00 – 2:00 PM EST	Registration Has Closed
<a href="#">Advisory Council Meeting</a>	02/09/2021	9:00 – 11:00 AM EST	Registration Has Closed
<a href="#">MRSS Workgroup</a>	02/09/2021	1:30 - 3:30 PM EST	Registration Has Closed
<a href="#">CANS and Care Coordination Workgroup</a>	02/11/2021	12:00 - 2:00 PM EST	Registration Has Closed
<a href="#">IHBT Workgroup</a>	02/19/2021	2:30 - 4:30 PM EST	Registration Has Closed
<a href="#">CANS and Care Coordination Workgroup</a>	02/25/2021	12:00 - 2:00 PM EST	Registration Has Closed
Advisory Council Meeting	03/09/2021	9:00 – 11:00 AM EST	<a href="#">Click here to join the meeting - Registration not required</a>

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

Join meetings by clicking on the meeting links in the 'Registration Link'

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**Thank you for participating!**

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