

MEDICAID POLICY INFORMATION SHEET

Policy Analyst: Dana Moore

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Initial

Public Comment

Final

Brief description of policy:

The purpose of this policy is to incorporate updates to bulletin MMP 23-39, which was issued on May 30, 2023 to establish policies specific to Psychiatric Residential Treatment Facility (PRTF) service providers. The incorporated updates are a result of feedback from the provider community. The language in this bulletin supersedes bulletins MMP 23-39 and MMP 23-69.

Reason for policy (problem being addressed):

To incorporate changes to Bulletin MMP 23-39 that were made as a result of feedback from the provider community.

Budget implication:

budget neutral

will cost MDHHS \$, and (select one) budgeted in current appropriation

will save MDHHS \$

Is this policy change mandated per federal requirements?

Yes

Does policy have operational implications on other parts of MDHHS?

State Hospital Administration

Does policy have operational implications on other departments?

LARA

Summary of input:

controversial

acceptable to most/all groups

limited public interest/comment

Supporting Documentation:

State Plan Amendment Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Public Notice Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, please provide status:	If yes, Submission Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied	
Date: Approval Date:	

DRAFT FOR PUBLIC COMMENT		
Michigan Department of Health and Human Services	Project Number: 2413-PRTF	Date: September 9, 2024

Comments Due: October 14, 2024
Proposed Effective Date: December 1, 2024
Direct Comments To: Dana Moore
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<p>Policy Subject: Update to Psychiatric Residential Treatment Facilities (PRTF) Policy</p> <p>Affected Programs: Medicaid, Healthy Michigan Plan, MI Choice</p> <p>Distribution: Prepaid Inpatient Health Plans (PIHP), Community Mental Health Services Programs (CMHSP), Medicaid Health Plans (MHP), State Psychiatric Hospitals</p> <p>Summary: The purpose of this bulletin is to incorporate updates to bulletin MMP 23-39, which was issued on May 30, 2023 to establish policy specific to Psychiatric Residential Treatment Facility (PRTF) service providers. The incorporated updates are a result of feedback from the provider community. The language in this bulletin supersedes bulletins MMP 23-39 and MMP 23-69.</p> <p>Purpose: To incorporate changes to Bulletin MMP 23-39 that were made as a result of feedback from the provider community.</p> <p>Cost Implications: Budget neutral</p> <p>Potential Hearings & Appeal Issues: None identified</p>

State Plan Amendment Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, date submitted:	Public Notice Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Submitted date:
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Tribal Notification: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> - Date:

THIS SECTION COMPLETED BY RECEIVER

<input type="checkbox"/> Approved	<input type="checkbox"/> No Comments
<input type="checkbox"/> Disapproved	<input type="checkbox"/> See Comments Below
	<input type="checkbox"/> See Comments in Text

Signature:	Phone Number
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Signature Printed:

Bureau/Administration *(please print)*

Date

Comment001

Revised 6/16

Proposed Policy Draft

Michigan Department of Health and Human Services
Behavioral & Physical Health and Aging Services Administration

Distribution: Prepaid Inpatient Health Plans (PIHPs), Community Mental Health Services Programs (CMHSPs), Medicaid Health Plans (MHPs), State Psychiatric Hospitals

Issued: November 1, 2024 (Proposed)

Subject: Revisions to Psychiatric Residential Treatment Facilities (PRTF) Policy

Effective: December 1, 2024 (Proposed)

Programs Affected: Medicaid, Healthy Michigan Plan, MI Choice

The purpose of this bulletin is to revise Psychiatric Residential Treatment Facility (PRTF) policy. The incorporated updates below are a result of feedback from the provider community. The following language supersedes bulletins MMP 23-39 and MMP 23-69.

