

SUBJECT: PRTF Provider Standard Operating Procedures (SOP)

Purpose:

This Standard Operating Procedures (SOP) is a DFCS specific process for Fiscal Services, Field Operations, and State Office. This process is essential for ensuring Psychiatric Residential Treatment Facilities (PRTFs), Crisis Stabilization Units (CSUs) or other applicable Hospital Environments in which medical or mental health treatment services are being rendered to ensure guidance and appropriate use of the afore mentioned facilities within state and federal guidelines.

Background:

This document is informed by the Georgia Department of Community Health, Division of Medicaid; Policies and Procedures Psychiatric Residential Treatment Facility; April 1, 2018.

DEFINITION OF SERVICE

Psychiatric Residential Treatment Facility (PRTF) services provide comprehensive mental health and substance abuse treatment to children, adolescents, and young adults 21 years of age or younger who, due to severe emotional disturbance, are in need of quality active treatment that can only be provided in an inpatient treatment setting and for whom alternative, less restrictive forms of treatment have been unsuccessful or are not medically indicated. PRTFs serve as the most intensive, inpatient treatment for youth/young adults with severe behavioral health disorders.

PRTF programs are designed to offer intensive, focused treatment to promote a successful return of the youth/young adult to the community. Specific outcomes of the services include the resident returning to his/her family or to another less restrictive community living situation, as soon as clinically possible and when treatment in a PRTF is no longer medically necessary.

Eligibility

All Medicaid eligible children, adolescents, and young adults ages 21 or younger who:

- a. Require an intensive program in an out-of-home setting due to behavioral, emotional and functional problems which cannot be addressed safely and adequately in the home;
- b. Have a Mental Health Diagnosis; Co-Occurring Substance-Related Disorder and Mental Health Diagnosis; Co-Occurring Mental Health Diagnosis and Mental Retardation/Developmental Disabilities

ADMISSION CRITERIA

Youth/Young adult must meet the target population criteria as noted above, and one or more of the following:

1. **Youth/Young adult has shown serious risk of harm in the past thirty (30) days, as evidenced by the following:**
 - A. Current suicidal or homicidal ideation with either clear, expressed intentions and/or past history of carrying out such behavior; and **at least one of the following:**
 - a. Indication or report of significant and repeated impulsivity and/or physical aggression, with poor judgment and insight, and that is significantly endangering to self or others.
 - b. Recent pattern of excessive substance use (co-occurring with a mental health diagnoses as indicated in target population definition above) resulting in clearly harmful behaviors with no demonstrated ability of child/adolescent or family to restrict use.
 - B. Clear and persistent inability, given developmental abilities, to maintain physical safety and/or use environment for safety.
2. **The clinical documentation supports the need for the safety and structure of treatment provided in a high level of care and the youth/young adult's behavioral health issues are unmanageable as evidenced by both:**
 - A. There is a documented history of multiple admissions to crisis stabilization programs or psychiatric hospitals (in the past 6 months) and youth/young adult has not progressed sufficiently or has regressed; **and two of the following:**
 - a. less restrictive or intensive levels of treatment have been tried and were unsuccessful, or are not appropriate to meet the individual's needs, **and**
 - b. Past response to treatment has been minimal, even when treated at high levels of care for extended periods of time, **or**
 - c. Symptoms are persistent and functional ability shows no significant improvement despite extended treatment exposure.
 - B. Youth/Young adult and/or family has history of attempted, but unsuccessful follow through with elements of a Resiliency/Recovery Plan which had resulted in the exhibition of specific mental, behavioral or emotional behaviors that place the recipient at imminent risk for disruption of current living arrangement including:

a. Lack of follow through taking prescribed medications,

b. Following a crisis plan, or
c. Maintaining family integration.

DURATION

- The child's individualized treatment plan must describe the likely duration of the mental disorder.
- The child must also meet the following criteria for **continuing stay**:
 1. Child/Adolescent continues to meet admission criteria; **and**
 2. Child/Adolescent demonstrates documented progress or maintenance of skills relative to goals identified in the Individualized Treatment/Resiliency Plan.
- The child must meet the following criteria for **discharge**:

An adequate continuing care plan has been established; **and one or more of the following**:

- a. Goals of Individualized Treatment/Resiliency Plan have been substantially met and youth no longer meets continuing stay criteria; **or**
- b. Family requests discharge and the youth is not imminently in danger of harm to self or others; **or**
- c. Transfer to another service is warranted by change in the child/adolescent's condition.

