Psychiatric Residential Treatment Facility Services for Level I and II for Individuals Under 21 Years of Age 16.

Covered Inpatient Admissions A.

The following benefits and limitations are applicable for inpatient psychiatric facility services for individuals under 21 years of age (or under 22 years of age if an inpatient in the facility on the individual's 21st birthday):

Kentucky complies with all PRTF requirements outlined at 42 CFR 440.160; 42 CFR 483.352; 42 CFR Part 441, Subpart D and Part 483, Subpart G

Subject to the individual's plan of care, the following services are furnished to children in a PRTF, pursuant to the Inpatient Psychiatric Services to Individuals under Age 21 benefit, provided services are under the direction of a physician. Each patient's treatment plan shall specify the amount and frequency of services needed;

- A covered admission for a Level I PRTF shall be prior authorized by a review agency. 1)
- 2) A covered admission for a Level II PRTF shall be prior authorized;

В. PRTF Covered Inpatient Services.

- The following services shall be available to all eligible recipients: 1)
 - Diagnostic and assessment services;
 - b. Treatment plan development, review, or revision;
 - c. Psychiatric services;
 - d. Nursing services which shall be provided in compliance with 902 KAR 20:320;
 - Medication which shall be provided in compliance with 907 KAR 1:019; e.
 - f. Evidence-based treatment interventions;
 - Individual therapy which shall comply with 902 KAR 20:320;
 - Family therapy or attempted contact with family which shall comply with 902 KAR
 - Group therapy which shall comply with 902 KAR 20:320; i.
 - j. Individual and group interventions that shall focus on additional and harmful use or abuse issues and relapse prevention if indicated;
 - k. Substance abuse education;
 - Activities that: 1.
 - Support the development of an age-appropriate daily living skill including positive behavior management or support; or
 - (2) Support and encourage the parent's ability to re-integrate the child into the home;
 - Emergency interventions pursuant to the restraint and seclusion requirements at: m.
 - 42 C.F.R. 483.350 through 376; and (1)
 - 902 KAR 20:320; (2)
 - Consultation with other professionals including case managers, primary care n. professionals, community support workers, school staff, or others;
 - Educational activities; or o.
 - Non-medical transportation services as needed to accomplish objectives; p.

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- 2) A Level I PRTF service listed in a above shall be:
 - Provided under the direction of a physician;
 - If included in the recipient's treatment plan, described in the recipient's current treatment plan;
 - Medically necessary; and
 - d. Clinically appropriate pursuant to the criteria established in 907 KAR 3:130;
- 3) A Level I PRTF service listed in g, h, i, k, or m. above shall be provided by a qualified mental health professional, behavioral health professional, or behavioral health professional under clinical supervision; or
- 4) A Level II PRTF service listed shall be:
 - a. Provided under the direction of a physician;
 - b. If included in the recipient's treatment plan, described in the recipient's current treatment plan;
 - c. Provided at least once a week:
 - (1) Unless the service is necessary twice a week, in which case the service shall be provided at least twice a week; or
 - (2) Except for diagnostic and assessment services which shall have no weekly minimum requirement;
 - d. Medically necessary; and
 - e. Clinically appropriate pursuant to the criteria established in 907 KAR 3:130.
- 5) A Level II PRTF service listed in (7), (8), (9), (11), or (13) shall be provided by a qualified mental health professional, behavioral health professional, or behavioral health professional under clinical supervision.
- C. Durational Limit, Re-evaluation, and Continued Stay for Inpatient Admissions.
 - A recipient's stay, including the duration of the stay, in a Level I or II PRTF shall be subject to the department's approval.
 - A recipient in a Level I PRTF shall be re-evaluated at least once every thirty (30) days to determine if the recipient continues to meet Level I PRTF patient status criteria.
 - A Level I PRTF shall complete a review of each recipient's treatment plan at least once every thirty (30) days.
 - 4) If a recipient no longer meets Level I PRTF patient status criteria, the department shall only reimburse through the last day of the individual's current approved stay.
 - 5) A Level II PRTF shall complete by no later than the third (3rd) business day following an admission, an initial review of services and treatment provided to a recipient which shall include:

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D. Reserved Bed and Therapeutic Pass Days for Inpatient Admissions

Definition:

An acute care hospital bed reserve day shall be a day when a recipient is temporarily absent from a Level I or II PRTF due to an admission to an acute care hospital. A state psychiatric hospital bed reserve day, private psychiatric hospital bed reserve day, or psychiatric bed in an acute care hospital bed reserve day, respectively, shall be a day when a recipient is temporarily absent from a Level I or II PRTF due to receiving psychiatric treatment in a state psychiatric hospital, private psychiatric hospital, or psychiatric bed in an acute care hospital respectively. A therapeutic pass day shall be a day when a recipient is temporarily absent from a Level I or II PRTF for a therapeutic purpose that is:

- Stated in the recipient's treatment plan; and
- b. Approved by the recipient's treatment team.
- The department shall cover a bed reserve day for an acute hospital admission, a state psychiatric hospital admission, a private psychiatric hospital admission, or an admission to a psychiatric bed in an acute care hospital for a recipient's absence from a Level I or II PRTF if the recipient:
 - a. Is in Medicaid payment status in a Level I or II PRTF;
 - b. Has been in the Level I or II PRTF overnight for at least one (1) night;
 - c. Is reasonably expected to return requiring Level I or II PRTF care; and
 - c. Has not exceeded the bed reserve day limit of 5 days per calendar year in aggregate for any combination of bed reserve days associated with an acute care hospital admission, a state psychiatric hospital admission, a private psychiatric hospital admission or an admission to a psychiatric bed in an acute care hospital.
- 2) Based on medical necessity, with a prior authorization, the five (5) day limit may be extended.
- 3) The department shall cover a therapeutic pass day for a recipient's absence from a Level I or II PRTF if the recipient:
 - a. Is in Medicaid payment status in a Level I or II PRTF;
 - b. Has been in the Level I or II PRTF overnight for at least one (1) night;
 - c. Is reasonably expected to return requiring Level I or II PRTF care; and
 - d. Has not exceeded the therapeutic pass day limit established; or
 - e. Received an exception to the limit.
 - f. The annual therapeutic pass day limit per recipient shall be fourteen (14) days per calendar year.
 - g. The department shall allow a recipient to exceed the limit established if the department determines that an additional therapeutic pass day is in the best interest of the recipient.

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- 16. Psychiatric Residential Treatment Facility Services for Level I and II for Individuals Under 21 Years of Age
 - E. Exclusions and Limitations in Coverage for Inpatient Admissions.
 - 1) The following shall not be covered as Level I or II PRTF services:
 - Pharmacy services, which shall be covered in accordance with Kentucky Medicaid's Pharmacy Program;
 - b. Durable medical equipment, which shall be covered in accordance with Attachment 3.1-A, Page 13 of the Medicaid State Plan;
 - c. Hospital emergency room services, which shall be covered in accordance with Attachment 3.1-A, Page 7.1.1(a);
 - d. Acute care hospital inpatient services, which shall be covered in accordance with Attachment 3.1-A, Page 7.1.1 Page 7.1.1(a;
 - e. Laboratory and radiology services, which shall be covered in accordance with Attachment 3.1-A, Page 7.1.1(b);
 - f. Dental services, which shall be covered in accordance with Attachment 3.1-A, Page 7.4.1:
 - g. Hearing and vision services, which shall be covered in accordance with Attachment 3.1-A, Page 7.1.3; or
 - h. Ambulance services, which shall be covered in accordance with Attachment 3.1-A, Page 7.9.1.
 - A Level I or II PRTF shall not charge a recipient or responsible party representing a recipient any difference between private and semiprivate room charges.