I. General Information

This policy applies to PRTF service providers. According to the Centers for Medicare & Medicaid Services (CMS), a PRTF is any non-hospital facility with a provider agreement with a State Medicaid Agency to provide inpatient psychiatric hospital services for eligible individuals 21 years old and under. PRTFs provide services under the direction of a physician. According to CMS, a PRTF provides comprehensive mental health treatment to children and adolescents (youth) who, due to mental illness, substance abuse, or serious emotional disturbance, need treatment that can most effectively be provided in a residential treatment facility. All other ambulatory care resources available in the community must have been identified, and if not accessed, determined not to meet the immediate treatment needs of the youth. PRTF programs are designed to offer a short-term, intense, focused mental health treatment program to promote a successful return of the youth to the community. Specific outcomes of the mental health services include the youth returning to the family/guardian or to another less restrictive community living situation as soon as clinically possible and when treatment in a PRTF is no longer medically necessary. The residential treatment facility is expected to work actively with the family/guardian, other agencies, and the community to offer strengths-based, culturally competent, medically appropriate treatment designed to meet the individual needs of the youth including those identified with emotional and behavioral treatment needs.

II. Common Terms

Behavior Treatment Plan (BTP) – A behavior treatment plan, where needed, is developed through the person-centered planning process that involves the beneficiary. The person-centered planning process should determine whether a comprehensive assessment should be completed to rule out any physical or environmental cause for the behavior. Any behavior treatment plan that proposes aversive, restrictive, or intrusive techniques, or psycho-active medications for behavior control purposes and where the target behavior is not due to an active substantiated psychotic process must be reviewed and approved by a specially constituted body comprised of at least three individuals, one of whom shall be a fully- or limited-licensed psychologist and one of whom shall be a licensed physician/psychiatrist. The psychologist or physician/psychiatrist must be present during the review and approval process. At least one of the committee members shall not be the developer or implementer of the behavior treatment plan. The approved behavior plan shall be based on a comprehensive assessment of the behavioral needs of the beneficiary. Any proposed aversive, intrusive, or restrictive technique not supported in current peer-reviewed psychological/psychiatric literature must be reviewed and approved by the Michigan Department of Health and Human Services (MDHHS) prior to implementing.

PRTF Certification – (CMS Certificate of Need [CON]) – As defined by CMS, CON for services involves an assessment of medical necessity of this level of care. The CON must be made by an independent team that includes a physician who has competence in diagnosis and treatment of mental illnesses, preferably child psychiatry, and has knowledge of the youth's situation. For emergency situations, the CON must be made within 14 days of admission.

Individual Plan of Service (IPOS) – The document that identifies the needs and goals of the individual beneficiary and the medical necessity, amount, duration, and scope of the services and supports to be provided. For beneficiaries receiving mental health or developmental disabilities services, the IPOS must be developed through a person-centered planning process. In the case of a youth with developmental disabilities, serious emotional disturbance, or mental illness, the youth and their family/guardian are the focus of service planning, and family/guardian is an integral part of the planning process.

Medical Clearance – Evidence that an individual has been evaluated to support that a medical illness is not causing or exacerbating a psychiatric condition and that the individual's physical health is stable for them to be transferred to a PRTF setting.

Non-Hospital Facility – Facility other than a hospital that is certified by MDHHS to provide PRTF services to individuals.

Person Centered Planning – A process for planning and supporting the youth (and family/guardian) receiving services that builds upon the youth's (and family's/guardian's) capacity to engage in activities that promote community life and honors the youth's preferences, choices, and abilities (MHC 330.1700[g]). (Refer to the Behavioral Health and Developmental Disabilities Administration (BHDDA), [Person-Centered Planning Practice Guidelines](#) for additional information.)

Psychiatric Residential Treatment Facility (PRTF) – A non-hospital facility with a provider agreement with Michigan Medicaid to provide the inpatient services benefit, consistent with CMS and MDHHS standards, to Medicaid-eligible individuals age 21 and under.

Severe Functional Impairment – Dysfunction in social and occupational areas of life due to a diagnosis of a serious mental illness.

