



**DEPARTMENT OF
HUMAN SERVICES**

Psychiatric Residential Treatment Facilities (PRTF) Overview

July 1, 2021

What are Psychiatric Residential Treatment Facilities (PRTF)?

A PRTF is a psychiatric hospital, hospital or psychiatric facility with a provider agreement with the State Medicaid Agency (DHS) to provide the psych under 21 benefit based on medical necessity.

PRTF services are provided under the direction of a physician and are designed to provide active treatment to facilitate successful discharge back to the community as soon as possible.

PRTF Program Background

PRTFs serve youth with complex mental health conditions that have not had needs adequately met in the community

- Many of these youth display high levels of unpredictable aggression, self-harm or other risk factors

PRTF Mental Health Continuum



ARMHS—Adult Rehabilitative Mental Health Services IRTS—Intensive Residential Treatment Services ACT—Youth Assertive Community Treatment
 CTSS—Children's Therapeutic Support Services PRTF— Psychiatric Residential Treatment Facility

Enrollment of PRTF Providers

Legislation in 2015 directed DHS to enroll up to 150 certified psychiatric residential treatment facility services beds at up to six sites. Subsequent legislation in 2019 authorized an additional 150 beds with a total of 300 by July 2023. Selection of PRTF service providers is through the request for proposals process.

- Providers will be required to obtain certification by the Minnesota Department of Health as a PRTF and meet licensing requirements for Supervised Living Facilities (SLF).
- PRTFs must be licensed by the Department of Human Services.
- PRTFs must enroll as a Minnesota HealthCare Program (MHCP) provider.
- PRTFs must also be accredited by the Joint Commission (JCAHO), the Commission on Accreditation of Rehabilitation Facilities (CARF), or the Council on Accreditation of Services for Families and Children (COA).
- PRTFs must have an approved educational program by Department of Education

Current PRTF Providers

Northwood Children's Services – Duluth

- 48 beds, open since June 2018
- Over 80 MA FFS recipients served

Grafton School – Cold Springs

- Opening 30 PRTF beds in October 2021

North Homes – Grand Rapids

- Opening 52 beds late 2021

Leo Hoffmann Center—St. Peter

- Opening 40 beds late 2021

Program Characteristics

Shorter length of stay

- Avg. 6-9 months

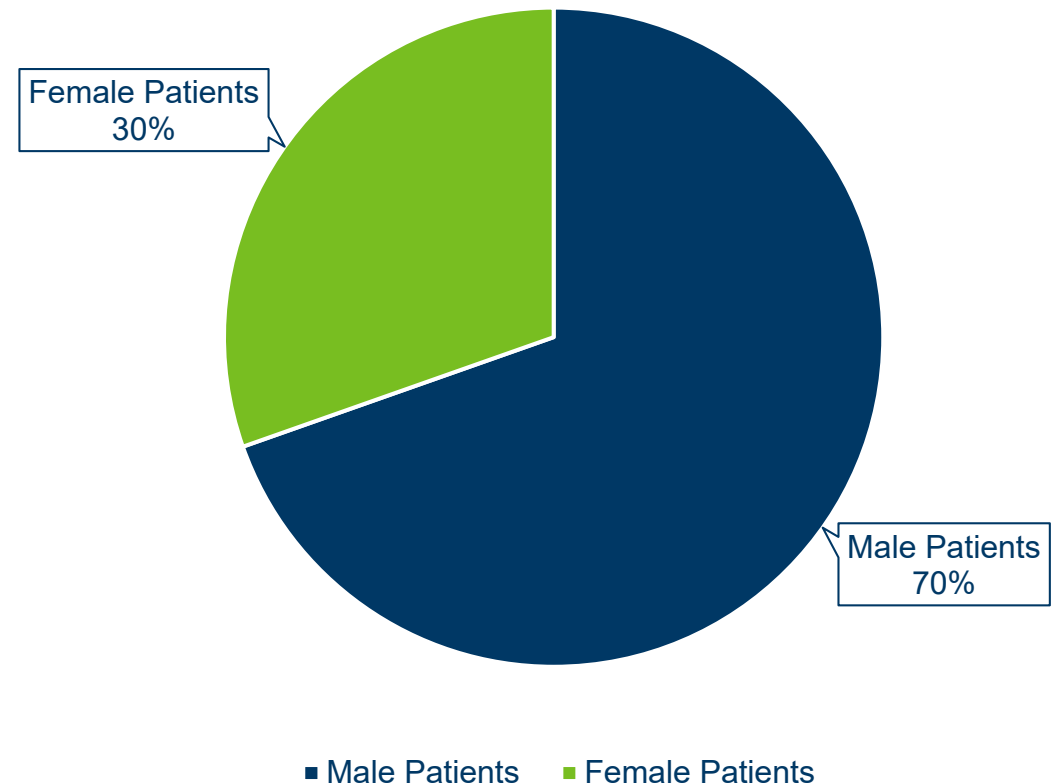
Treatment of more severe diagnoses and risk factors

