

POLICY AND PROCEDURE

POLICY NAME: Psychiatric Treatment Facility (PRTF) Policy	POLICY ID: LA.UM.96
BUSINESS UNIT: LHCC	FUNCTIONAL AREA: PHCO Utilization Management PHCO
EFFECTIVE DATE: 04/25/2019	PRODUCT(S): Medicaid
REVIEWED/REVISED DATE: 02/20, 3/21, 5/22, 12/22, 02/23	
REGULATOR MOST RECENT APPROVAL DATE(S): n/a	

POLICY STATEMENT:

This policy outlines LHCC responsibilities in regard to psychiatric treatment facilities.

PURPOSE:

To define the clinical and financial responsibilities of the Plan when an enrollee/guardian or provider requests services for Psychiatric Residential Treatment Facility (PRTF).

SCOPE:

Louisiana Healthcare Connections (Plan) Population Health and Clinical Operations Department

DEFINITIONS:

POLICY:

- When a referring party requests PRTF for an enrollee, the Inpatient Utilization Manager (IP UM) shall perform an initial screen upon receipt of referral including review of records and current clinical information to determine whether PRTF is an appropriate level of care, or if alternate community-based services could meet the referral needs.
- The screen shall be completed within twenty-four (24) hours of Plan's receipt of the referral and all clinical information needed and requested by the IP UM to review for medical necessity. (Model Contract 2.12.11.1.1)
- Upon completion of the screen, if the PRTF is approved, the IP UM shall immediately notify the enrollee and/or guardian and, with consent, the referring party requesting PRTF services and, within forty-eight (48) hours, provide written notification of the approval, per LA.UM.05 Timeliness of UM Decisions and Notification. A Prior Authorization for each PRTF admission will be generated within forty-eight (48) hours of completion of the screen. In consultation with the enrollee's guardian and referring party, case management shall locate a PRTF provider appropriate to meet the enrollee's needs with availability to admit the enrollee. Given the need to locate an appropriate PRTF provider with bed availability in a timely manner, Plan shall maintain near real time bed utilization/availability for network PRTFs and out-of-network replacements.
- When the initial screen results in a determination that the enrollee is in need of PRTF care, the care manager shall secure admission to an appropriate PRTF for the enrollee within 20 calendar days in compliance with access and availability standards for this level of care. (Model Contract 2.12.11.1.2)
- If PRTF placement is denied, the IP UM or correspondence team personnel shall immediately notify the enrollee and/or guardian and, with consent, the referring party requesting PRTF services and, within forty-eight (48) hours, provide written notification of the denial. The notification of denial shall include information on alternative services that may meet the enrollee's needs to ensure health and safety, including information on available providers of those services, the right of the enrollee to appeal the denial, and the process to do so. (Model Contract 2.12.11.1.3)
- For youth pending release from a secure setting for whom a PRTF is being requested, the IP UM is required to complete the screen prior to the youth's release if it is anticipated that the youth will be re-linked to Plan following release. (Model Contract 2.12.11.1.4)
- The Plan shall comply with the requirements set forth at 42 C.F.R. Part 441, Subpart D regarding Certification of Need (CON) for PRTF. (Model Contract 2.12.11.2.1)
- The IP UM shall ensure Licensed Mental Health Professionals (LMHP) are included in the team responsible for certification and recertification of PRTF services in Louisiana. This shall include a face-to-face assessment by an LMHP or a telephonic/video consultation with an LMHP who has had a face-to-face interview with the child/youth, in addition to the recommendations of the team specified at 42 C.F.R. §441.156. (Model Contract 2.12.11.2.2)

[LA.UM.96 Psychiatric Treatment Facility 11.11.22 Updated JT_KF 2.16.23P&P_Template_10272020](#)