III. Provider Certification Criteria

Per state law, PRTFs must meet certain requirements to participate. Those entities requesting enrollment as a PRTF provider must meet the requirements and selection criteria to be eligible to provide PRTF services as reimbursed by the Michigan Medicaid program. The requirements include, but may not be limited to:

- (a) Compliance with 42 CFR 441.151-441.182.
- (b) Compliance with all applicable federal, state, and local emergency preparedness requirements as outlined in 42 CFR 441.184.
- (c) Licensed as a Child Caring Institution (CCI) by the Division of Child Welfare Licensing, MDHHS.
- (d) For those facilities serving individuals age 18 and over, licensed as Adult Foster Care by Michigan Department of Licensing and Regulatory Affairs (LARA).
- (e) Certification by MDHHS.
- (f) Accreditation by the Joint Commission, Commission on Accreditation of Rehabilitation Facilities (CARF), or Council on Accreditation of Services for Families and Children (COA).
- (g) Enrollment in the Community Health Automated Medicaid Processing System (CHAMPS).

IV. Eligibility

Medicaid-enrolled youth whose intensity of behavioral health needs necessitates an inpatient level of treatment will be eligible for services in a PRTF.

Eligibility requirements are:

- Under the age of 21 upon admission. Services may continue until the youth meets criteria for discharge or reaches 22 years of age, whichever comes first. If the individual turns 22 while in a PRTF, payment ends the day prior to the 22nd birthday.
- Establishment of medical necessity through comprehensive evaluation and assessment, and the Child and Adolescent Needs Assessment. Clinical documentation and justification indicate that treatment level is inpatient and cannot be provided through home and community-based services.

- Have a primary mental health diagnosis as defined in the most recent edition of the Diagnostic and Statistical Manual for Mental Disorders. Youth with a primary diagnosis of intellectual or developmental disability are not eligible for this benefit.
- Have a severe functional impairment.
- Evidence of difficulty functioning safely and successfully in the community, school, or home due to their mental health needs and functional impairment.
- Require an inpatient level of psychiatric treatment which is beyond the reasonable duration of an acute care hospital to improve the youth's condition or prevent further regression without necessitating the safety, security, and monitoring of an inpatient hospital.

V. Service Authorization

MDHHS will manage certification and enrollment of PRTF providers, issue payment for services to Medicaid beneficiaries served, and monitor the quality and performance of PRTF providers. MDHHS will, when appropriate, authorize admissions to PRTF services, particularly when the youth is currently in a state operated inpatient facility.

The Prepaid Inpatient Health Plan (PIHP) is responsible for managing Medicaid mental health services for all Medicaid beneficiaries residing within the service area covered by the PIHP. This includes the responsibility for timely screening, referral, and certification of requests for admission to PRTF services defined as follows:

- Screening means the PIHP has been notified of the youth and has been provided enough information to support a referral to a PRTF based on the admission criteria established below. The screening may be provided on-site, face-to-face by PIHP personnel, by telephone, or via a video conferencing platform.
- Certification means that the PIHP has screened the youth and has documented that the services requested seem appropriate. Telephone screening must be followed up by the written certification.
- All PRTF service authorizations will be made and entered into CHAMPS by MDHHS. The PIHP should make referrals when appropriate and will be actively involved in treatment planning/monitoring meetings, discharge planning and transition to the community.

PIHP Responsibilities

- Receive and process requests for PRTF admissions when coming from individuals not currently in a state hospital.
- Review to determine that all admission requests/referrals for a youth not currently in a state hospital meet medical necessity criteria and are complete and justified.
- Work with the local MDHHS office to determine Medicaid eligibility and secure enrollment for youth who meet PRTF eligibility criteria but who are not currently a Medicaid beneficiary. (Refer to the Beneficiary Eligibility chapter of the [MDHHS Medicaid Provider Manual](#) for more information.)
- Provide notice regarding rights to a second opinion in the case of denials.

- If coverage of a PRTF is not appropriate, provision of, or referral to and linkage with, alternative services, when appropriate.
- Communication with the treating and/or referring provider such as a Community Mental Health Services Program (CMHSP) or State of Michigan Hospital and ensuring PRTF communication with the family/guardian and, as applicable, custodial agency.
- Facilitate coordination with the primary care physician.
- Facilitate planning in conjunction with the youth, family/guardian, custodial agency (as applicable), PRTF and CMHSP and, if necessary, state hospital personnel for the beneficiary's aftercare services.

