

SECTION III: PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY (PRTF)

SCREEN AND DISCHARGE REQUIREMENTS

A. REQUIREMENTS.

Screens for PRTFs may be requested through Kansas Health Solutions (KHS) by contacting the toll-free number 1-800-466-2222 or through a local CMHC or MCO Care Coordinator. The caller must provide basic information including presenting problem, location of the youth and intended facility if approved. *(Inpatient and PRTF Screening --Attachment A)*

B. STANDARDS.

- 1) PRTF screens including the Community Based Services Team (CBST) must be completed within **(7) seven calendar days of receipt of request.**
- 2) Youth who need an emergency placement for psychiatric symptoms will be screened for medical necessity to an acute psychiatric setting.
- 3) The PRTF preadmission screen completed by the CMHC will authorize **up to 60 days** based on medical necessity. The screen along with the CBST serves as required Certification of Need.
- 4) This initial authorization period begins on the date the screen authorizes admissions rather than when the youth is admitted.
- 5) After the 60 day initial authorization period the PRTF Continued Stay will be reviewed and authorized by the MCO and be based on medical necessity.

C. PROCESS.

- 1) A PRTF screen request is made to KHS or a local CMHC or an MCO Care Coordinator.
- 2) A CBST meeting must take place and a Community Based Services Plan (CBSP) developed. A CBST is an individualized team established to access and integrates community resources to meet mental health needs in the least restrictive environment. The CBST is comprised of the youth (as appropriate), a responsible family member/guardian, a knowledgeable representative from the Community Mental Health Center (CMHC), the PRTF Screener (either in person or via phone or TVC), other clinicians, the custodial case manager, MCO Care Coordinator and any other individuals considered to be helpful in determining how to best help the youth.
- 3) The CBST process is required as a part of all PRTF screens. The CMHC of responsibility is responsible for screening for PRTF treatment and shall be the lead agency in the CBST process. This CMHC may request a courtesy screen from the CMHC where the consumer is located.
- 4) A face-to-face screening of the youth is completed on all PRTF requests. The same screening form for inpatient hospitalization will be used, but the PRTF section will be marked on page one and the PRTF recommendation page will be completed if the youth meets admission criteria.

- 5) KHS will notify the CMHC of responsibility to perform the face-to-face screen and to act as the lead agency in the CBST process. The CMHC considered the county of origin can work with other CMHC's to request a courtesy screen.
- 6) The CBST meeting may be completed prior to the screen or during the screen. If completed prior to the screen, the CBST will forward a copy of the plan to the screener.
- 7) Upon completion of a PRTF screen, the screener will 1) Provide a copy of the PRTF screen and Community Based Services Plan (CBSP) to the youth's guardian, 2) Call in the results to KHS, 3) Notify all other parties and 4) fax copy of screen to MCO.
- 8) If PRTF screen and CBST recommend admission to PRTF facility, the CMHC shall assist and/or collaborate with the parent/guardian in contacting facilities to inquire about bed availability and arranging admission for treatment to ensure timely admission occurs. The CBSP may serve as a contingency plan until a bed has been secured for treatment.
- 9) If youth is diverted the Screener shall notify the MCO within one business day of the diversion and submit the PRTF screen, the CBSP and/or Diversion Plan, and any other relevant documentation and information. The child's family or guardian may appeal a screening determination to the MCO. If not satisfied with that decision, the formal appeal/grievance process may be used.
 - a) In the event that a youth is screened and diverted from admission, and the disposition of diversion needs to be changed to admission, the Screener shall amend the screening form and proceed with admissions as outlined in this policy so long as the screen was completed within the previous 15 days.
 - b) If the screen is 16 days or older, the youth must be re-screened. This new screen along with the CBST serves as required Certification of Need.
- 10) For youth who enter facility with Medicaid eligibility or with private insurance and Medicaid secondary or tertiary, PRTF's will complete the MS2126 and send to Department for Children & Families (DCF). **(Notification of Facility Admission/Discharge--Attachment B)**
- 11) PRTF's will provide notice to single point of contact for relevant MCO within 1 business day of admissions and discharges.
- 12) Youth without Medicaid; including those who enter with private insurance; will need to fill out a Medicaid eligibility form. Form can be submitted on paper or electronically to DCF for processing and accompanied by a completed 2126. PRTF will check KMAPS to verify Medicaid enrollment and identify assigned MCO. PRTF will call and notify the MCO within 1 business day that the youth member is residing at the PRTF for treatment. If a youth becomes Medicaid eligible after admission a screen must be completed by a CMHC. Medicaid Application for Benefits for the Elderly and Persons with Disabilities Form:
<http://content.dcf.ks.gov/EES/KEESM/current/Home.htm>
- 13) PRTF's will send insurance denial letter to MCO.
- 14) Admission to a PRTF facility must occur within 15 days of the completed screening or the pre-admission screening process must be completed again to determine the continued need for PRTF treatment. The MCO Care Coordinator and CMHC will stay actively involved to facilitate timely admission.