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TN No. <u>13-028</u>		

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Approval Date <u>01-21-14</u>

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16. Psychiatric Residential Treatment Facility Services for Level I and II for Individuals Under 21 Years of Age

A. Covered Inpatient Admissions

The following benefits and limitations are applicable for inpatient psychiatric facility services for individuals under 21 years of age (or under 22 years of age if an inpatient in the facility on the individual's 21st birthday):

Kentucky complies with all PRTF requirements outlined at 42 CFR 440.160; 42 CFR 483.352; 42 CFR Part 441, Subpart D and Part 483, Subpart G

Subject to the individual's plan of care, the following services are furnished to children in a PRTF, pursuant to the Inpatient Psychiatric Services to Individuals under Age 21 benefit, provided services are under the direction of a physician. Each patient's treatment plan shall specify the amount and frequency of services needed;

- 1) A covered admission for a Level I PRTF shall be prior authorized by a review agency.
- 2) A covered admission for a Level II PRTF shall be prior authorized;

B. PRTF Covered Inpatient Services.

- 1) The following services shall be available to all eligible recipients:
 - Diagnostic and assessment services;
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 - e. Medication which shall be provided in compliance with 907 KAR 1:019;
 - f. Evidence-based treatment interventions;
 - Individual therapy which shall comply with 902 KAR 20:320;
 - h Family therapy or attempted contact with family which shall comply with 902 KAR 20:320.
 - i. Group therapy which shall comply with 902 KAR 20:320;
 - Individual and group interventions that shall focus on additional and harmful use or abuse issues and relapse prevention if indicated;
 - k. Substance abuse education;
 - l. Activities that:
 - Support the development of an age-appropriate daily living skill including positive behavior management or support; or
 - (2) Support and encourage the parent's ability to re-integrate the child into the home;
 - m. Emergency interventions pursuant to the restraint and seclusion requirement at:
 - (1) 42 C.F.R. 483.350 through 376; and
 - (2) 902 KAR 20:320;
 - n. Consultation with other professionals including case managers, primary care professionals, community support workers, school staff, or others;
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 - p. Non-medical transportation services as needed to accomplish objectives;

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- 2) A Level I PRTF service listed in a above shall be:
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 - c. Medically necessary; and
 - d. Clinically appropriate pursuant to the criteria established in 907 KAR 3:130;
- 3) A Level I PRTF service listed in g, h, i, k, or m. above shall be provided by a qualified mental health professional, behavioral health professional, or behavioral health professional under clinical supervision; or
- 4) A Level II PRTF service listed shall be:
 - Provided under the direction of a physician;
 - b. If included in the recipient's treatment plan, described in the recipient's current treatment plan;
 - c. Provided at least once a week:
 - (1) Unless the service is necessary twice a week, in which case the service shall be provided at least twice a week; or
 - (2) Except for diagnostic and assessment services which shall have no weekly minimum requirement;
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TN No. <u>15-003</u> Supersedes TN No. <u>New</u>

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- Stated in the recipient's treatment plan; and
- b. Approved by the recipient's treatment team.
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 - a. Is in Medicaid payment status in a Level I or II PRTF;
 - b. Has been in the Level I or II PRTF overnight for at least one (1) night;
 - c. Is reasonably expected to return requiring Level I or II PRTF care; and
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 - e. Received an exception to the limit.
 - f. The annual therapeutic pass day limit per recipient shall be fourteen (14) days per calendar year.
 - g. The department shall allow a recipient to exceed the limit established if the department determines that an additional therapeutic pass day is in the best interest of the recipient.

TN No. <u>15-003</u> Supersedes TN No. <u>New</u>

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- 16. Psychiatric Residential Treatment Facility Services for Level I and II for Individuals Under 21 Years of Age
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 - f. Dental services, which shall be covered in accordance with Attachment 3.1-A, Page 7.4.1:
 - g. Hearing and vision services, which shall be covered in accordance with Attachment 3.1-A, Page 7.1.3; or
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