Applicability

All relevant DFCS Fiscal Services, Field Operations, and State Office staff, along with PRTF, CSU and other applicable Hospital Environments in which medical or mental health treatment services are being rendered.

Primary Approval: Psychiatric Residential Treatment Facility

The preferred method of placing children and youth in a PRTF, CSU, and other hospital setting, is via approval from their insurance source. A PRTF stay is authorized initially for thirty (30) days for the Georgia Families 360° members. Amerigroup will review the member's clinical progress every seven (7) days as part of the continued stay review process. Amerigroup Care Coordinators will work to attend PRTF treatment team meetings and/or discharge planning meetings, in person when clinically appropriate, or via conference call in order to communicate between the agencies and parents. There will be a minimum ten (10) day period for transition planning to discharge Georgia Families 360° members. The Amerigroup Care Coordinator is responsible for notifying the DFCS Case Manager, DJJ Regional Placement Specialist (RPS) and/or the parents of the projected date of discharge at the time of determination. Once the discharge date has been determined, the ten (10) day transition timeframe starts. This timeframe may be extended, based on clinical changes with the member. **Step down plans for CSU, PRTF, and other hospital settings begin at admission.**

There are situations where this timeframe may be shortened due to family/member circumstances (i.e. the family is able to pick the child up early, a residential or community placement is available, and the child is stable for discharge etc.) The Amerigroup UM team will notify the provider of the approval/denial decision and last covered day for youth at the PRTF level of care. The Amerigroup Care Coordinator will email a copy of the denial letter to the DFCS CM, appropriate state DFCS and designated PRTF facility representatives. The assigned Care Coordinator will receive a copy of the denial letter to notify parents/guardian of the decision, and address planning for aftercare.

Upon notification of a discharge, denial or adverse action related to the medical necessity determination for PRTF by Amerigroup, an appeal request (referred to as an Administrative Review) can be made. If the authorization request was not approved upon the projected last coverage date, a PRTF Non-Contracted Waiver may be granted by the Placement Resource Operations Unit until the appeal process has concluded or to allow additional time for an appropriate transitional placement to be located. *Please note this is contingent upon the approval of stay by the PRTF Facility.* Amerigroup benefits cover medical treatment and will be used to pay for medically necessary services provided by a PRTF for a designated period of time based on the member's clinical condition.

For youth enrolled in Georgia Families 360°, providers should submit requests through www.providers.amerigroup.com select "Georgia," under "Provider Resources & Documents" select "Forms." Under the "Forms" heading, you can select the Behavioral Health Inpatient Treatment form. Complete the required information requested on the form and write "Georgia Member 360°" across the top of the request. Fax these items to 877-434-7578.

Once a completed Behavioral Health Inpatient Treatment form and supporting clinical documentation, for example: a psychiatric evaluation completed by a MD within the past (30) days; current DFCS /DJJ record, a psychosocial or similar document with an outline of the youth's treatment and placement history, family history, history of offenses as appropriate, a psychosexual assessment if appropriate; history of psychiatric / substance abuse treatment; as well as school records or IEP if appropriate; and any other needed assessment information is received. A review of the presenting clinical information will be completed. A decision based on WellPoint's Medical Necessity Criteria will be made within 5-7 days from receipt of the request. The decision made by the Amerigroup Utilization Management Team will be communicated to the requesting provider via phone, and a letter that is mailed to the provider. The Utilization Management Team will also notify the assigned Amerigroup Care Coordinator. The Amerigroup Care Coordinator will contact the DFCS Case Manager or the DJJ Juvenile Probation and Parole Specialist (JPPS) with the decision information. If the authorization request was not approved, the Amerigroup Care Coordinator will present the clinically recommended alternative service options.

Appeals Process

There may be times when the insurance source denies psychiatric residential treatment for members. The following scenarios may indicate that the agency should consider filing an appeal (this is not an exhaustive list but rather a guide for when an appeal might be warranted):

- 1) When there is additional clinical information available that was omitted during the application process that indicates youth meets medical necessity
- 2) There is current clinical documentation by the youth's mental health provider that the child meets medical criteria
- 3) Failure to be connected to appropriate community-based services
- 4) If the caregiver believes that the continues to present in a manner that suggests that continued care at the residential level is needed

Obtain the discharge notice with the detailed/approved treatment alternatives not just "OP Services" but which ones. The Amerigroup Care Coordinator can assist with obtaining that information if you do not get the letter via email this evening.