- The Plan may use a LMHP team composed of Plan staff or subcontracted LMHPs. To ensure the team has knowledge of the ambulatory resources available to the youth and the youth's situation, Plan shall ensure that the team is assembled by a subcontract in the child's/youth's parish of residence or adjacent parish (if not in state custody) or the child's/youth's parish or adjacent parish of responsibility (if in state custody). (Model Contract 2.12.11.2.3)
- For youth pending release from a secure setting for whom a PRTF is being requested, the care manager is required to coordinate the completion of the CON prior to the youth's release if it is anticipated that the youth shall be re-linked to Plan following release. (Model Contract 2.12.11.2.4)
- Recertification of the stay shall occur every sixty (60) calendar days by the IP UM. For the PRTF screens to be complete, the team shall meet and rule out other community-based options. This does not apply to other inpatient screens. (Model Contract 2.12.11.2.5)
- IP UM with the assistance of case management will ensure that PRTF certification, including the independent certification, are forwarded to the admitting facility (Model Contract 2.12.11.3.2)
- Care managers will coordinate with LDH and other state agencies following an inpatient PRTF or other residential stay for enrollees with a primary behavioral health diagnosis occurs timely when the enrollee is not to return home.
- Enrollees approaching the end of medical necessity/continued stay for PRTF, Therapeutic Group Home (TGH). Or ICF/IID will have a concrete and proactive discharge plan in place including linkage with after care providers to address the enrollee's treatment needs in the enrollee's next recommended level of care or living situation. Concrete and proactive discharge plans, including linkage with aftercare providers in the enrollee's next LOC or living situation, should be in place thirty (30) calendar days prior to discharge from a PRTF or TGH. Care managers will follow up and coordinate with the discharging PRTF or TGH, receiving providers(s), and the enrollee/guardian to ensure that the enrollee is contracted by and is receiving services from aftercare providers as per the enrollee's discharge plan. (Model Contract 2.7.5.4.2 & 2.7.5.4.2)
- The Plan shall not deny continuation of [higher-level services \(e.g., inpatient hospital or PRTF\)](#) ~~residential treatment (e.g., TGH or PRTF)~~ for failure to meet medical necessity unless the Plan can provide the service through an in network or out of network provider ~~for at~~ a lower level of care. [\(Model Contract 2.12.8.2\)](#)
- In addition to the pre-screen and certifying the need, the Plan shall be responsible for tracking the enrollee's authorization period for PRTF stays and providing notification to the Authorized Representative when a recertification is due; accurately determine admissions and discharges to PRTFs and perform PRTF-specific eligibility functions; and work with the FI to determine retroactive eligibility and assignment, when applicable. (Model Contract 2.12.11.3)

PROCEDURE:

- The guardian or referring provider requests PRTF services telephonically or via fax
- The clinical documentation submitted by the guardian or referring provider is reviewed for medical necessity criteria using InterQual®
- The request is documented in the BH Residential Discharge Sharepoint
- In the Sharepoint, the IP UM documents:
 - Enrollee's name and enrollee number
 - Request date
 - Authorization Request Status
 - Guardianship
 - Determination date
 - Admit Status
 - Anticipated Admit Date
 - Where enrollee was admitted
 - Packets sent to Preferred Facility and In-state Facilities
 - Out of state search
 - Date of ISC approval
 - Discharge planning status

- Escalation to Liaison
 - Outreach status
 - Any other pertinent comments
- The UM also sends a task to Case Management (see work process)
- If Medical Necessity Criteria (MNC) is met, a notice of approval letter will be sent to the requesting provider/guardian
- If, MNC isn't met the case will be sent for secondary review.
- If an adverse determination is rendered a denial letter will be sent to the requesting provider/guardian in accordance with LA.UM.05 & LA.UM.07

REFERENCES:

LDH Model Contract
LA.UM.07 Adverse Determination (Denial) Notices
LA.UM.05 Timeliness of UM Decisions and Notifications

ATTACHMENTS:



ROLES & RESPONSIBILITIES:

REGULATORY REPORTING REQUIREMENTS:

Which regulator(s) require reporting, what should be reported, when to report, and how to report/who to contact.

REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
Annual Review	Changed LHCC to the Plan Removed RFP references Changed RFP to Emergency Contract Changed case manager to Care Manager Added language in regards to CON requirements Removed Attachment D reference Updated the PRTF tracking tool Removed current attachment Added attachment: Behavioral Health Residential Discharge Process Updated References	02/25/20
Annual Review	Changed enrollee to member Added Emergency contract section 6.30.2.11.3, 6.30.2.11.4 & 6.30.3	03/25/21
Annual Review	Changed MM to PHCO	05/27/22
Ad Hoc Review	Changed member to enrollee Updated contract verbiage and references Reformatted to new policy template	12/02/22
<u>Ad Hoc Review</u>	<u>Updated language to align with section 2.12.8.2</u>	<u>02/16/23</u>

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.

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