



**Texas Association of Health Plans**  
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*May 28, 2024*

## **Re: Psychiatric Residential Youth Treatment Facility (PRYTF) Rules Comments**

Health and Human Services Commission,

As the statewide trade association representing health insurers, HMOs, Medicaid managed care, and other health plans that serve over 20 million Texans, the Texas Association of Health Plans (TAHP) is committed to ensuring that Texas families and employers have access to affordable, comprehensive, and high-quality coverage. Introducing voluntary higher licensure standards for psychiatric residential treatment facilities is a commendable first step to improving access to quality behavioral health services for Texas children. However, it is imperative to address a critical and urgent gap in Medicaid coverage for these services. HHSC should align licensure requirements with federal psychiatric residential treatment facility (PRTF) requirements to allow for future Medicaid coverage of these services for youth.

Texas lags behind other states in providing high-quality options for residential treatment for youth experiencing serious mental health challenges. When a young person experiences a mental health emergency, they often receive short-term crisis stabilization in a psychiatric hospital. However, upon discharge, there are little to no viable residential treatment options for ongoing care if the child continues to pose a danger to themselves or others. While there are some facilities available, they may be difficult to access and quality of care varies drastically—most residential treatment is provided within Child Protective Services or the juvenile justice system. Oftentimes, a parent's only option is to transfer conservatorship to the state, placing the child into the foster care system to ensure their child can receive necessary care. This is untenable and places undue burden on families in crisis.

When approximately half of Texas children are covered by Medicaid and CHIP, without coverage for PRTFs, millions of youth are denied access to critical mental health services. As a result, families are left in a precarious position with no adequate support. Not only does the lack of Medicaid coverage for PRTFs worsen the crisis for families, but it also contributes to a shortage of available providers in Texas, further exacerbating lack of access to this critical and necessary mental health care for children in need.

We believe there is an opportunity to start addressing this problem by taking the first step of aligning the PRYTF standards with the federal PRTF standards. Without this alignment, Medicaid cannot reimburse providers for psychiatric residential treatment for youth. By taking this initial step, we can create a pathway toward Medicaid coverage for necessary mental health services for Texas children with severe mental health needs. Aligning licensure standards with federal requirements will ensure that children have access to high quality mental health care without families having to relinquish parental rights and place their children in the foster care system.

As currently drafted, the proposed rules are not fully aligned with federal requirements for PRTFs in CFR §§441.151 through 441.182. As a result, Texas cannot pursue Medicaid coverage of psychiatric residential treatment for youth. The proposed rules for individualized service plans lack the same stringency as the federal requirements for individual plans of care. Under the federal requirements, treatment plans must be regularly reviewed and updated under physician direction and services must be aligned with objectives specifically identified in the plan. The plan must also include post-discharge plans to ensure the child has services available in the community, establishing continuity of care. Comprehensive services tailored to individual needs and treatment goals are crucial to ensuring comprehensive care, preventing future crisis or hospitalization, and promoting long term wellness. Other examples of misalignment include the lack of emergency preparedness requirements and protocols for use of restraints. Incorporating these and other federal requirements into the PRYTF requirements are crucial to ensuring the health and safety of patients, and will pave the way for future Medicaid coverage of psychiatric residential treatment for youth.

There are a number of states that have successfully implemented PRTF standards that can serve as valuable examples for Texas, including Alabama, Kansas, Kentucky, Louisiana, North Carolina, and Oklahoma. These states have demonstrated that establishing licensure requirements and PRTF Medicaid programs is both feasible and beneficial, providing a pathway to high quality residential treatment for children with severe mental health needs. Texas can look to these examples as it seeks to improve access to essential mental health services for children through Medicaid.

Aligning Texas's licensure standards with federal PRTF requirements is crucial to expanding access to residential treatment for children under 21. This change will provide much-needed support to Texas families and address the current gaps in care. By adopting these higher standards, Texas can ensure that all children, regardless of their socio-economic status, have access to high-quality residential treatment services. We urge HHSC to take this opportunity to make meaningful changes that will benefit millions of Texas children. Ensuring these services are covered by Medicaid is not just an administrative adjustment, it is a lifeline for families in crisis.

Thank you for considering our comments. We look forward to working with you to improve access to essential mental health services for Texas children.

Sincerely,

A handwritten signature in black ink that reads "Jamie Dudensing". The signature is written in a cursive, flowing style.

Jamie Dudensing, RN  
CEO  
Texas Association of Health Plans