- PTSD, Conduct Disorder, Reactive Attachment
- Self-harm, SI, sexual acting out, elopement
- **Efforts to increase equitable access**

PRTF General Statistics

- From June 1, 2018 – Current, there have been over **102 children** served by the PRTF Program

Metric	Numbers
Average age of patient	12.166
Male Patients	71
Female Patients	31



Most Commonly Billed Diagnosis

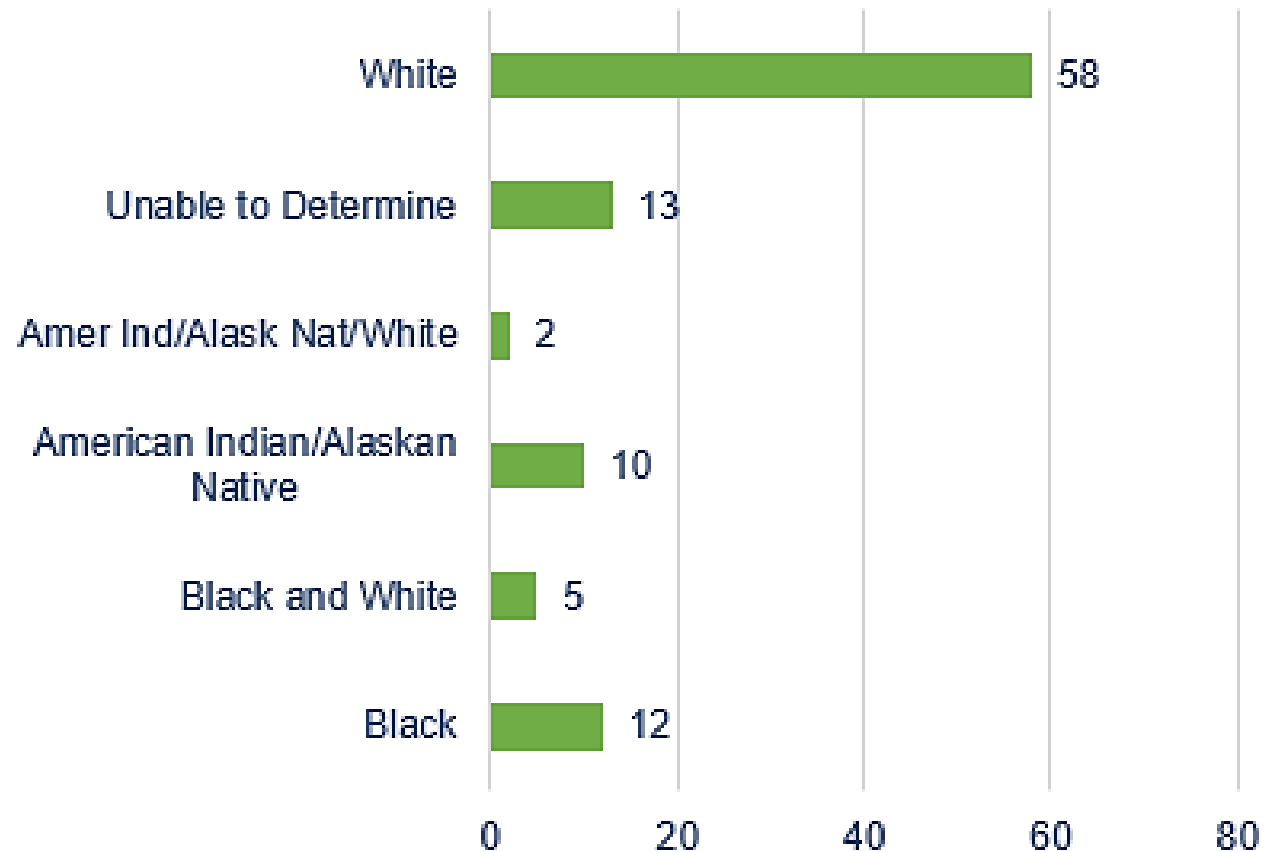
These are the most common billed diagnosis