- The provider (therapist, PRTF, CSU, etc.) can request reconsideration within **2 business days**
- The Guardian (County DFCS) can request an appeal within 30 days but can also request an expedited appeal. Oral requests can be made through Member services at (800) 600-4441. If the written request is not received within thirty (30) calendar days of the date of the oral request, the case will be closed. **The Clinicians documentation will be vital to this appeal.**
- If the appeal is denied, the guardian can request an Administrative Law Hearing. It would be helpful to get the DHS Medical Director involved through a peer to peer review with the Amerigroup Medical Director. The DHS Medical Director Consultation Request Form.

Alternative Approval Tracks

Children and youth who may require a stated funded waiver can fall into one of two categories: Assessment Bed or Transitional Bed

Track 1:

State Funded Assessment Bed Waiver

In the case of an emergency (child is in need of treatment services within 24 hours from the day of the request), waivers are processed in writing on the same business day or within one (1) business day. When necessary, verbal approval can be obtained from the Care Coordination Treatment Unit (CCTU) Director and/or designee.

When seeking as assessment bed waiver, the following should occur:

- Submit your request for a state funded waiver via Ga. Score with:
 - Updated universal form
 - Psychological (most recent)
 - Trauma Assessment (most recent)
 - Therapy notes (most recent)
 - Written recommendation from a licensed clinician supporting the need for PRTF care
 - Placement Efforts
 - Discharge/hospitalization documentation from any inpatient stays within the last 3-6 months.

- Contact your Regional Therapeutic Support Specialist (TSS) to staff
- TSS will review info and staff the case for approval or denial in 24 hours

If the assessment bed waiver is approved, the following will occur:

- Waiver will be approved for 30 days
- County staff will participate in treatment meetings
- Assigned PRTF TSS will ensure that an application is submitted to Amerigroup by the facility within 10 days

If application is denied, assigned PRTF TSS will ensure an appeal is completed

If the assessment bed waiver is denied, the following will occur:

- Staffing will occur with PRTF TSS, Regional TSS, District BSS, and external partners (MAAC, Amerigroup)
- MAAC Crisis Bed will be explored
- Placement efforts will be completed in conjunction with regional team

Track 2:

State Funded Transitional Bed Waiver

This waiver is for youth who have been denied continued coverage from a previously approved stay or youth who have been on an approved assessment bed waiver. PRTF's should submit requests for Transitional Waiver via Ga. Score

When seeking a transitional waiver, the following must be submitted:

- The denial from Amerigroup
- Clinical documentation and recommendations for services and placements
- Efforts to locate placements from the county

If the transitional waiver bed is approved, the following should occur:

- Waiver will be approved for up to 30 days on a case by case basis
- County staff should participate in treatment team meeting and case reviews
- Efforts to locate placement must continue in conjunction with the regional support team
- Should it be determined that the transitional waiver is not appropriate, the county may be required to pay up to half of the per diem

After Hours/On-call PRTF or CSU

PRTF

- Clinical staff are often not present after 5pm to conduct an intake
- If request is for a waiver due to discharge or admission for PRTF, on-call specialists will:
 - Loop in assigned PRTF specialist to the facility (if known) and Regional assigned specialists for that child
 - If a bed was located by the County all information can be submitted through GA+SCORE for review by the Regional TSS next business day.
 - If request is an emergency (situational/case by case/normally discharge purposes) case must be staffed with CCTU on-call supervisor – verbal can be provided for max of 72 hours until SOP process is followed.
 - Warm hand off to the assigned PRTF specialist and Regional TSS

CSU

- Ask if child can remain an additional night and what is the per diem rate. Determination for appropriateness of additional stay, per-diem amount, and amount of days approved will be considered by CCTU.
- If child cannot remain at the CSU, the county will need to be engaged in placement assistance
 - The County will need to determine what the plan is for the night
 - Child should be able to return to RBWO provider (see RBWO minimum standard)
 - Hotel/DFCS Office

- A placement assistance request should be submitted by the county onto GA+SCORE if necessary County or Regional DFCS FH.
- MAAC Crisis Bed (only if 30 days of medications are provided or prescription for refill)
- Recommendations for RBWO Placement
- Facilitate AMG starting services in community setting
- If CSU is recommending PRTF, The CSU should apply to AMG for approval (if they do not please track and advise supervisor to discuss with AMG)

References

Georgia DCH, Division of Medicaid; Policies and Procedures Psychiatric Residential Treatment Facility; April 1, 2018