

Louisiana Medicaid UM Guideline

Subject: Substance Use Disorder-
Psychiatric Residential Treatment Facility Current Effective Date: 9/1/2019
(PRTF)

Status: **New**

Last Review Date:

Description

Psychiatric residential treatment facilities (PRTFs) are required to ensure that all medical, psychological, social, behavioral and developmental aspects of the member's situation are assessed and that treatment for those needs are reflected in the plan of care (POC) per 42 CFR 441.155. In addition, the PRTF must ensure that the resident receives all treatment needed for those identified needs. In addition to services provided by and in the facility, when they can be reasonably anticipated on the active treatment plan, the PRTF must ensure that the resident receives all treatment identified on the active treatment plan and any other medically necessary care required for all medical, psychological, social, behavioral and developmental aspects of the recipient's situation. The facility must provide treatment meeting State regulations per LAC 48: I. Chapter 90.

See the following for additional treatment services:

Withdrawal Management, refer to the Louisiana Medicaid UM Guideline:

- Substance Use Disorder: Withdrawal Management

Residential Treatment, refer to the Louisiana Medicaid UM Guideline:

- Substance Use Disorder: Residential Treatment Facility

Louisiana Behavioral Health Provider Manual (“LBHPM”), Addiction Services:

The Louisiana Behavioral Health Provider Manual (LBHPM) is the basis for all medically necessary decisions in Louisiana. It clearly references the American Society of Addiction Medicine (ASAM) substance use criteria for Medically Necessity in Louisiana. The LBHPM states that these clinical criteria are used to determine medical necessity for PRTF services¹ that are requested by the provider and/or member for the identified levels of care. The Louisiana PRTF level of care in the LBHPM is listed below:

- Level 3.7: Medically monitored intensive inpatient treatment – adolescent (PRTF)
- Level 3.7 Medically Monitored High Intensity Inpatient Treatment – Adolescent

¹ ASAM criteria may be used to determine MNC for PRTF if and only if the PRTF care is for the purposes of SUD treatment, in a SUD-specialty PRTF program. ASAM criteria would not be relevant to MNC if the PRTF care is the purposes of treatment for non-SUD-related symptoms. If the youth is receiving PRTF care for both mental health symptoms and SUD symptoms, then ASAM criteria would be one but not the only factor in determining MNC.

This is a PRTF level of care for co-occurring disorder (COD) treatment that provides 24 hours of structured activities per week including, but not limited to:

- Psychiatric and substance use assessments;
- Diagnosis treatment; and
- Habilitative and rehabilitation services.

These services are provided to individuals with co-occurring psychiatric and substance disorders (ICOPSD), whose disorders are of sufficient severity to require an inpatient level of care.

<u>Clinical Indications</u>

Medically Necessary:

Individuals in this level of care may have co-occurring addiction and mental health disorders that meet the eligibility criteria for placement in a co-occurring-capable program or difficulties with mood, behavior or cognition related to a substance use or mental disorder, or emotional behavioral or cognitive symptoms that are troublesome, but do not meet the DSM criteria for mental disorder.

Eligibility Criteria:

Children under 21 years of age, pre-certified by an independent team employed by the MCO, where:

- Ambulatory care resources available in the community do not meet the treatment needs of the member;
- Proper treatment of the member's psychiatric condition requires services on an inpatient basis under the direction of a physician; and
- The services can be reasonably expected to improve the member's condition or prevent further regression, so that the services will no longer be needed.

The independent MCO team pre-certifying the PRTF stay must:

- Include a physician;
- Have competence in diagnosis and treatment of mental illness, preferably in child psychiatry; and
- Have knowledge of the individual's situation.

[See also LOUISIANA MEDICAID PROGRAM ISSUED:
CHAPTER 2: BEHAVIORAL HEALTH SERVICES SECTION 2.2: RESIDENTIAL
SERVICES Level 3.7 Medically Monitored High Intensity Inpatient Treatment –
Adolescent

Admission Criteria:

- Acute intoxication and/or withdrawal potential – None or minimal/stable withdrawal risk;
- Biomedical conditions and complications – Moderate to severe conditions (which require 24-hour nursing and medical monitoring or active treatment but not the full resource of an acute care hospital);
- Emotional, behavioral or cognitive conditions and complications – Moderate to severe conditions and complications. These symptoms may not be severe enough to meet diagnostic criteria but interfere or distract from recovery efforts (for example, anxiety/hypomanic or depression and/or cognitive symptoms, which may include compulsive behaviors, suicidal or homicidal ideation, with a recent history of attempts but no specific plan, or hallucinations and delusions without acute risk to self or others) are interfering with abstinence, recovery and stability to such a degree that the individual needs a structured 24-hour, medically monitored (but not medically managed) environment to address recovery efforts;
- Readiness to change – Member is in need of intensive motivating strategies, activities and processes available only in a 24-hour structured medically monitored setting (but not medically managed);
- Relapse, continued use or continued problem potential – Member is experiencing an escalation of relapse behaviors and/or acute psychiatric crisis and/or reemergence of acute symptoms and is in need of 24-hour monitoring and structured support; and
- Recovery environment – Environment or current living arrangement is characterized by a high risk of initiation or repetition of physical, sexual or emotional abuse or substance use so endemic that the patient is assessed as unable to achieve or maintain recovery at a less intensive level or care.

