

January 30, 2009

Montana Healthcare Programs Notice

Mental Health Centers, Targeted Case Management—Mental Health, Residential Treatment Centers

Frequently Asked Questions on Targeted Case Management (TCM) Options for Psychiatric Residential Treatment Facilities (PRTFs) Starting March 1, 2009

1. **Do families have “freedom of choice” to choose a TCM provider when youth is in a PRTF?**

Response:

No, the department is following directives from the Center for Medicare and Medicaid Services (CMS) and the CMS Department of Appeals Board New York decision dated February 8, 2007. The decision references the Social Security Act and its IMD or institution for mental disease exclusion that excludes Federal Financial Participation (FFP) for services to youth residing in residential treatment facilities that are institutions for mental diseases.

This directive means that psychiatric residential treatment facilities enrolled in Montana Medicaid are responsible to provide (directly or indirectly) all the services youth need while in their facility, including TCM services. All needed services are included in their reimbursement rate. For specific reimbursement methodologies see ARM 37.87.1222 and 1223.

2. **Will Children’s Mental Health Bureau (CMHB) be informing parents of the changes to TCM services while a youth is in a PRTF?**

Response:

No, Medicaid enrolled providers will be informed of this change. It will be up to the enrolled providers, the Mental Health Centers (MHCs) and PRTFs, to inform their clients of this change.

3. **Will the CMHB provide written information to parents regarding their rights while their child is in a PRTF (i.e., right to maintain contact with their child, to consent to the use of medication or other special treatment procedures, to be included in treatment team meetings, to file a grievance, to be informed of serious incidents)?**

Response:

PRTFs must provide youth and their parents/ legal guardian of these rights on admission.

- 4. If a youth is receiving TCM services from an MHC prior to admission to a PRTF, does the MHC have to close TCM services?**

Response:

No, closing TCM services is not required. When the youth discharges from the PRTF, he or she may return to the same MHC for TCM services.

- 5. When a youth is discharged from a PRTF, and referred for TCM services through an MHC, does the MHC have to complete a new TCM intake for the youth?**

Response:

No, not if the MHC did not close TCM services for the youth. Yes, if they did and yes, if the youth is referred to a different MHC for TCM services upon discharge from the PRTF. If a different MHC requests a TCM prior authorization from First Health, First Health will need a discharge notice from the first TCM provider before they can authorize services to a new TCM provider. MHC TCM referrals need to be made as soon as possible while the youth is in the PRTF to allow for this situation.

- 6. Will the PRTF make referrals to an MHC for TCM and a psychiatrist prior to discharge?**

Response:

Yes, if these services are needed by the youth upon discharge from the PRTF. PRTFs are responsible to develop a discharge plan for the youth shortly after admission to the PRTF.

- 7. Who will arrange for step-down placements into a therapeutic youth group home or therapeutic foster care? Who will make arrangements for room and board payments if the youth is not in state custody (i.e., Child and Family Service Division, Department of Corrections)?**

Response:

That depends on how the PRTF decides to provide TCM services to youth in their facility. Either the PRTF TCM or MHC TCM will need to make referrals for needed services prior to discharge and contact the Regional Program Officer with CMHB to apply for room and board payment.

- 8. Does this administrative rule change affect TCM services for youth in acute hospitalization?**

Response:

No.

- 9. If the MHC does not discharge the youth from TCM services during a PRTF stay, is the MHC still responsible for maintaining and updating every 90 days a case management plan, crisis plan and transition plan?**

Response:

No, the MHC TCM contract with the department will be updated to reflect these changes.

- 10. If the MHC does not discharge a youth from TCM services during a PRTF stay through First Health's discharge form and upon discharge from the PRTF, and the parent seeks TCM services from a different provider, the new provider will not be able to obtain a TCM authorization and First Health will not know how many TCM units have been used.**

Response:

Yes, this situation may cause a delay in the youth receiving TCM services upon discharge from the PRTF. Referrals for MHC TCM services upon discharge from the PRTF will need to be made prior to discharge to allow for this situation. MHC TCM services are generally needed for youth upon discharge from a PRTF.

- 11. On the other hand, if the MHC discharges a youth from TCM services during a PRTF stay through the First Health discharge form, are they required to re-request a new pass-through prior authorization for the remaining units when the youth discharges? If the youth already used his or her 120 pass-through units, would the provider be required to complete a clinical prior authorization if the youth returns to the same MHC for TCM services?**

Response:

If the MHC discharges a youth from TCM services during a PRTF stay through the First Health discharge form, yes, the MHC would need to request a new pass-through prior authorization for the remaining units when the youth discharges from the PRTF; if the youth is discharged from the PRTF in the same state fiscal year in which he or she was admitted.

If the youth already used his or her 120 pass-through units prior to admission to the PRTF, on discharge the MHC would need to request an unscheduled revision or continued stay for TCM services. Again, that is if the youth is discharged from the PRTF in the same state fiscal year he or she was admitted to the PRTF. Each state fiscal year beginning July 1, youth receive an initial authorization of 120 TCM units when requested.

