From: Eby, Alicia
To: PW, PRTFRegs
Subject: [External] Comments PRTF Regulations
Date: Monday, November 25, 2024 1:04:16 PM
Attachments: image005.png

Hello,
Thank you for the opportunity to provide feedback regarding the proposed PRTF regulations that have been developed to ensure that all PRTF providers are providing the highest level of care for diverse population of youth. KidsPeace remains committed in provided hope, health and healing in working with our youth to ensure that they will be able to maintain a healthy lifestyle once they are discharged to a lower level of care.
Below we have outlined the identified regulation number/title as well as our feedback regarding the updated regulation.
5330.14 b.4: A PRTF shall call the Dept. and complete incident report for a "disruption to water, heat, power or cooling'.
Feedback: What amount of time can this disruption occur prior to needing to complete the incident report?
5330.14C 5: Incidents of physical assault must be reported within 12 hours within the HCSIS system.
Feedback: Could you please operationally define what it meant by "physical assault"? Also, considering the amount of notifications and documentation that must occur when a reportable incident occurs is it possible to maintain the 24 hour reporting guideline. The 12 hour timeframe seems tight for our teams to accomplish considering that they are working direct care and they must ensure that post incident all clients are safe, the client involved gets all the necessary follow-up (ie. Health assessment, debriefing, etc), and the milieu programming continues to run in a smooth manner. At times, direct care staff do not start incident documentation/notifications until after the clients are in bed.
5330.14 e and d: What is the State Designated Protection and Advocacy System that is referenced?
Feedback: Is this different from the HCSIS reporting system? Can this be clarified?
5330.20 Visits: Provider must contact parents/guardian every 24 hours if a visit lasts more than 24 hours to check on safety, health and well being of child.
Feedback: Typically, in visitation documentation that is provided to the parent/guardian there are contact numbers that are provided and a crisis plan that a parent/guardian can utilize if there is an issue that arises during the visits. Additionally, parent/guardian may not want the provider to "check in" during their visit, they may see this as an intrusion. If this regulation stands, please clarify who is expected to make the contact call, ie. Clinician, direct care, etc.
5330. 32b 2 Grievance Procedure: Written and verbal grievances are submitted in a "secure manner" without fear of retaliation.
Feedback: Can you please clarify what is meant by "secure manner"? Please define this.
5330.34 C Searches: Unclothed body searches of a child, youth or young adult are prohibited.
Feedback: Providers conduct body assessments to ensure safety and limit the amount of contraband

entering the facility. Providers must look through bras/undergarments when doing so. Conduct process with two of the same sex staff/medical personnel present and provide a gown to wear.
5330.41 (1-6) Supervision of Staff
Feedback: Director/Psychiatrist/Clinical Director to complete monthly supervisions and observation hours with RN's, MHP, or MHW Sups. At the frequency and outlined supervision level can impede on the ability of these positions completing their current/proposed workload. Please take current reporting structure of each provider under consideration and allow them to determine who conducts the monthly supervision and maintain the already sufficient 1 hour per month.
Also, does this regulation also include the part time associates?
5330.42b: Staff Requirements: At least 2 PRTF staff present who are trained in the use of manual restraints shall be present and available at the PRTF at all times.
Feedback: This is not always possible, situations arise where client are back from school due to illness, visits, treatment meetings. If a crisis situation arises we have communication devices that can be utilized to call for additional support/staffing. Maintaining a 2:1 ratio does not seem feasible.
5330.42 c3: Staff requirements: A MHP present at the PRTF during awake hours.
Feedback: This will present a significant financial challenge, recruitment and retention challenge for this job category. Providers continue to struggle in recruiting MHP in general, if we need to include working evenings, weekends and holidays into MHP's job description it will be impossible to fill vacancies. Our recommendation would be to allow MHPs being available as needed through an on call system.
5330.42e2 Staff Requirements: When 12 or more children are present at a PRTF at least one PRTF supervisory staff person shall be physically present at the PRTF for every 12 children.
Feedback: This will require the PRTF to maintain a census of 11 or less, reducing the overall capacity and bed availability. It is not realistic to have a supervisor present during every shift. This is a financial and recruitment challenged based on the hiring requirements. It also reads that if you have 13 clients presents you must have 2 supervisors present. Our recommendation would be to allow the PRTF to define their hierarchy for supervision as well as utilize an on call system.
5330.45 b3: Clinical Director: Oversight if the training curricula to ensure requirements are met.
Feedback: Allow the PRTF utilize their own training department, if applicable, to track all training requirements.
5330.47 c Registered Nurse: Should have at least 1 year of experience in treating children.
Feedback: Allow PRTFs to hire RNs without the 1 year experience, incorporate 1 year experience preferred but not required into regulation. Some RN's get hired right after they graduate, as it is now it is extremely challenging to recruit RNs into the behavioral health field as there is some much competition from the large medical hospital networks salaries and incentives.
5330.49c Mental Health Worker: Must have one year experience prior to hire.
Feedback: Providers continue to struggle with filling vacant positions without the one year experience expectation. This regulation will significantly decrease the amount of potential applicants for all PRTF programs, which would continue to lead to the inability to fill positions leading to additional facility closures.
5330.51c3 Initial Staff Training: required to complete training on the Adult Protective services.
Feedback: This will come at an additional cost to the Provider.
5330.77 c.10 First Aide Supplies: Opioid overdose reversal medications be placed in each first aid kit.
Feedback: Allow facilities to identify locations for this medication, ie. Nursing station. Having this medication on every house can incur an increased financial expense.

