



**December 23, 2013**

# **Montana Health Care Programs Notice**

## **Psychiatric Residential Treatment Facility**

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**Effective December 31, 2013**

### **Reimbursement Changes for Covered Ancillary Services Provided to Youth in a PRTF and Additional Information Pertaining to PRTF Services**

On November 28, 2012, the Centers for Medicare and Medicaid (CMS) issued an informational bulletin announcing it would allow states the flexibility to ensure youth receiving inpatient psychiatric services would receive medically necessary Medicaid services. Based upon this directive, the Children's Mental Health Bureau adopted the following changes to the PRTF administrative rules to implement the changes in federal policy:

- All Medicaid state plan ancillary services will be reimbursed by the Montana Medicaid State Plan Program and not the PRTF, with the exception of targeted case management provided by the in-state PRTF or by outside providers. Limited targeted case management services are a covered ancillary service for youth in an out-of-state PRTF. The Medicaid state plan ancillary services must be in the plan of care for the youth, provided under the direction of the PRTF physician, and provided under an arrangement with other qualified providers. Reference ARM 37.87.1223.
- Care coordination by a licensed or in-training mental health professional is no longer an allowable ancillary service. Reference ARM 37.87.1202.
- PRTF waiver denials are not required for youth to be served in out-of-state PRTFs as the PRTF waiver is no longer available.
- The term "chemical dependency" is replaced with "substance use disorder" to align with the DSM-V and is now an optional service which is not reimbursable. Reference ARM 37.87.1214.
- Clinical assessments completed by a mental health center serving adults is a covered ancillary service in order to determine whether a youth 17 to 18 years of age has a severe disabling mental illness. Reference ARM 37.87.1222.

System changes to allow ancillary service providers to bill Medicaid directly will be effective December 31, 2013, however, FaxBack and the web portal will still state that the member is in an all-inclusive program. Expected updates to FaxBack and the web portal will take place January 5, 2014 (web portal) and January 17, 2014 (FaxBack). If questions arise regarding this statement, please inform ancillary providers their claims will pay in the system.

### **Contact Information**

If you have any questions, please contact Melissa Higgins at 406.444.1535 or [mhiggins@mt.gov](mailto:mhiggins@mt.gov).

For claims questions or additional information, contact Provider Relations at 1.800.624.3958 (toll-free, in/out of state) or 406.442.1837 (Helena) or via e-mail at [MTPRHelpdesk@xerox.com](mailto:MTPRHelpdesk@xerox.com).

Visit the Provider Information website at <http://medicaidprovider.hhs.mt.gov>.