Referring Provider Responsibilities

The requesting provider/entity making the referral must do the following to request PRTF admission for a beneficiary:

- Coordinate with the PIHP to complete the Certification of Need for Care form (MDHHS-6087). The MDHHS-6087 will be made available on the [MDHHS PRTF website](#). Providers may also email MDHHS-ICTS-PRTF@michigan.gov to request a copy.
- Coordinate youth and family/guardian team meeting with all involved parties. The meeting must be completed prior to making a formal referral for PRTF care to clearly identify:
 - The youth's needs that cannot currently be met in the community.
 - The expected living situation for the youth after discharge from the PRTF.
 - The youth and family/guardian team members.
 - CMHSP services which will be active during the youth's stay focused on building aftercare support networks in the youth's home and in the community.
- Develop a IPOS specifying PRTF service and concurrent community-based services.
- Ensure updated diagnostic assessment completed by an appropriately credentialed professional.

PRTF Responsibilities

- The PRTF must submit the youth's IPOS to MDHHS and the PIHP/CMHSP no later than seven (7) calendar days after admission. The IPOS should include a tentative discharge plan and a Psychiatric Residential Treatment Facility (PRTF) and Intensive Community Transition Services (ICTS) (MDHHS-6089) for anticipated dates beyond the initial 30 days. The MDHHS-6089 will be made available on the [MDHHS PRTF website](#). Providers may also email MDHHS-ICTS-PRTF@michigan.gov to request a copy.

The IPOS must meet the following criteria:

- Must be based on a diagnostic evaluation that includes examination of the medical, psychological, social, behavioral, and developmental aspects of the youth and the youth's family/guardian situation and reflects the need for inpatient psychiatric care.
- Must include an integrated program of therapies, activities and experiences designed to meet treatment goals.
- May include other services that are provided under arrangement by licensed professionals who are not part of the treatment team, as well as educational services, recreation and socialization, and family/guardian engagement and visitation.
- Must include discharge plans for aftercare services and coordination to ensure continuity of care with the youth's family/guardian, school, and community upon discharge.

The PRTF provider will enter all admissions and discharges into CHAMPS.

A. Admissions

The MDHHS-6087 will be submitted by PIHPs/CMHSPs or other qualifying providers/entities to MDHHS for authorization. State inpatient facilities will submit requests for PRTF admissions to MDHHS at MDHHS-ICTS-PRTF@michigan.gov. Requesting/referring providers will use form MDHHS-6087.

- MDHHS will make authorization and approval decisions for PRTF services according to guidelines established by MDHHS. (Refer to the PRTF Admission Guidelines subsection of this policy for additional information.) All admission and continuing stay responsibilities and procedures must be conducted in accordance with the terms of the contract between the contracting entity and MDHHS. MDHHS will monitor and audit all enrollments as necessary and appropriate.
- While this benefit, reimbursed through Medicaid, is managed by MDHHS, MDHHS will review and approve/deny authorization for PRTF services according to its established guidelines. (Refer to the PRTF Admission Guidelines subsection of this policy.) All admission and continuing stay responsibilities and procedures must be conducted in accordance with medical necessity and need criteria and communicated to the PIHP.

B. PRTF Admission Guidelines

Michigan PRTFs must adhere to the following admission guidelines:

- Admission and the first five days of treatment are authorized by MDHHS with the MDHHS-6087. Continued admission beyond the first five days must follow Continued Stay Authorization Requirements. (Refer to the Continued Stay Authorization Requirements subsection of this policy.)

