Minnesota Society of Child and Adolescent Psychiatry

March 10, 2023

Dear Chair and Committee members:

The Minnesota Society for Child and Adolescent Psychiatry (MSCAP), an organization of physicians who treat children and adolescents with severe mental health and addiction disorders supports HF 2371, Provider Discrimination Prohibited for Psychiatric Residential Treatment Facilities (PRTF).

An important loss in the continuum of care for youth services occurred when Medical Assistance benefits for community based residential care was terminated by the Centers for Medicaid and Medicare (CMS) several years ago. This was due to CMS determining that the size and scope of care at these residential facilities fulfilled the definition of an institution for mental disorders and therefore, was not eligible for payment. Many years ago, the federal government determined that community-based care was to be prioritized over institutional care. To allow the residential service to continue, alternative funding needed to be found and as a stop gap the state of Minnesota stepped in. The longer-term solution was an upgrade in the intensity and character of care from a social rehabilitation service of the older residential treatment models to a psychiatrically necessary, medically guided service which is the PRTF, and that qualified for Medical Assistance benefits.

The PRTF fits nicely into a spectrum of services between the very acute inpatient hospitalization level care on one end and the lower intensity outpatient day treatment programs, intensive outpatient programs (IOP) and partial hospitalization programs (PHP) on the other. The PRTF fills the space as a step up from day treatment when behavior or suicidality is a constant concern or a step down when treatment started in the hospital is not yet solidified in symptomatic improvement.

A common example of the step down in level of care may be instructive: an adolescent female with various stressors including school, peers and social media with a family history of depression is hospitalized and started on an antidepressant and matched with a compassionate cognitive behavioral therapist for psychotherapy and family is given support and guidance as to how to create safety in the home and emotional support for their daughter. However, the teenager continues to have intrusive suicidal ideation. While other symptoms are clearly improving and the time necessary for an antidepressant and psychotherapy to become optimally effective has not been reached, a transfer to a PRTF for extended treatment, that was designed and begun in the hospital, is appropriate.

The advantage of moving patients to a level of care that fits their needs frees up acute hospital beds which are in high demand and in short supply. This also allows partial hospitalization programs to consider admitting seriously ill youth knowing that, if necessary, they may be transferred to a higher level of care such as the PRTF

The rationale for PRTF service is clear and many other states have had this service for many years. Obstacles to the spread of this Medicaid approved service in Minnesota can be reviewed. Commercial insurance companies have chosen not to pay for this health care benefit even though they do pay for adults to be treated in a similar level of care in places called Intensive residential treatment services (IRTS). I ask the question, why has authorization for this youth service been withheld by some commercial insurances? At a forum that discussed PRTF’s the physicians responsible for authorizing the benefit argued that they would not pay for youth’s treatments when the parents were responsible for the youth’s difficulty. Blaming the parents and denying that youths are susceptible to mental illness is wrong, especially at a time when we are experiencing a post-pandemic youth mental health crisis.

Regardless of how we stifled this important and evidenced based treatment, it is time for the legislature to acknowledge the glaring gap in the youth treatment continuum. We are at the point where the legislature has the opportunity to mandate a treatment where our youth may improve functioning, prevent chronicity of symptoms and bring hope and resilience to children with mental illness.

Please vote in favor of HF 2371 and move our state in the right direction.

Respectfully,

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