Diagnosis	Number of Billed Diagnosis
Post-traumatic stress disorder, unspec	105
Disruptive mood dysregulation disorder	64
Oppositional defiant disorder	46
Reactive attachment disorder of childhood	38
Other reactions to severe stress	30

Ethnicity of Children Served in PRTF

Ethnicity of children in program from inception to current

Ethnicity	Counts
Black	12
Black and White	5
American Indian/Alaskan Native	10
Amer Ind/Alask Nat/White	2
Unable to Determine	13
White	58



Top Counties of Residence for Children

These are the top counties of residence for children in the PRTF program

1. St. Louis County
2. Hennepin County
3. Itasca County
4. Carlton County
5. Anoka County

PRTF Covered Services

- **Individual therapy provided a minimum of twice per week**
- **Family engagement activities provided a minimum of once per week, with the emphasis placed on family therapy**
- **Consultation with other professionals, including case managers, primary care professionals, community-based mental health providers, school staff or other support planners**
- **Coordination of educational services between local and resident school districts and the facility**
- **24-hour nursing services**
- **Direct care and supervision, supportive services for daily living and safety, and positive behavior management**
- **Discharge planning**

- 24 hour Nursing
- Direct care and supervision; supportive services for daily living and safety, and positive behavior management
- Staffing ratios to ensure safety and care: during normal waking hours, a ratio of staff of at least one (1) staff person to three (3) residents, and during normal sleeping hours, at least one (1) staff person for every four (4) residents present

Family involvement

- **PRTFs are required to ensure inclusion of families as partners in all aspects of mental health treatment**
- **Examples of family-centered practices at PRTFs may include:**
 - Family education
 - Family support services
 - Family therapy
 - Family peer specialists

Referral Process

- The referral process for PRTFs depends on what type of insurance the youth holds
- If a youth has private insurance or insurance through an MCO, the referral is done through the PRTF provider and does not need to be submitted to DHS
- If the youth has Medical Assistance Fee for Service (MA FFS), the youth must first meet eligibility for medical necessity, which is done through DHS

Referral to PRTF (MA FFS youth only)

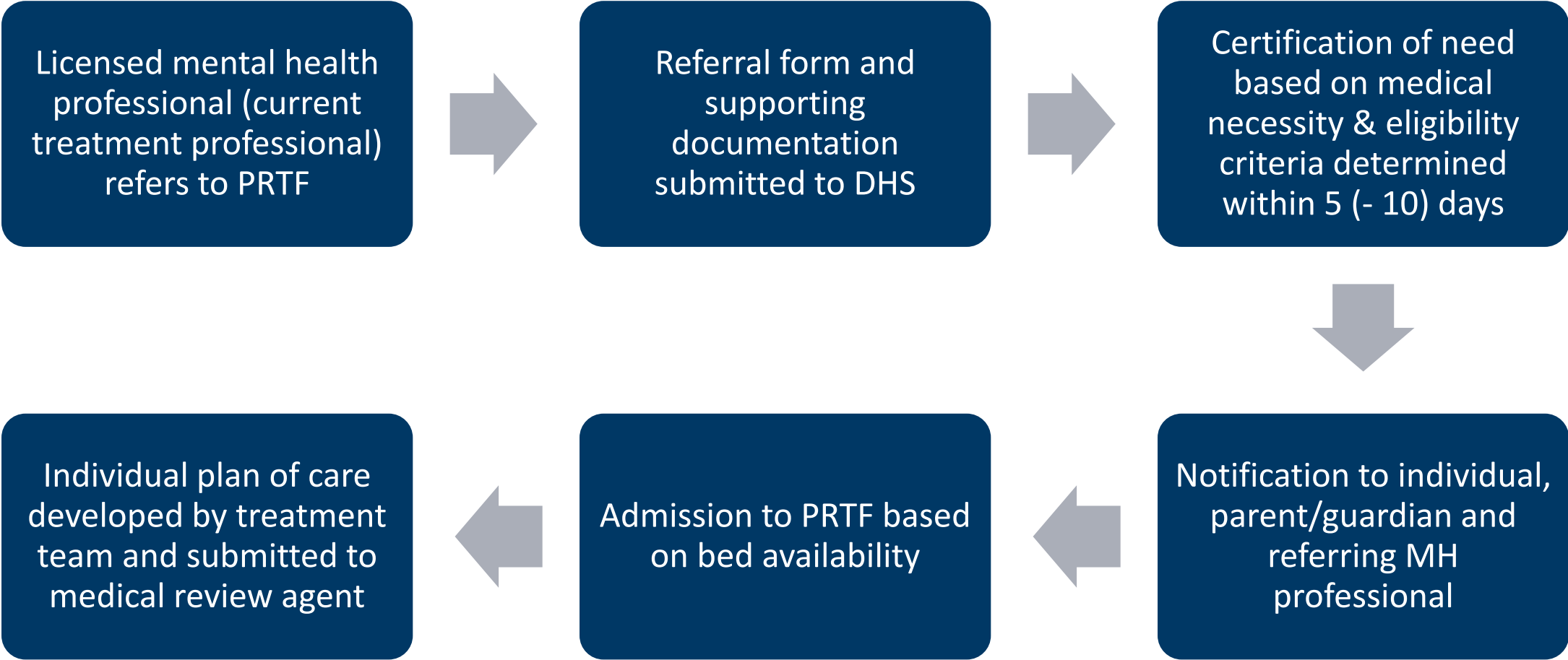
An individual who is eligible for mental health treatment services in a psychiatric residential treatment facility must meet all of the following criteria:

1. Before admission, services are determined to be medically necessary according to Code of Federal Regulations, title 42, section 441.152;
2. Is younger than 21 years of age at the time of admission. Services may continue until the individual meets criteria for discharge or reaches 22 years of age, whichever occurs first;
3. Has a mental health diagnosis as defined in the most recent edition of the Diagnostic and Statistical Manual for Mental Disorders, as well as clinical evidence of severe aggression, or a finding that the individual is a risk to self or others;
4. Has functional impairment and a history of difficulty in functioning safely and successfully in the community, school, home, or job; an inability to adequately care for one's physical needs; or caregivers, guardians, or family members are unable to safely fulfill the individual's needs;

Referral to PRTF, continued

5. Requires psychiatric residential treatment under the direction of a physician to improve the individual's condition or prevent further regression so that services will no longer be needed;
6. Utilized and exhausted other community-based mental health services, or clinical evidence indicates that such services cannot provide the level of care needed;
7. Was referred for treatment in a psychiatric residential treatment facility by a qualified mental health professional.

Referral for and admission to PRTF (MA FFS)



PRTFs manage their own referral lists.

- Any interested referrals are encouraged to submit the Eligibility for Admission and most recent DA to DHS
- These authorizations will stay good for up to 6 months or as long as the DA is current
- DHS will eventually have a statewide list of eligible MA FFS youth

Challenges with Implementation

- Cambia Hill's PRTF abrupt closure
 - *Cambia Hills was licensed for 60 PRTF beds*
 - *DHS in the process of finding way to utilize these beds ASAP either through our current providers or issuing a new RFP*
- Other challenges include:
 - COVID-19 pandemic
 - Workforce shortages
 - Provider difficulty navigating the complex regulatory environment

Plan to address crisis

Increasing capacity

- 3 new PRTF providers scheduled to open before end of year with 130 beds
 - Leo Hoffmann Center, St. Peter 48 beds, Summer 2021
 - Grafton School, Cold Springs 30 beds, late Fall 2021
 - North Homes, Grand Rapids, 52 beds, late Fall 2021
- PRTF plans to eventually expand to 300 beds by 2023
- BHD continued to provide intensive support to new PRTF providers
 - Clinical, programmatic and regulatory assistance

PRTF transition service

- A new program is in process of implementation to assist with discharging youth to appropriate levels of care
- Collaboration with CABHS, CRF and other children's intensive services
- Goal is to make bed availability more accessible and not delay discharges to the community due to lack of resources

Plans for expansion

- Future RFP will target hospitals and culturally specific providers
- Understanding current limitations with provider capacity to serve some of the most complex youth
- Expanded collaboration with CABHS, DCT, DOC and other stakeholders

Other Children's Intensive Services

Qualified Residential Treatment Programs (QRTP) implementation is around the corner and will have significant positive impacts

- Focus on directing resources to community-based interventions and only utilizing CRF as last resort

Other initiatives include:

- Systems of Care/ Wraparound
- Intensive Treatment Foster Care
- Youth ACT expanded ages, improved rates to attract new providers
- Expanding First Episode Psychosis and DBT



**DEPARTMENT OF
HUMAN SERVICES**

Comments or Questions

Amy Schweigert, PsyD, LP, LMFT

PRTF Clinical & Policy Lead

Amy.Schweigert@state.mn.us