- 15) PRTF's will fax the admission and discharge forms to KHS. Please note there are separate forms for STAR and Wheatland. ***(KVC/Prairie Ridge STAR Program Admission/Discharge Form-- Attachment C; KVC/Wheatland (Acute Medicaid)Program Admission/Discharge Form-- Attachment D; PRTF Admission/Discharge Form --Attachment E)***

D. Discharge Criteria:

- 1) Discharge planning begins immediately upon youth's admission to the PRTF. The MCO Care Coordinator will work continuously upon admission with PRTF team, CMHC team, other state services systems (EX: CDDO, KDADS, DCF), foster care contractor team and/or family to plan for discharge.
- 2) MCO Care Coordinators will make sure that all appropriate community based mental health services are available and accessible to all youth and their families; which shall include youth in DCF or JJA custody.

The following two criteria for discharge must both be met:

- a). Child or adolescent can be safely treated at an alternative level of care.
- b). Individualized discharge plan with appropriate and timely follow-up care is in place.

In addition to (a) and (b) above, any one or more of criteria 1 through 6 must be met:

- 1) Child or adolescent's documented treatment plan goals and objectives have been substantially met or a safe, continuing care program can be arranged and facilitated at an alternate level of care.
- 2) Child or adolescent no longer meets admission criteria, or meets criteria for a less or more intensive level of care.
- 3) Child/adolescent or family member, guardian, or custodians are competent but non-participatory in treatment or in following the program rules and regulations.
- 4) There is non-participation by youth to such a degree that treatment at this level of care is rendered ineffective or unsafe, despite multiple, documented attempts to address nonparticipation issues.
- 5) Consent for treatment is withdrawn, and it is determined that the child or adolescent, parent, or guardian has the capacity to make an informed decision.
- 6) Child or adolescent is not making progress toward treatment goals despite persistent efforts to engage him or her, and there is no reasonable expectation of progress at this level of care; nor is the level of care required to maintain the current level of function.

E. CMHC PRTF LIAISONS ROLE:

- 1) CMHC PRTF Liaisons will support members and their MCO Care Coordinator in the transition from KHS to MCO through March 31, 2013. This will include notifying and educating Care Coordinators on youth cases and working with the Care Coordinators of youth who are to be admitted and or discharged from a PRTF.
- 2) CMHC will identify a staff representative to serve as the primary point of contact for Care Coordinators when needing immediate member information, resources, and information on any staff who work with youth member, and to make connections to youth treatment team members or initiate services for members who have not been served by the CMHC. CMHC will notify MCO immediately as to who the staff representative will be; likewise if staff representative changes.

F. Appeals and Grievances:

- 1) An appeal is a request for review of a specific action while a grievance is an expression of dissatisfaction about any matter. Whether it is an appeal or grievance, MCO and KDADS will work to make sure appeal rights are upheld and that grievances are investigated and resolved quickly. While the appeal is pending, if the child or family is in crisis due to the child's mental health needs, appropriate services must be provided to support the child and family. While the appeal is pending for discontinuation of a service, the service may continue to be provided; however, if the decision of the appeal is upheld the family may be financially responsible for those services.
- 2) If Medicaid, the child's family or guardian may appeal to appropriate Managed Care Organization, Office of Administrative Hearings, and/or Kansas Department for Aging & Disability Services. Child welfare case management providers may appeal to the MCO, but should not appeal to the Office of Administrative Hearings. Child welfare case management provider appeals of MCO decisions are to be made directly to KDADS.
- 3) It is expected that every CMHC, PRTF, MCO and KDADS staff person involved be able to provide the family/guardian and others with the necessary contact information below to make an appeal or grievance:

Managed Care Organizations:

- Amerigroup Kansas Member Services 1-800-600-4441
or write: Amerigroup Kansas
9225 Indian Creek Parkway; Building #32
Overland Park, Kansas 66210

- Sunflower Member Services 1-877-644-4623
or write: Sunflower State Health Plan
Grievance & Appeal Coordinator
825 Lenexa Drive
Lenexa, Kansas 66214

- United Healthcare Member Services 1-877-542-9238
or write: United Healthcare Community Plan
Grievance & Appeal Coordinator
P.O. Box 31364
Salt Lake City, Utah 84131-0364

Appeals Related to Medicaid Screens:

Kansas Health Solutions Call Center 1-800-466-2222
or write: Kansas Health Solutions
Attention: Call Center
534 S. Kansas Avenue, Suite 510
Topeka, Kansas 66603

Mental Health Grievances, Complaints or Appeals:

Kansas Department for Aging & Disability Services (KDADS)
Phone: (785) 296-3471
Fax: (785) 296-6142
Behavioral Health Services, 915 SW Harrison St., 9th Floor, Topeka, Kansas

Appeals of MCO or KDADS Decisions:

Office of Administration Hearings
1020 S. Kansas Ave.
Topeka, Kansas 66612-1327
Phone: (785) 296-2433
Fax: (785) 296-4848

KanCare Ombudsman (785) 296-6270

Other Attachments:

Department for Children & Families Contacts (DCF): Attachment F