- Certification of need for care: A physician, physician assistant, or nurse practitioner, acting within the scope of practice as defined by state law, must verify a beneficiary's need for continued stay at an inpatient hospital level of care. The initial certification, meeting the requirements stated below, consists of the admitting provider's written order and plan of care documented in the medical record.
- Information about general appeals procedures as described in the MDHHS PIHP Contract.
- A provider's signature is required on the IPOS for initial admissions and continued stay reviews to certify and/or recertify the need for care at a PRTF.
- PRTFs must have appropriate medical clearance documented in the beneficiary's record.

C. Certificate of Need

The MDHHS-6087 must be completed by a referring provider with an independent, multi-disciplinary clinical team and submitted via email to MDHHS at MDHHS-ICTS-PRTF@michigan.gov for review and approval. The clinical team, as specified below, must certify that:

- Ambulatory care resources available in the community do not meet the treatment needs of the youth;
- Proper treatment of the youth'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 youth's condition or prevent further regression so that the services will no longer be needed.

The certification specified satisfies the utilization control requirement for physician certification.

The clinical team certifying the need for services must include a physician competent in diagnosis and treatment of mental illness (preferably in youth psychiatry), a psychologist, and a physician assistant or psychiatric nurse practitioner who are knowledgeable of the youth's situation.

For emergency admissions, the certification must be made by the team responsible for the plan of care within 14 days of admission.

D. Appeals

MDHHS will make authorization and approval decisions for PRTF services according to guidelines established by MDHHS and appearing in this policy. If a youth or their family/guardian disagrees with a decision related to admission authorization/approval or approved days of care, they may request a reconsideration and second opinion from MDHHS. If MDHHS's initial decision is upheld, the beneficiary has further redress through the Medicaid fair hearing process.

E. Continued Stay Authorization Requirements

MDHHS must review the IPOS every 30 days to determine continued medical necessity for treatment and to authorize an additional 30 days of treatment. This includes verification that a youth continues to meet criteria for PRTF services and requires continued PRTF services. It also requires an assurance that the youth and the family/guardian are making progress toward treatment goals, discharge, and successful transition into a home and community-based setting. Specifically, the following is required for continued stay authorization:

- The PRTF must submit an updated IPOS before the 30th day of the last authorized date of service.
- The PRTF must submit an updated MDHHS-6087 when changes are made to the IPOS.
- The PRTF must submit an updated IPOS when the PRTF setting provider does any of the following:
 - Requests additional days beyond the initial 30 days of treatment.
 - Adds or changes arranged services to the IPOS that require authorization.
 - Adds or changes concurrent services to the IPOS as part of the discharge plan.
 - Adds or changes therapeutic leave days.

VI. Discharge Planning

Discharge planning must begin at the onset of treatment in the inpatient unit. Comprehensive discharge planning is essential for the youth to successfully function in their community. Discharge planning will include the youth and the family/guardian, the treatment team, and the PIHP. The following criteria must be met:

- Development of a transitional process specific to the youth for discharge to a less restrictive or community-based setting.
- IPOS that includes discharge plans for aftercare services and coordination to ensure continuity of care with the youth, the youth's family/guardian, school, and community upon discharge, including referrals for treatment, opportunities for home visits, and inclusion of community-based treatment providers in team meetings.
- IPOS that includes a tentative discharge plan and a request for anticipated authorization beyond the initial 30 days.

VII. Provider Requirements

A. Environment of Care Provisions

A PRTF must provide a 24/7 structured therapeutic environment with individualized and intensive treatment based as delineated by a beneficiary's IPOS. A PRTF must:

- 1) Secure appropriately credentialed or trained staff. Positions must include, but are not limited to:

