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June 20, 2025

Re: Proposed Comments on: Program Community Care Comments

Community Care Behavioral appreciates the opportunity to comment on the proposed PRTF regulations as presented during the stakeholders webinar on May 21, 2025. We have used this opportunity to provide feedback, request clarification, and share our concerns.

1. 5530.151 Transportation

Proposed regs state REMOVE:

(c)A driver of a vehicle and at least one PRTF staff person shall be present in the vehicle when a child, youth or young adult is being transported

(d)There shall be at least one PRTF staff person present for every three children, youth or young adults being transported

(e)A manual restraint may not be utilized on a child, youth or young adult during transport

Staff ratio during a transport will be the same as staff ratio

- Please clarify: *Are restraints prohibited during transportation ?*
- If restraints are prohibited during transport, then how will providers be expected to manage a behavioral emergency such as a child trying to get out of a moving vehicle during transport.
- Please clarify what the staff ratio would be during transportation

2. Eliminating Medication Error as reportable incident.

- Eliminating this category does not align with detecting medication errors and promoting the safe medication administration.
- Medication errors are preventable errors and the most frequent and avoidable source of patient harm. They can occur at various points in the process from prescribing to drug administration.
- The “Five Rights” of medication administration are principles help prevent errors and ensure patient safety. Right patient, right drug, right dose, right route and right time.
- Focusing only on adverse outcomes of medication errors requiring medical intervention, and not reporting medication errors, misses the opportunity to prevent medication errors
- [Medication Dispensing Errors and Prevention - StatPearls - NCBI Bookshelf](#)

- Recommend retaining medication errors as reportable incident
- 3. Clarification on “(c)(7) Modified intimate sexual contact involving a child, youth or young adult, consensual or otherwise”
  - Will there be age parameters associated with description of sexual encounter as consensual ?
- 4. Medication (§§ 5330.161 - 5330.170) “Further, additional language was added prohibiting the use of pro re nata medication to control a child’s, youth’s or young adult’s acute, episodic behavior in a PRTF”.
  - While PRN use in PRTF was not included in the May 21, 2025 webinar stakeholders meeting, the question was asked if there were any changes to the prohibition and this response was no, the prohibition of PRNs remains.

While the evidence to support the efficacy of PRN medications is limited, they are commonly used to control aggressive behavior and agitated behavior in residential treatment settings. Many youth in PRTF are coming directly from hospital settings that permit the administration of PRNs. Youth who are in IPMH facilities and seeking admission to PRTFs will continue to be denied access to PRTFs because of their IPMH history of PRN use. Some PRTFs will not consider a youth for admission unless there has been a recent period of not receiving any PRN medications ranging from two weeks to 30 days with no PRNs. This delay related to PRNs being prohibited in PRTF creates a barrier in to access and also delays the youth from receiving care at the most appropriate level of care.

A PRN medication can be viewed as preferable to using restraint or sending a youth from the PRTF to an Emergency Department. A process for monitoring, tracking, and reporting PRN use could be developed that reviews the rationale, frequency, dosing parameters (age, weight) of PRNs within the context of standing orders for psychotropic medications. Threshold requirements to trigger the assessment of the use of PRNs could be created. The use of alternative strategies to de-escalate, and promote self-regulation such as Trauma Informed Care, Collaborative Problem Solving , Collaborative Proactive Solutions, behavioral modification, use of a sensory room, helping staff with their own stress, facilitating positive staff patient interactions should be facilitated to mitigate the use of PRNs and restraint.

Respectfully submitted on behalf of Community Care,

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