Limitations on Coverage:

None

<u>Program Requirements</u>

Screening/Assessment/Treatment Plan Review (PRTF)

A triage screening must be completed to determine eligibility and appropriateness (proper patient placement) for admission and referral. (The MCO ensures that pre-certification requirements are met.)

A comprehensive bio-psychosocial assessment must be completed within seven days, which substantiates appropriate patient placement. The assessment must be reviewed and signed by a qualified professional. The following sections must be completed prior to seven days of admission:

- Medical;
- Psychological;

- Alcohol; and
- Drug.

An individualized, interdisciplinary treatment plan, must be completed which includes problem formulation and articulation of short-term, measurable treatment goals and activities designed to achieve those goals. This plan should be developed in collaboration with the member and meet the following criteria:

- The treatment plan is reviewed/updated in collaboration with the member, as needed, or at a minimum of every 30 days;
- Discharge/transfer planning must begin at admission; and
- Referral arrangements made prior to discharge.

<u>Coding</u>			
<u>Procedure Code</u>	<u>Service Description</u>	<u>Rate</u>	<u>Billing Frequency</u>
<u>H2013</u>	<u>PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM - PRTE (SPECIALIZED ASAM 3.7)</u>	<u>\$355</u>	<u>Daily</u>

Discussion/General Information

Eligible Provider Information:

The provider must have at least the following staffing:

House Manager:

A residential substance use provider shall have a house manager. The house manager shall:

- Be at least 21 years old;
- Have at least two years qualifying experience working for a provider that treats clients with mental illness and/or addictive disorders;
- Supervise the activities of the facility when the professional staff is not on duty;
- Perform clinical duties only if licensed to do so;
- Report allegations of abuse, neglect and misappropriation to the medical director;
- Identify and respond to and report any crisis situation to the clinical supervisor when it occurs; and
- Coordinate and consult with the clinical staff as needed.

For Staffing requirements of House Manager and qualifications requirements of the medical director, clinical supervisor, unlicensed professionals and LMHPs, please refer to the Louisiana Behavioral Health Provider Manual as necessary.

Level 3.7--Medically monitored intensive inpatient treatment – adolescent (PRTF)

- **There is a MD, medical director – MD(s) on site as needed for management of psychiatric/medical needs 24 hour on-call availability; including an addictionologist; or is board-eligible or board-certified; Has two years of qualifying experience in treating addictive disorders; and maintains a consulting relationship with an addictionologist.**
- **There is a psychologist available as needed;**
- **There is Nursing staff present – One FTE Supervisor (APRN/NP/RN), 24 hour on call availability;**
- **There is one FTE RN/LPN available on duty on site at all times;**
- **There is a licensed or certified clinician or counselor with direct supervision by an LMHP, or unlicensed professional (UP) under supervision of a clinical supervisor;**
- **Caseloads not to exceed eight members;**
- **The clinical supervisor² is available for clinical supervision when needed and by telephone for consultation;**
- **An LMHP is available on site 40 hours per week;**
- **The facility shall maintain:**
 - **A minimum ratio of one staff person for four residents (1:4) between the hours of 6 a.m. and 10 p.m. The staff for purposes of this ratio shall consist of direct care staff (i.e. licensed practical nurse (LPN), MHS, MHP, LMHP, etc.).**
 - **a minimum ratio of one staff person for six residents (1:6) between 10 p.m. and 6 a.m. Staff shall always be awake while on duty. The staff for purposes of this ratio shall consist of direct care staff (i.e. LPN, MHS, MHP, LMHP, etc.). Louisiana Register Vol. 43, No. 02 February 20, 2017 330.**
- **There is clerical support staff available – 1 to 2 FTE per day shift;**
- **There is an activity/occupational therapist – one FTE;**
- **There is a care coordinator – one FTE per day shift, and/or duties may be assumed by clinical staff;**
- **An outreach worker/peer mentor is recommended;**
- **Physicians, who are available 24 hours a day by telephone. (A PA may perform duties within the scope of his/her practice as designated by physician). An APRN may perform duties within the scope of his/her practice;**
- **Licensed, certified or registered clinicians provide a planned regimen of 24-hour, professionally directed evaluation, care and treatment services for individuals and their families; and**
- **An interdisciplinary team of appropriately trained clinicians, such as physicians, nurses, counselors, social workers and psychologists is available to assess and**

² **Clinical supervisor must have two years of qualifying clinical experience as an LMHP in the provision of services provided by the provider**

treat the individual and to obtain and interpret information regarding the patient's needs. The number and disciplines of team members are appropriate to the range and severity of the individual's problems.

