

SUBJECT: PRTF Provider Payment Process Standard Operating Procedures (SOP)
SOP Number 17-01

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 treatment services are being rendered, to ensure timely payments for their services.

Background: Plans for discharge begin upon admission to the PRTF. 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.

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.

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 treatment services are being rendered.

DFCS Waiver Procedure and Placement Process Flow – PRTF Non-Contracted Placements

- A. The PRO Unit reviews and approves request from PRTF Non-Contracted Providers. They will provide a PRTF Non-Contracted waiver to the Child’s Legal County of Custody. The county will need to provide a copy of the waiver to the appropriate Fiscal/RBWO Payment Center.
- B. If these providers do not have a contract, they will need to submit a W-9 before the contract can be entered in SHINES.
- C. The DFCS Fiscal Payment center receives the Waiver from the Fiscal/RBWO payment center; they enter the appropriate contract data into SHINES if the contract is not already entered.
- D. DFCS Case Managers, with concurrence from their County Leadership, will request a Non-Contracted RBWO Program Designation waiver from the Placement Resource Operations Unit (PRO) using the following process:
 - 1. DFCS Case Manager will go online to www.gascore.com and click on the **DFCS PRO Team Link**. Follow the instructions for non-contracted application information and criteria for approval. For inquiries regarding a status update of a pending request, contact proteam@dhs.ga.gov. The request will be reviewed by the assigned PRTF PRO Team Specialists.
 - 2. A decision on the application is provided to the DFCS Case Manager within five (5) business days. The DFCS Case Manager uploads a copy of the waiver in SHINES, provides a copy to the appropriate PRTF Provider, and provides a copy to their Fiscal/RBWO payment center.
 - 3. 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 PRO Director and/or designee.
- E. As children / youth are receiving treatment services from a PRTF Non-Contracted Provider, the DFCS case manager is responsible for entering the placement information into the SHINES system as soon as possible but within 72 hours.

Provider Process Flow – PRTF Non-Contracted Placements

- A. Each provider is assigned a Fiscal/RBWO payment center that will handle payments for them. This will be assigned the first month children are admitted.
- B. Also if the provider wants payments made by direct deposit instead of check this will need to be set up at this time (form can be obtained from Fiscal/RBWO payment center staff). All providers are encouraged to use direct deposit for safe arrival of funds.

- C. Since the services are Non-Contracted, the provider will have to complete and sign a Family Foster Care Invoice (obtain from caseworker) and then forwarded it to child's DFCS county of custody for approval. Once the DFCS Case Manager approves the invoice for processing, the case manager should mail the invoice to the appropriate Fiscal/RBWO payment center. The Case Manager needs to make sure at this point that the placement and Pay of Care are entered correctly in SHINES to pay PRTF expenses. The following items should be included with the invoice:
- a. Copy of the current waiver
 - b. A copy of e-verify form with notary seal visible.
- D. If there are expenditures to be paid with county money (allowances, haircuts, birthday, Christmas), those receipts along with a separate Family Foster Care Invoice (obtained from the case manager) need to be submitted to the local DFCS office for processing.

DFCS Payment Process Flow – PRTF Non Contracted Placements

- When the Fiscal/RBWO payment center receives the invoice from the case manager, they review the invoices against the SHINES data for program eligibility changes (IVE, IVB, Tanf) PRTF invoices are never IVE, the waivers expiring, the custody has not been completed, the per diem rates are wrong/different, or the Payment of Care and the Placement are not approved.
 - If all of the information is correct, the RBWO/Fiscal Payment Center will process the invoice within 5 (five) business days of receipt.
 - If there are discrepancies between the provider's invoice and the SHINES data, the RBWO/Fiscal Payment center will reach out to the Case Manager for assistance. Until the discrepancies are resolved, the invoices will not be able to be processed for payment.
 - If there are issues with the receipts that have been submitted, the RBWO/Fiscal Payment center will have to reach out to the provider or to the Case Manager for assistance. Until the issues have been resolved, the invoices will not be able to be processed for payment.
1. Once the payment is processed, if the Providers are on direct deposit, it will be 3 (three) business days from that date when funds are deposited in their bank account. The provider will receive an email the day before the funds are in their account or they can use the new SMI web portal to look up their detailed payment remittance. If the Providers are not on direct deposit, their checks are written every Friday and mailed.

- 2. If payment for a specific child has not been received in 45 days after the billing month the provider should contact the county director of the county that has custody of the child.**
- 3. If payment for a specific child has not been received in 60 days after the billing month the provider should contact region director and district director who is over the county that has custody of the child.**