5330.92 Unobstructed Egress: delayed egress must be equipped with a mechanism that unlocks after no more than a 15 second delay and must meet the requirements of the internation building code.
Feedback: If facilities have approval from their township, can we maintain a 30 second delay?
5300.101 Detectors and alarms: All smoke detectors and fire alarms must be equipped with a visual aids so that an individual with a hearing impairment can be alerted in the event of a fire.
Feedback: Consider rewording regulation that a smoke detector with a visual aide will be provided when there are clients with a hearing impairment.
5330.112e Initial Medical Assessment: Physician must review and sign initial medical assessment within 3 days.
Feedback: The RN can complete this initial assessment based on their training and education, if any concerns are discovered that can communicate this to the physician. Physician can then assess the client for their initial physical prior to the 15 day requirement.
5330.145c Treatment Services: Frequency of IT, FT, GT and Psychoed groups.
Feedback: Requiring this increased frequency is going to be a challenge for any PRTF from a manpower and fiscal perspective. The MHP will not be able to deliver at this level in a 40 hour work week with a caseload of 8. In addition to providing treatment services, they must also attend treatment team meetings, complete required documentation, contact/update parent/guardians, attend court reviews, ect. Our recommendation would be to allow PRTF facilities to outline Tx modality schedule based on the needs of the client.
5330.147 e Discharge: MHP should be the person contacting discharge providers.
Feedback: Allow the PRTF the ability to designate case coordination responsibilities to appropriate team members, ie. Case managers, aftercare specialists.
5330.147g Discharge: At least a 30 day supply of prescribed medication must be provided upon discharge.
Feedback: Can providers provide a script for 30 days in lieu of the actual medication supply?
5330.151 Transportation: A driver of a vehicle may not be counted towards the supervision ratio requirements
Feedback: The driver of the vehicle plus a PRTF staff for every transport is not reasonable. A PRTF staff should be able to transport a youth to another location on campus, court appt, family visit or activity. A facility's ability to continue providing transportation to these destinations will be a significant workforce challenge.
5330.151d Transportation: There should be at least one PRTF staff person for every three children, youth or young adult transported.
Feedback: This does not allow for use of bus transportation as the ratio is too restrictive. There would not be adequate resources to meet this requirement. Utilize a 1:6 ratio for bussing clients to school.
5330. 151e Transportation: A manual restraint may not be utilized on a child during a transport.
Feedback: Considering re-wording regulation " A manual restraint may not be utilized in a moving vehicle" There are times when staff need to pull over due to a client attempting unsafe actions that need to staff interventions within the vehicle.
5330.182j Manual Restraint Orders: Type of restraint that was ordered on the actual order document.
Feedback: Type of restraint procedure that was utilized is typically within the incident report per CMS regulations is this sufficient?

5330.185a Manual Restraint: Must have two staff present during the application.
Feedback: There is not always another staff present during the initiation of a restraint. Imminent danger can occur very quickly at times and taking time to wait for another staff to respond could lead to injury to client and or staff.
5330.185i Manual Restraint: Face to Face Assessment must be completed within 30 minutes of release of the restraint.
Feedback: May not be feasible to have a nurse available within 30 minutes of release depending on other medical responsibilities occurring within the facility, ie. Med pass, contact calls, other crisis occurring, sick call, etc. Our recommendation would be to keep the 60 minute time frame to align with federal guidelines.
5330.185 m Manual Restraint: Notification to parent/guardian within one hour of release of restraint.
Feeback: Seems to be unrealistic, post restraint focus has been on debriefing of client, completing necessary medical assessments, re-stabilizing the milieu and ensuring safety of all youth that may have witnessed the event. Why is this time frame so short when you have 12 hours to report a reportable and recordable incident which are more serious incidents? Our recommendation would be to maintain the current expectation of 24 hours to align with federal guidelines.
Again, thank you for allowing us to provide our comments/feedback to the proposed PRTF regulations, if you have any additional questions related to our feedback, please do not hesitate to reach out.
Respectfully submitted by,

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