- 12. If the PRTF is providing TCM services to a youth while in their PRTE, and the MHC previously providing TCM services to the youth discharges the youth or closes the case, if the PRTF provides information to the MHC, is this a HIPAA violation?**

Response:

TCM services provided to a youth while he or she is in a PRTF are the responsibility of the PRTF. Whether or not the PRTF shares information with the MHC is up to the PRTF. If the PRTF works with the MHC to provide TCM services, the PRTF and MHC should consult their respective attorneys regarding what information can be shared per HIPAA.

13. For youth in a PRTF, will TCM services be limited to the last couple weeks in the PRTF?

Response:

No.

14. Can a Resource Directory for each region be implemented to assist PRTFs with information about referral sources for each region, i.e., therapists, in-home services, etc.?

Response:

A comprehensive resource directory is not available at this time. A list of enrolled Medicaid therapists, therapeutic family/foster care providers, etc. can be generated by the department. A monthly list of therapeutic group home openings is available.

15. How will communication occur between the PRTFs and TCMs during the youth's stay at the PRTF? Can PRTFs send the MHC monthly treatment team updates?

Response:

Communication between the PRTFs and MHC TCMs will be arranged by the PRTFs, with the consent of the parent/ legal guardian.

16. Will TCM services begin soon after discharge and how long will it take to initiate services?

Response:

That will vary from MHC to MHC. This needs to be addressed on or shortly after admission to the PRTF regarding initial discharge planning and whether or not the PRTF will be working with the previous MHC TCM provider or not. It is recommended the PRTFs provide the MHCs with a 30-day notice of the actual discharge date.

17. Will families be able to have contact with their child's TCM if they choose while their child is in a PRTF?

Response:

That depends on whether or not the PRTF is providing the TCM services and whether or not the MHC keeps the TCM case open. If the PRTF is working with the MHC to provide TCM services, yes. If the PRTF is providing the TCM service themselves, and the family maintains contact with the MHC TCM, the PRTF does not have to reimburse the MHC TCM for this.

18. Could a list of TCM services be generated to have a clear idea of what constitutes TCM services if provided by the PRTF?

Response:

Yes, a definition of TCM services provided by the PRTF will be developed by the department along with the cost report instructions so the PRTF can track what activities are billable and which activities are not.

19. Will there be time (units) allotted for MHC TCMs to help transition and discharge plan like discussed previously or will those services be included in the bundled rate for the PRTF?

Response:

The PRTFs are responsible for all services provided to a youth in their facility.

Each PRTF will identify how they intend to provide TCM services to their clients. If the PRTF works with an MHC TCM, the PRTF will need to reimburse an MHC for TCM services they provide to a youth while he or she is in their facility.

A small amount of TCM expenses are included in the in-state PRTF facility specific ancillary rate. If TCM costs exceed 105 percent of the TCM costs paid out in the base year, these expenses will be cost settled to the in-state PRTFs at the end of the state fiscal year.

20. If MHCs will not be assisting in discharge planning, what guidelines will the PRTFs have to follow as far as arranging for community-based services? For example, will they contact community mental health providers for services such as TCM, TFC, CBPRS or will the child leave with just a 30-day prescription and a psychiatrist appointment?

Response:

Yes, both in- and out-of-state PRTFs are responsible for developing discharge plans for their clients. PRTFs may make the referrals directly or work with an MHC TCM to make those referrals for their clients prior to discharge.

21. Many families of youth receiving MHC TCM services don't have telephones in their homes. How will discharge planning from the PRTF occur in cases such as this? Do you think the PRTFs will contract with MHC TCM providers and pay for these services out of their bundled rate?

Response:

PRTFs may work with an MHC TCM to assist in discharge planning with families that do not have telephones in their home. Regarding PRTF TCM reimbursement, see answer to #19.

22. Will the MHC TCM have any input during the discharge planning process?

Response:

Not unless the PRTF contracts with the MHC for TCM services.

23. How would the time spent be reimbursed?

Response:

The PRTF would reimburse the MHC for TCM services provided to youth in their facility, if the PRTF works with an MHC for TCM services.

24. When will the MHC TCM be able to re-engage with the case, billable time?

Response:

For billing Montana Medicaid, the day the youth discharges from the PRTE. The MHC may also bill for TCM services provided to the youth on the day of admission to the PRTE.

25. For out-of-state PRTEs, if they contract with in-state MHCs to provide TCM services, it may take more than two weeks to establish a contract. Will there be any grace period for those situations?

Response:

No, the ARM was filed October 27, 2008; there has been adequate notification. CMHB will contact both the in- and out-of-state PRTEs to see how they will be providing TCM services.

26. If a child is abruptly discharged from a PRTE, will there be any mechanism in place to get authorization to be active immediately?

Response:

Yes, the provider can request a retroactive review from CMHB. A policy will be developed to address this situation.

Contact Information

For claims questions or additional information, contact Provider Relations:

Provider Relations toll-free in- and out-of-state: 1-800-624-3958

Helena: (406) 442-1837

E-mail: MTPRHelpdesk@ACS-inc.com

Visit the Provider Information website:

<http://www.mtmedicaid.org>