

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Medical Management	<b>DOCUMENT NAME:</b> Psychiatric Treatment Facility (PRTF) Policy
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<b>APPROVAL DATE:</b> 4/25/19	<b>Retired:</b>
<b>Initial Effective Date:</b> 4/25/19	<b>Reviewed/Revised Date:</b> <u>02/20</u>
<b>PRODUCT TYPE:</b> Medicaid	<b>Reference Number:</b> LA.UM.96

### SCOPE:

Louisiana Healthcare Connections (Plan) Medical Management Departments

### PURPOSE:

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

### 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. ~~(RFP 2.12.7.1)~~
- The screen shall be completed within twenty-four (24) hours of ~~Louisiana Healthcare Connections (LHCC's)~~ **the Plan's** receipt of the referral and all clinical information needed and requested by the IP\_UM to review for medical necessity. ~~(RFP 2.12.7.2)~~
- 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*. 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, ~~LHCC~~ **the Plan** shall maintain near real time bed utilization/availability for network PRTFs and out-of-network replacements. **(Emergency Contract 8.4.6.5)**
- When the initial screen results in a determination that the member is in need of PRTF care, the ~~cas~~**re** manager shall secure admission to an appropriate PRTF for the enrollee within ~~the timeframe stated in Attachment D (20 calendar days)~~ in compliance with access and availability standards for this level of care.
- If PRTF placement is denied, the IP UM or correspondence team personnel shall immediately notify the enrollee and/or guardian and,

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- 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. ~~(RFP 2.12.7.3)~~ **(Emergency Contract 8.4.6.5)**
- 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 ~~LHCC~~ **the Plan** following release. ~~(RFP 2.12.8.4)~~ **(Emergency Contract 8.4.6.5)**
- **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. (Emergency Contract 8.4.6.1)**
- 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. ~~(RFP 2.12.8.2)~~ **(Emergency Contract 8.4.6.2)**
- ~~The Plan~~~~LHCC~~ may use a LMHP team composed of ~~LHCC~~ **Plan** staff or subcontracted LMHPs. To ensure the team has knowledge of the ambulatory resources available to the youth and the youth's situation, ~~LHCC~~ **the 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). ~~(RFP 2.12.8.3)~~ **(Emergency Contract 8.4.6.3)**
- For youth pending release from a secure setting for whom a PRTF is being requested, the ~~cas~~~~re~~ 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 ~~LHCC~~ **the Plan** following release. ~~(RFP 2.12.8.4)~~
- 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. ~~(RFP 2.12.8.5)~~ **(Emergency Contract 8.4.6.4)**

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- ~~LHCC utilization manager~~ **IP UM** with the assistance of case management will ensure that PRTF certification, including the independent certification, are forwarded to the admitting facility; ~~(RFP 2.12.8.6.2)~~

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- **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 ~~PRTF-BH Residential Discharge Sharepoint tracking log for IP UM (G:\Medical Management\PRTF Tracker)~~
- In the ~~tracker~~**Sharepoint**, the IP UM documents:
  - Enrollee's name and **member** number
  - Request date
  - **Authorization Request Status**
  - **Guardianship**
  - Determination date
  - ~~Waitlist~~
  - **Admit Status**
  - ~~Estimated availability~~**Anticipated Admit Date**
  - **Where Enrollee was admitted**
  - **Packets sent to Preferred Facility and In-state Facilities**
  - Out of state search
  - ~~Custody~~
  - Date of ISC approval
  - ~~Denied by PRTF providers~~**Discharge planning status**
  - ~~Reason for denial from the PRTF provider~~**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

### ATTACHMENTS:



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- ~~Processing Psychiatric Treatment Facility (PRTF) Cases~~
- \_\_\_\_\_

**REFERENCES:**

Louisiana Department of Health Medicaid Request for Proposals dated February 25, 2019  
Louisiana Medicaid Managed Care Organization Statement of Work Emergency Contract dated September 5, 2019  
 LA.UM.07, Adverse Determination (Denial) Notices  
 LA.UM.05 Timeliness of UM Decisions and Notifications

**DEFINITIONS:**

### REVISION LOG

REVISION	DATE
<u>Changed LHCC to the Plan</u> <u>Removed RFP references</u> <u>Changed RFP to Emergency Contract</u> <u>Changed case manager to Care Manager</u> <u>Added language in regards to CON requirements</u> <u>Removed Attachment D reference</u> <u>Updated the PRTF tracking tool</u> <u>Removed current attachment</u> <u>Added attachment: Behavioral Health Residential Discharge Process</u> <u>Updated References</u>	<u>02/2020</u>

#### POLICY AND PROCEDURE APPROVAL

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

VP Medical Management: \_\_\_\_\_ Signature on File \_\_\_\_\_

Sr. VP Medical Affairs: \_\_\_\_\_ Signature on File \_\_\_\_\_

Sr. VP, Population Management: Electronic Signature on File

Chief Medical Officer: Electronic Signature on File