- a) Medical Director who is an MD or a DO and Board Certified or Board Eligible
 - b) Direct Care Staff (required 24/7)
 - c) Registered Nurses
 - d) Psychiatrists
 - e) Pediatrician or a Family Physician (or an Internist)
 - f) Behavior Analysts
 - g) Social Workers
 - h) Occupational or Recreational Therapists
 - i) Necessary staff to ensure the provision of quality nutrition and well-balanced food that meets the dietary requirements of the youth; housekeeping and maintenance staff; and administrative and business personnel to ensure the provision of all necessary reporting, documentation, communication, oversight, financial accountability, transportation, information technology, and emergency preparedness functions.
- 2) Secure other services that are required on an as-needed basis including, but not limited to:
 - a) Psychological testing
 - b) Speech therapy
 - c) Physical therapy
 - 3) Initiate meetings with potential placements identified by MDHHS or the PIHP if the youth will not be returning to their own home upon discharge from the PRTF.
 - 4) Provide individual treatment and therapeutic interventions daily.
 - 5) Provide crisis response and de-escalation training and support to staff for physical management techniques only. Require debriefing with the Medical Director and treatment team after physical management.
 - 6) Provide educational services for youth within the community in coordination with the local school district. (Collaborate with the youth's local school district on amending the Individualized Education Program [IEP] and hospitalized services resources.) (Refer to the [Homebound and Hospitalized Educational Services for Michigan Public School Pupils document](#) for more information.)
 - 7) Ensure that transportation is provided to address behavioral health, medical health, and educational services, and for services intended to accomplish goals of the youth's IPOS.
 - 8) Work with the youth's treatment team to develop a BTP, if appropriate.
 - 9) Propose and develop a transitional process specific to the youth for discharge to a less restrictive or community-based setting.
 - 10) Develop a family/guardian training plan into the IPOS.
 - 11) Meet with the youth weekly to assess, plan, and deliver services. These meetings must include, but are not necessarily limited to:
 - a) The beneficiary (youth).
 - b) The beneficiary's aftercare family/guardian.
 - c) The beneficiary's PRTF treatment team.
 - d) The CMHSP primary caseworker or clinician.
 - e) The beneficiary's youth welfare worker or juvenile justice probation officer (if appropriate).

- 12) Maintain the following related to care of a beneficiary:
 - a) Individualized services based on input from the beneficiary and/or their family/guardian.
 - b) Treatment at the program is beneficiary-guided and family/guardian-driven with the beneficiary's voice incorporated.
 - c) Staff are trained in cultural competency and the treatment environment supports diversity and equity.
 - d) Treatment that is strength- and resiliency-based and trauma-responsive with a focus on skill building and supporting the youth and family/guardian to meet their needs in their own home and community.
 - e) Comprehensive care that provides for family/guardian engagement with partnerships to support sustained, successful outcomes for the beneficiary with their family/guardian and the community following treatment.
 - f) Standardized behavioral approaches to prevent predictable and continuing behaviors that place the beneficiary or others at risk of harm.
 - g) Treatment plans and interventions that can be integrated into the beneficiary's natural environment and based on real world approaches.
 - h) Collect and report on data regarding measures to assess outcomes and improve treatment, care, and services. Data must include, but is not limited to, youth and family/guardian satisfaction, length of stay, active treatment, and restrictive interventions. Data must be reported at least quarterly, and more frequently if required by MDHHS based on identified need or developing trends.
 - i) Ensure metabolic monitoring for youth on psychotropic medications.
 - j) Ensure and actively monitor for appropriate use of psychotropic medications, including attention to reducing polypharmacy use and reducing the use of psychotropic medications to treat sleep disturbances.
- 13) Abide by any additional terms and conditions of the Request for Proposal (RFP) and the completed contract with MDHHS.

B. Reimbursement

Established rates are per diem and include all services provided to the beneficiary by the PRTF provider. Rates are tiered to address acuity and staffing needs and include therapeutic, and hospital leave days. Adjustments to the tiered rate authorized will be based on the youth's needs as determined in regular treatment planning and review meetings. Specific criteria and processes for review are found in the program specific operating procedures on the [MDHHS PRTF website](#).

A therapeutic leave day is defined as a leave of absence by a youth from a PRTF to a residential setting other than the facility, long-term care facility, hospital, or other entity eligible to receive federal, state, or county funds to maintain a youth's placement, with the expectation that the youth will return to the facility. Leave for a home visit or a vacation is considered therapeutic leave. The youth's health record must document the date and time the youth leave the facility and the date and time of return. The leave days must be noted on the claim submitted for reimbursement. Therapeutic leave days are reimbursed at 75% of the established base rate for contracted behavioral services. MDHHS will reimburse for up to three consecutive therapeutic leave days.