Definitions

Child Specialist (Addiction Services) - An individual, who has documentation verifying the required minimum of 90 clock hours of education and training in child development and/or early childhood education.

Licensed Mental Health Professional (LMHP) –

Section 2.4 Addiction Services (pg. 8 of 61)

Licensed Mental Health Professional (LMHP)

LMHPs must comply with current, applicable scope of practice and supervisory requirements identified by their respective licensing boards. The LMHP providing addiction treatment services shall have documented credentials, experience and/or training in working with clients who have addictive disorders, which shall be maintained in the individual's personnel record.

Section 2.4 Addiction Services (pg 5 of 61)

LMHPs are required to:

Licensed individual practitioners with no documentation of having provided addiction services prior to December 1, 2015, are required to demonstrate competency via the Alcohol and Drug Counselor (ADC) exam, the Advanced Alcohol and Drug Counselor (AADC) exam, or the Examination for Master Addictions Counselor (EMAC).

Any licensed individual practitioner, who has documentation of providing addiction services prior to December 1, 2015, and within their scope of practice is exempt from (ADC, AADC, EMAC) testing requirements.

Organizational agencies are required to obtain verification of competency (passing of accepted examinations) or exemption (prior work history/resume, employer letter).

An individual who is licensed in the State of Louisiana to diagnose and treat mental illness or substance use, acting within the scope of all applicable State laws and their professional license. An LMHP includes the following individuals who are licensed to practice

independently: Medical psychologists, licensed psychologists, licensed clinical social workers (LCSWs), licensed professional counselors (LPCs), licensed marriage and family therapists (LMFTs), licensed addiction counselors (LACs), and advanced practice registered nurses (APRNs)³. Appendix B and Appendix D contains additional details about this requirement.

Unlicensed professionals (UPs) - UPs Unlicensed professionals of addiction services must be registered with the Addictive Disorders Regulatory Authority (ADRA) and demonstrate competency as defined by the Louisiana Department of Health (referenced above), state law (RS 37:3386 et seq.) and regulations. Unlicensed addiction provider must meet at least one of the following qualifications: 1) Master’s-prepared behavioral health professional that has not obtained full licensure privileges and is participating in ongoing professional supervision. When working in addiction treatment settings, the master’s prepared UP shall be supervised by an LMHP, who meets the requirements of this Section; 2) be a registered addiction counselor; 3) be a certified addiction counselor; 4) be a counselor in training (CIT) that is registered with ADRA and is currently participating in a supervisory relationship with an ADRA-registered certified clinical supervisor.⁴

<u>Acronyms</u>

APRN: Advanced Practice Registered Nurse

ASAM: American Society of Addiction Medicine

DSM: Diagnostic and Statistical Manual of Mental Disorder

FTE: Full Time Employee

ICOPSD: Individuals with Co-Occurring Psychiatric and Substance Disorders

LMHP: Licensed Mental Health Professional

LBHPM: Louisiana Behavioral Health Provide Manual

MCO: Managed Care Organization

PA: Physician Assistant

RN: Registered Nurse

SUD: Substance Use Disorder

WM: Withdrawal Management

³ The LMHP definition taken directly from the Louisiana Behavioral Health Services Provider Manual. Staffing requirements are also found in the LBHSPS under Section 2.4 Addiction Services. Definition may be updated as new policy version are issued by the Louisiana Department of Health.

⁴ The UP definition is taken directly from the Louisiana Behavioral Health Services Provider Manual. Staffing requirements are also found in the LBHSPS under Section 2.4 Addiction Services. Definition may be updated as new policy version are issued by the Louisiana Department of Health.

Please also note unlicensed staff who fall under a professional scope of behavioral health practice with formal board approved clinical supervision and whose scope includes the provision of addiction services will not need to register with ADRA. See pg. 9 of 63 Section 2.4, Addiction Services.

References

Government Agency, Medical Society, and Other Authoritative Publications:

1. **State of Louisiana, Louisiana Department of Health**
2. **PRTF – 42 CFR 483.354**
3. **LAC 48:1 Chapter 90**
4. **Louisiana Office of Behavioral Health’s ASAM level of care email inquiries: May, 28, 2019 and June 14, 2019.**

Websites for Additional Information

1. **Louisiana Behavioral Health Provider Manual**
2. **American Society of Addiction Medicine**

History

<u>Status</u>	<u>Date</u>	<u>Action</u>
<u>New</u>	<u>8/1/2019</u>	<u>New Guideline Created</u>
<u>Active</u>	<u>8/7/2019</u>	<u>MOC Approved</u>