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GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

ELIZABETH HERTEL  
DIRECTOR

July 7, 2025

**TO:** Interested Parties

**RE:** Consultation Summary for Project Number 2413-PRTF - Revisions to Psychiatric Residential Treatment Facility (PRTF) Policy

Thank you for your comment(s) to the Behavioral and Physical Health and Aging Services Administration relative to Project Number 2413-PRTF. Your comment(s) has been considered in the preparation of the final publication, a copy of which is attached for your information.

Responses to specific comments are addressed below.

**Comment:** Under 'Behavior Treatment Plan' ("Common Terms") it reads "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." I recommend that this be changed to "...must not be applied under any circumstances or conditions."

**Response:** Thank you for your feedback. Language surrounding Behavior Treatment Plans will follow language set by MDHHS Behavior Treatment Plan Technical Requirements.

**Comment:** I support the focus on including the beneficiary in the development of the treatment plan.

**Response:** Thank you for your comment.

**Comment:** While the definition of a non-hospital facility aligns with CFR §483.350, it is misleading. Balancing federal psychiatric residential treatment facility (PRTF) regulations while providing added clarity for Michigan providers is helpful context that should be added to Michigan's final PRTF policy.

**Response:** Thank you for your feedback. MDHHS added clarifying language to the final bulletin.

**Comment:** The policy needs to give examples and/or define the aversive, restrictive or intrusive techniques in behavior treatment plans that require additional review and approval. The policy mentions training and guidelines for physical management and prohibits mechanical and chemical restraint but says nothing about seclusion.

**Response:** Thank you for your feedback. MDHHS added clarifying language to the final bulletin. Seclusion is prohibited in PRTF settings.

**Comment:** A commenter asked why did the age change? Now it is including those who are age 21 (i.e., under 22).

**Response:** Thank you for the feedback. This applies to under 21, MDHHS revised language in the final bulletin.

**Comment:** The policy states that these services are only provided to the age of 22 and that, should an individual in a PRTF turn 22, the payment ends one day prior to their 22nd birthday. My question rests on the foundation of what transpires to ensure the beneficiary continues to receive the supports and services needed to treat their condition on their 22nd birthday?

**Response:** Thank you for your feedback. MDHHS developed procedures for discharge and transition planning to ensure that individuals have continued care in their communities following discharge from a PRTF setting. Also, the age was revised (in the final bulletin) and applies to under 21.

**Comment:** For individuals between the ages of 18 and just before their 22<sup>nd</sup> birthday without a guardian, will they be required to self-commit or is there a different process?

**Response:** Thank you for your feedback. Individuals that are over the age of 18 and without a guardian will need to provide consent for their behavioral health treatment, including that of a PRTF.

**Comment:** This indicates that Prepaid Inpatient Health Plans (PIHPs) are responsible for issuing Adverse Benefit Determinations and second opinion rights for referral denials made by MDHHS. PIHPs should not be sending the ABD for a denial made by another entity. Additionally, the PIHP would not be able to conduct the appeal or second opinion as they would not have the authority to reverse the State's denial. The ABD should be sent by MDHHS.

**Response:** Thank you for your feedback. MDHHS is responsible for sending ABDs and language was revised in the final bulletin.

**Comment:** Much of the actions mentioned (screening, facilitating, coordinating, etc.) are items that Community Mental Health Services Program (CMHSPs) currently conduct. Can this be rephrased to say PIHP and/or delegated CMHSP and the heading be changed to PIHP/CMHSP Responsibility.

**Response:** Thank you for your comment. MDHHS revised this language in the final bulletin.

**Comment:** The clinical certification team referenced is to include a physician, a psychologist, and a physician's assistant or nurse practitioner. Given the shortage of child psychiatrists, could this be reworded to "a prescribing physician with knowledge of the youth to be placed"?

**Response:** Thank you for your feedback. MDHHS will consider for future revision.

**Comment:** The referring provider and accepting PRTF should work collaboratively to ensure the individual plan of service (IPOS) can be submitted in the required timeframe. This will ensure care plans are created and implemented in a timely manner so that treatment may begin right away.

**Response:** Thank you for your feedback.

**Comment:** We support a proactive approach to discharge planning by building the patient's treatment plan with the end goal in mind. The language throughout the policy makes it clear that facilities need to submit a discharge plan, identify if PRTF services may be needed beyond 30 days, and list services that should be provided at the time of discharge (including Intensive Community Transition Services [ICTS]).

**Response:** Thank you for your comment.

**Comment:** The following statement should be revised for clarity: "The IPOS should include a tentative discharge plan and a PRTF and Intensive Community Transition Services (ICTS) (MDHHS-6089) for anticipated dates beyond the initial 30 days."

**Response:** Thank you for your comment. MDHHS revised language for clarity in the final bulletin.

**Comment:** Regarding “Certificate of Need”, Bulletin MMP 23-29 used the term “certification of need” to refer to a medical necessity assessment completed by a behavioral health provider to ensure the child is appropriate to receive PRTF services. This language was updated in 2413-PRTF to use the term “certificate of need”. We recommend the language be changed back to “certification of need” to ensure clarity within the PRTF policy.

**Response:** Thank you for your feedback. MDHHS revised language for clarity in the final bulletin.

**Comment:** MDHHS needs to change the authorization and admission guideline timelines in the policy. MDHHS authorizes admission and the first five days of treatment with the initial certificate of need. However, in an emergency admission, MDHHS does not require the certificate of need until 14 days after admission.

**Response:** Thank you for your feedback. MDHHS will consider for future revision.

**Comment:** Discharge Planning, subsection VI, requires an IPOS with “a request for anticipated authorization beyond the initial 30 days.” This reads as requiring a request for authorization beyond the initial 30 days when PRTF services are supposed to be short term.

**Response:** Thank you for your feedback.

**Comment:** I strongly support the provision that “staff are trained in cultural competency, and the treatment environment supports diversity and equity.” However, it could be a bit stronger by adding “inclusion” to the above sentence.

**Response:** Thank you for your feedback. In the final bulletin, MDHHS made this revision.

**Comment:** It is unclear whether the policy requires facilities to work with the local district to provide school in the community or via the Homebound and Hospitalized Educational Services guidance.

**Response:** Thank you for your feedback. The providers will partner with their local school district to implement education services.

**Comment:** We would suggest that MDHHS require facilities to work with local school districts, provide transportation, and make sure that youth in PRTFs get their education in the community.

**Response:** Thank you for your feedback. The providers will partner with their local school district to implement education services.

**Comment:** The policy only requires recipient rights training for employees within 30 days of employment.

**Response:** Thank you for your feedback. PRTF policy and settings follow the Office of Recipient Rights training standards.

We trust that responses addressed the concerns and questions noted. If you wish to comment further, send your comments to Dana Moore at [moored61@michigan.gov](mailto:moored61@michigan.gov).

Sincerely,

A handwritten signature in black ink that reads "Meghan E. Groen". The signature is fluid and cursive, with the first name "Meghan" and last name "Groen" clearly legible.

Meghan E. Groen, Chief Deputy Director  
Health Services