Reimbursement for additional leave days may be approved by MDHHS based on clinical need through request by the provider to MDHHS.

A hospital leave day is defined as the status of a youth who has been transferred from a PRTF to an inpatient hospital for medically necessary services with the expectation that the youth will return to the facility. The youth's health record must document the date and time the youth leave the facility and the date and time of return. The leave days must be noted on the claim submitted for reimbursement. Hospital leave days are reimbursed at 50% of the established base rate for contracted behavioral services. MDHHS will reimburse for up to seven consecutive days for each separate and distinct episode of medically necessary hospitalization. Reimbursement for additional leave days may be approved by MDHHS based on clinical need through request by the provider to MDHHS.

The per diem rate includes, but may not be limited to:

- 1) Personal care and community living supports.
- 2) Psychiatry.
- 3) Group and individual behavioral health therapy.
- 4) Case management.
- 5) Behavior treatment plan development, implementation, and monitoring.
- 6) Room and board.
- 7) All transportation services. This includes transportation to accomplish PRTF treatment goals, education, and non-emergency non-ambulance medical transportation.

Billing and reimbursement for professional or institutional services not rendered within the context of a beneficiary's treatment goals within a PRTF (e.g., physician, vision, or dental services) must be billed according to MDHHS Medicaid policy requirements. (Refer to the applicable billing chapter in the MDHHS Medicaid Provider Manual for more information.) Professional or institutional services required by a beneficiary are covered by Medicaid if they are provided and billed in accordance with MDHHS Medicaid policy requirements.

C. Education and Training of Staff

The facility must require staff to have ongoing education, training, and education activities in the required areas outlined below. The facility must identify and provide for the training needs of staff based upon their responsibilities and include direct care staff as well as administrative, clerical, and housekeeping staff. The facility must review documentation in staff files to verify that the training is occurring and provide MDHHS with an annual report.

- Techniques to identify staff and beneficiary behaviors, events, and environmental factors that may trigger emergency safety situations.

- The use of non-physical intervention skills, such as de-escalation, mediation conflict resolution, active listening, and verbal and observational methods, to prevent emergency safety situations.
- The safe use of physical management (mechanical and chemical restraint are not allowed), including the ability to recognize and respond to signs of physical distress in beneficiaries who are physically restrained.
- Certification in the use of cardiopulmonary resuscitation, including periodic recertification, is required.
- Staff must receive recipient rights training before, or within 30 days of, employment and annually thereafter.
- Trainings must be conducted by individuals who are qualified by education, training, and experience.
- Staff training must include training exercises in which staff members successfully demonstrate in practice the techniques they have learned for managing emergency safety situations.
- Staff must be trained and demonstrate competency before participating in an emergency safety intervention.
- Staff must demonstrate their competencies as specified in 42 CFR 483.376.
- The facility must document in staff personnel records that the training and demonstration of competency were successfully completed. Documentation must include the date training was completed and the name of persons certifying the completion of training.
- All training programs and materials used by the facility must be available for review by CMS, the State Medicaid agency, and the State survey agency.

(Refer to the [State Operations Manual Appendix N-PRTF Interpretive Guidance](#) for additional resource information.)

VIII. Coverage for Out-of-State Services

When feasible, the beneficiary will receive services in the geographically closest PRTF to the youth's home community. There may be instances when a PIHP/MDHHS is responsible for a youth who has been admitted to a PRTF out-of-state. In these cases, MDHHS is responsible, in consultation with the PIHP, for authorizing admission and/or continuing stay. MDHHS will contract with, and issue payment to, the out-of-state provider.

Out-of-state PRTF services are covered in the same manner as Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefits, consistent with MDHHS Medicaid policy.

