

Public Comments for Psychiatric Residential Treatment Facilities Policy Renewal

The West Virginia Bureau for Medical Services (WV BMS) received the following public comment for the proposed policy updates for Psychiatric Residential Treatment Facilities. WV BMS appreciates your time reviewing the proposed changes and your feedback.

Effective Date: 1/1/2023

Number	Date Received	Comment	West Virginia Bureau for Medical Services (WV BMS) Response:
1	09/27/2022	<p>P.5 – PRTF’s limited to 30 beds. Historically the PRTF programs were limited to the 30-bed size with no distinguishment between programs or facility location.</p> <ul style="list-style-type: none"> Propose limiting each PRTF program to 30 beds. This will allow better utilization of BVS campus for expanding additional beds for a separate PRTF program. 	<p>No changes were made to the policy. This is required based on the WV State Plan Amendment for Inpatient Psychiatric Facility Services for Individuals under the Age of 22.</p>
2	09/27/2022	<p>Provider Admission Responsibilities: Determination of admission need be completed within 72 hours of receipt of referral.</p> <ul style="list-style-type: none"> In most cases the initial information is inadequate in content relative to clinical severity, treatment needs or diagnosis from DHHR workers. <u>Suggest revising the wording to state completed within 72 hours of receipt of complete referral.</u> 	<p>No changes were made to the policy. This is required based on historical lack of communication on determinations.</p>
3	9/27/2022	<p>Provider required to serve written confirmation of denial to DHHR, including BMS and BSS if member is in DHHR legal custody.</p> <ul style="list-style-type: none"> This adds additional work on provider where in fact DHHR system (worker) should have capabilities of internal dissemination of information to all required departments in BMS and BSS. 	<p>No changes were made to the policy. This is a requirement of the facility and will not fall on the DHHR worker. It is not a DHHR worker’s responsibility to notify BMS of denials from a facility.</p>
4	09/27/2022	<p>Providers required to review referrals for members who had received previous denials or who had previously received treatment at PRTF program but cannot immediately deny treatment based upon past information of stay.</p> <p>If nothing in referral is different, why would referral be made again? Why would the PRTF program accept? WV APR Facts system recognizes option of denial reason based on previous failure of program by member. Again,</p>	<p>No changes were made to the policy. BMS has spoken with the Bureau for Social Services who manage the APR FACTS System, and they agree with this requirement is necessary.</p>

		this system recognizes reasons for denial for members who behavior did not fit into group composition	
5	09/27/2022	<p>531.1.3 Staffing Requirements: At issue is the current ratio of 1:3 during day and evening hours.</p> <ul style="list-style-type: none"> This staffing ration of 1:3 appears arbitrary in nature with no justifiable clinical reasoning nor is it consistent with the normal standards set by other states. However, as the level of care and acuity is higher for PRTF to lower the ration (1:8) to be comparable to other RTC's would not adequately serve the patients requiring PRTF placement. River Park proposes that a safe and adequate staffing ratio for the PRTF level of care be 1:6 twenty-four/seven; this ration now exists for midnight shift. This ratio will allow for 1) intensity of staffing for the level of care and patient acuity programs and 2) allow some relief relative to the current situation of a very limited (quality) available workforce in the marketplace today. The identified mix of staff (RN, RT's, MHT's and teachers) is acceptable. 	No changes were made to the policy. This is currently a West Virginia Law. When/if this changes, we will update policy and notify all facilities.
6	09/27/2022	<p>531.3.5 – Assessment Documents: Assessments to be completed known as CANS CAFAS and BASC</p> <ul style="list-style-type: none"> The requirement of utilizing three separate assessment tools (CAN, CAFAS, BASC) only increases the cost of care and does not enhance the quality of outcome for both the patient and /or payor 	No changes were made to the policy. DHHR's improvement strategies include connecting all WV members to the new WV assessment pathway for services prior to discharge. This is to help transition members from the facilities back to their home and community with the assistance of home and community-based services in place upon discharge if approved for HBCS.
7		<ul style="list-style-type: none"> All three assessment tools measure and assess the same factors or issues/concerns that would place the youth in need for treatment 	No changes were made to the policy. DHHR's improvement strategies include connecting all WV members to the new WV assessment pathway for services prior to discharge. This is to help transition members from the facilities back to their home and community with

			the assistance of home and community-based services in place upon discharge if approved for HBCS.
8	09/27/2022	<ul style="list-style-type: none"> Adding the CAFAS and the BASC will cost the facility monetarily due to the nature of these not being public domain (easily assessable for free) 	No changes were made to the policy. DHHR's improvement strategies include connecting all WV members to the new WV assessment pathway for services prior to discharge. This is to help transition members from the facilities back to their home and community with the assistance of home and community-based services in place upon discharge if approved for HBCS.
9	09/27/2022	<ul style="list-style-type: none"> The CAFAS is a simple and generic like tool to use and the CANS is much more thorough in detailing the needs for treatment of the youth. It is unclear as to why one would use the CAFAS which measures broad simple categories. The BASC also measures behavioral components that again are also already being assessed using the CANS. 	No changes were made to the policy. DHHR's improvement strategies include connecting all WV members to the new WV assessment pathway for services prior to discharge. This is to help transition members from the facilities back to their home and community with the assistance of home and community-based services in place upon discharge if approved for HBCS.
10	09/27/2022	<ul style="list-style-type: none"> The CANS is a tool that is used across all programs in WV and Marshall University partnered with the Dept and CANS developers to create the tool and algorithms to identify what programs in WV may be best suited for the youth of WV. It is unclear as to why the Dept would want to use two additional tools to assess factors already being assessed using the CANS. And two that will add additional cost to the program. This cost will add up quickly as these will likely be requested along the path for continuation of stay requests. These are also listed again for discharge. 	No changes were made to the policy. DHHR's improvement strategies include connecting all WV members to the new WV assessment pathway for services prior to discharge. This is to help transition members from the facilities back to their home and community with the assistance of home and community-based services in place upon discharge if approved for HBCS.

11		<ul style="list-style-type: none"> Please change the effective date of this policy. 	Updated effective date of this policy to 11/01/2022 to allow for update and changes to internal procedures.
12	10/04/2022	<ul style="list-style-type: none"> It would be beneficial if the state would make it a requirement that all required assessments must be completed on WV members if they arrive even if they have co-occurring medical diagnoses such as pregnancy, diabetes etc... 	Changes will be added to the policy to reflect requirement for assessments to be completed on WV members upon arrival including WV members that may have co-occurring medical diagnosis including but not limited to pregnancy, diabetes, etc.
13	10/04/2022	<ul style="list-style-type: none"> Please have all in state and out of state facilities follow the same requirements for all assessments and all discharges. 	Requirement will be added to include both in-state and out of state facilities must follow the same requirements for all assessments and discharge plan.