



February 19, 2013

Montana Health Care Programs Notice

Psychiatric Residential Treatment Facility

Important PRTF Requirements

Discharging some youth from a Psychiatric Residential Treatment Facility (PRTF) can be very difficult. Discharge planning is required for all PRTFs so youth can transition to lower levels of care as smoothly as possible. Specific requirements regarding discharge planning and monthly treatment team meetings are found in Administrative Rules of Montana (ARM) 37.87.1217.

Per ARM 37.87.1216 (1) the department or its agents may evaluate the medical necessity and quality of services for each Medicaid youth as frequently as the department deems necessary. The Montana Medicaid Program requires PRTFs to invite the Magellan Medicaid Administration (MMA) Regional Care Coordinators (RCC) to participate in monthly treatment team meetings for Montana Medicaid youth, to assure active treatment and discharge planning is occurring.

The RCCs need adequate notice of the monthly treatment team meetings, preferably a month's notice, but, in any event at least a week. Faxing the RCC or the MMA Administrative Specialist a monthly schedule of treatment team meetings for Montana youth is preferred. If the RCC is not available when you call, please leave them a voice message so they know you called. If the RCC has a conflict in their schedule and they are not able to attend a treatment team meeting, the youth's therapist needs to contact the RCC to update them on the monthly treatment team meeting and how the youth is doing. Some PRTFs are doing this and others are not. Remember to send e-mails securely if you e-mail an RCC information on a youth.

Region	Name	Cell	Phone	Fax	E-Mail
Prog Director	Julie Prigmore	406-781-1521	406-771-1951	406-771-1951	JAPrigmore@magellanhealth.com
Adm Specialist	Tami Williams		406-449-2331 888-545-9428	406-449-6253 888-656-0396	TJWilliams@magellanhealth.com
Region I	Stephanie Frame	406-941-0991	406-377-4052	406-377-4052	SKFrame@magellanhealth.com
Region II	Joe Boland	406-403-6747	406-315-3620	406-315-3621	JDBoland@magellanhealth.com
Region III	Vonda Nicholson	406-670-1288	406-252-2870	406-534-2548	VLNicholson@magellanhealth.com
Region IV	Vacant				
Region V	Staci Lindsay	406-370-3175	406-251-2577	406-493-0753	SSLindsay@magellanhealth.com
Region V North	Jennifer Prendergast	406-471-1563		Call for fax.	JPRendergast@magellanhealth.com
Adult RCC	Gene Durand	406-370-6756	406-273-2000	406-273-2087	GWDurand@magellanhealth.com

Contact Jennifer Prendergast if you need her fax number.

Discharge planning can be particularly difficult for youth approaching the age of 18, since PRTF services are only a Montana Medicaid benefit for youth to the age of 18 and they may not have a qualifying severe and disabling mental illness (SDMI) to be eligible for many adult Medicaid mental health services. A youth enrolled in an accredited secondary school can be eligible for youth Medicaid mental health services to the age of 20.

To ensure discharge requirements are being met, in addition to contacting the RCC to participate in the monthly treatment team meetings, your PRTF needs to contact **Cynthia Erler, CMHB Resource Manager, (406) 329-1594, CErler@mt.gov** to participate in monthly treatment team meetings for Montana Medicaid youth 17½ years of age and older in a PRTF. CMHB Regional Managers may also be asked to attend treatment team meetings for difficult to discharge youth to share their knowledge of community services. Cynthia must be given adequate notice of the monthly treatment team meetings, preferably a month's notice, but at least a week ahead of time.

Per ARM 37.87.1217 (6) for discharge planning, the PRTF must:

- (a) identify the community to which the youth will discharge;
- (b) decide whether or not to contract with a care coordinator to assist in discharge planning;
- (c) develop a discharge plan with the care coordinator, if assistance is needed, within 30 days of admission that identifies the youth and family's needed services and supports upon discharge:
 - (i) the discharge plan must address psychiatric, medical, educational, psychological, social, behavioral, developmental, and chemical dependency treatment needs, as appropriate.
- (d) make appointments for needed services and supports upon discharge, no less than seven days before discharge; and
- (e) work with the youth's parent or legal guardian, independently or with a care coordinator in making agreed upon discharge plans and referrals for needed services.

Per ARM 37.87.1217 (8) PRTFs must provide the youth a seven-day supply of needed medication and a written prescription for medication to last through the first outpatient visit in the community with a prescribing providers. Prior to discharge, the PRTF must identify a prescribing provider in the community and schedule an outpatient visit.

One of the admission and continued stay clinical management guidelines for reimbursement by the Montana Medicaid Program for PRTF services is that the youth has a serious emotional disturbance (SED) as identified in ARM 37.87.303. Some of the disorders that PRTFs treat may not be covered under the SED definition.

If your PRTF treats covered and noncovered disorders, you must inform individuals or agencies making referrals to your facility that some of the youth's disorders are not covered by the Montana Medicaid Program. Once the youth's SED disorder(s) are stabilized Montana Medicaid will not continue to authorize or reimburse your facility for the youth's treatment. Examples of disorders not covered are conduct and sex offending disorders. As a PRTF enrolled in the Montana Medicaid program, you are responsible for discharge planning. For youth whose SED diagnosis has been stabilized, discharge plans may not include a referral for treatment in lower levels of mental health care, which may make appropriate discharge planning by your facility more difficult. You may want to ask other Montana child serving state agencies to pay for continued treatment in your PRTF after the youth's SED disorder(s) are stabilized.

Please pay particular attention to ARM 37.87.1217 (7). If appropriate arrangements for services upon discharge are not made, sanctions may be placed on the PRTF or they may be disenrolled from the Montana Medicaid program.

Another important reminder for PRTFs is to complete the *Montana Medicaid Youth Discharge Notification Form* on the day of the youth's discharge, or the last Medicaid covered day in your facility to ensure the prompt payment of other Medicaid claims when the youth is no longer in your PRTF. Providers that typically encounter this problem are pharmacies, when youth are discharged and try to fill their prescription. This form is also used to update the Medicaid payment system.

Per ARM 37.87.1222 (16), the Department may impose a \$100 fine for each time a PRTF fails to update the admission or discharge date on the youth's admission to or discharge from the facility. If the admission date does not match the first day of the prior authorization, the admission date must be updated using the *Montana Medicaid Youth Data Corrections Request Form*. Submission of these forms is not always done, and causes problems.

Both forms are on the Magellan website <https://montana.fhsc.com/Providers/YouthForms.asp>.

Contact Information

If you have questions regarding this provider notice, contact Diane White, Clinical Program Manager, Children's Mental Health Bureau, at 444-1535 or dwhite@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.

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

Montana Regional Map