MDHHS-6087, CERTIFICATION OF NEED FOR CARE
Michigan Department of Health and Human Services (MDHHS)
Psychiatric Residential Treatment Facility and Intensive Community Transition Services
(New 3-24)

SECTION 1

Recipient Name

Date of Birth

SECTION 2

The Certification of Need determination is to be completed by an independent team that (1) includes a physician (2) has competent in diagnosis and treatment of mental illness, preferably in child psychiatry; and (3) has knowledge of the individual's situation. The completion of the form requires a physician's signature.

In the opinion of the interdisciplinary team, complete the following criteria for the certification of need for care in a PRTF setting:

- Ambulatory care resources available in the community do not meet the treatment needs of the individual as evidenced by one of the following:
 - Lower level of care is unsafe, placing individual at risk for imminent danger/harm.
 - Clinical evidence that lower level of care will not meet recipient's needs.
 - Medically necessary due to complicating concurrent disorders.

Outline reasons for selection:

- Proper treatment of the recipient's psychiatric condition requires services on an inpatient basis under the direction of a physician as evidenced by one of the following:
 - DSM V diagnosis and at least one of the following categories.
 - Self-Care-deficit because of Axis I impairment placing recipient at risk for self-harm.
 - Deficit severe and long standing enough to prevent community setting placement (describe):

 - Deficit placing the individual in a life-threatening physiological imbalance without skilled intervention (describe):
 - Impaired Safety-the individual is exhibiting behaviors that present a serious threat to the welfare of himself or others as evidenced by one of the following:
 - Threat to self or others (verbalization or gestures) (describe):

 - Continued suicidal/homicidal ideation with plan of intent and/or continued violent/aggressive behaviors (describe):

Recipient Name:

Date of Birth:

- Presenting symptoms severe enough to warrant residential treatment under direction of a physician (describe):
- Verbal, physical, and/or sexually aggressive behavior that poses a potential danger to self or others (describe):
- Conduct and/or anti-social behaviors of such severity that it places them or society at risk (describe):
- Impaired Thought Process-inability to perceive/validate reality to extent that child cannot negotiate basic environment or participate in family/school life:
 - Disruption of safety to self, family, peer or community group (describe):
- Impaired reality testing sufficient to prohibit participation in community educational alternative (describe):
- Individual is not responsive to outpatient trial of medication or supportive care (describe):
- Individual requires inpatient diagnostic evaluation to determine treatment needs (describe):
- Severely Dysfunctional Patterns-family, environment, or behavioral processes placing child at risk:
 - Documentation of family environment, or behavioral processes placing youth at risk (describe):
 - Family situation non-responsive to outpatient or community resources or intervention (describe):
 - Escalation of instability or disruption (describe):
 - Severe behavior prohibits participation in lower level of care (describe):

Recipient Name:

Date of Birth:

The service can reasonably be expected to improve the individual’s condition or prevent further regression so that the services will no longer be needed.

SECTION 3 – TO BE COMPLETED BY REFERRING PROVIDER

I affirm that the information provided is a true and accurate description of the above-named individual and that this determination was completed by an appropriately qualified clinical team.

Signature

Date

Name of Physician

License

Relationship to Member

Phone Number

Email Address

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**MDHHS-6089, PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY (PRTF)
AND INTENSIVE COMMUNITY TRANSITION SERVICES (ICTS)**

Michigan Department of Health and Human Services (MDHHS)
Division of Adult Home and Community Based Services
(Revised 6-24)

Requesting Agency

Recipient Name

Date of Birth

Date of Program Entry

Legal Status

Next Individual Plan of Service (IPOS) Meeting

Legal Status

Non applicable TCW PCW MCI Ward NGRI Other

Extension Request

30 Days 60 Days 90 Days

Diagnosis

Clinical Reasoning for Extension Request

Current Permanency/Placement Plan

Attached Documentation

Current Treatment Plan Medication List Incident Reports (Not already sent)
 Other

Signature of Requestor

Date

FOR PRTF/ICTS COMPLETION ONLY

Extension

Approved End Date

Denied Reason

Date of Denial

Signature of PRTF/ICTS Approver

Date

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