

Subpart 11. Psychiatric Residential Treatment Facility Services

Chapter 101. General Provisions

§10101. Introduction

A. The Medicaid Program hereby adopts provisions to provide coverage under the Medicaid State Plan for behavioral health services rendered to children and youth in an inpatient psychiatric residential treatment facility (PRTF). These services shall be administered under the authority of the Department of Health and Hospitals, Office of Behavioral Health in collaboration with a statewide management organization (SMO) which shall be responsible for the necessary operational and administrative functions to ensure adequate service coordination and delivery.

B. The behavioral health services rendered to children with emotional or behavioral disorders are those services necessary to reduce the disability resulting from the illness and to restore the individual to his/her best possible functioning level in the community.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:369 (February 2012).

§10103. Recipient Qualifications

A. Individuals under the age of 21 with an identified mental health or substance abuse diagnosis, who meet Medicaid eligibility and clinical criteria, shall qualify to receive inpatient psychiatric residential treatment facility services.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:369 (February 2012).

Chapter 103. Services

§10301. General Provisions

A. All behavioral health services must be medically necessary. The medical necessity for services shall be determined by a licensed mental health practitioner (LMHP) or physician who is acting within the scope of his/her professional license and applicable state law.

B. All services shall be prior authorized. Services which exceed the initial authorization must be approved for re-authorization prior to service delivery.

C. Services provided to children and youth must include communication and coordination with the family and/or legal guardian and custodial agency for children in state custody. Coordination with other child-serving systems should occur as needed to achieve the treatment goals. All coordination must be documented in the child's medical record.

1. The agency or individual who has the decision making authority for a child or adolescent in state custody must request and approve the provision of services to the recipient.

D. Children who are in need of behavioral health services shall be served within the context of the family and not as an isolated unit. Services shall be appropriate for:

1. age;
2. development;
3. education; and
4. culture.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:369 (February 2012).

§10303. Covered Services

A. The Medicaid Program may reimburse a psychiatric residential treatment facility for the following services:

1. physician (psychiatric) services;
2. pharmacy services;
3. diagnostic and radiology services;
4. laboratory services;
5. dental services;
6. vision services;
7. occupational therapy;
8. physical therapy;
9. speech-language therapy; and
10. transportation services.

B. Service Exclusions. The following services shall be excluded from Medicaid reimbursement:

1. services on the inpatient psychiatric active treatment plan that are not related to the provision of inpatient psychiatric care;
2. group education, including elementary and secondary education;
3. medical services provided outside of the PRTF; and
4. activities not on the inpatient psychiatric active treatment plan.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:369 (February 2012).

Chapter 105. Provider Participation

§10501. Provider Responsibilities

A. Each provider of PRTF services shall enter into a contract with the statewide management organization in order to receive reimbursement for Medicaid covered services.

B. All services shall be delivered in accordance with federal and state laws and regulations, licensing regulations, the provisions of this Rule, the provider manual, and other notices or directives issued by the department.

C. Providers of PRTF services shall ensure that all services are authorized and any services that exceed established limitations beyond the initial authorization are approved for re-authorization prior to service delivery.

D. Anyone providing PRTF services must be certified by the department in addition to operating within their scope of practice license. To be certified or recertified, providers shall meet the provisions of this Rule, the provider manual and the appropriate statutes. The provider shall create and maintain documents to substantiate that all requirements are met.

E. PRTF facilities shall be accredited by an approved accrediting body and maintain such accreditation. Denial, loss of or any negative change in accreditation status must be reported to the SMO in writing within the time limit established by the department.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:369 (February 2012).

Chapter 107. Reimbursement

§10701. Reimbursement Methodology

A. Covered inpatient, physician-directed PRTF services rendered to children and youth shall be reimbursed according to the following criteria.

1. Free-Standing PRTF Facilities. A free-standing PRTF facility shall be reimbursed using an interim Medicaid per diem rate for covered services. The per diem rate shall include reimbursement for the following services when provided by, and in, the facility when included on the active treatment plan:

- a. occupational therapy;
- b. physical therapy;
- c. speech therapy;
- d. laboratory services; and
- e. transportation services.

2. A free-standing PRTF shall arrange through contract(s) with outside (non-facility) providers to furnish dental, vision, and diagnostic/radiology treatment activities as listed on the treatment plan. If the activity is provided in the facility, the treating provider will be directly reimbursed.

Reimbursement shall be based on the established Medicaid fee schedule for the covered service, excluded from the interim per diem rates for the facility.

3. Hospital-Based PRTF Facilities. A hospital-based PRTF facility shall be reimbursed a per diem rate for covered services. The per diem rate shall also include reimbursement for the following services when provided by, and in, the facility when included on the active treatment plan:

- a. dental services;
- b. vision services;
- c. diagnostic testing; and
- d. radiology services.

4. Pharmacy and physician services shall be reimbursed when provided by, and in, the PRTF and these services are included on the recipient's active treatment plan of care and are components of the Medicaid covered PRTF services. Payment shall be based on the established Medicaid pharmacy and physician fee schedule rates and made directly to the treating pharmacy or physician. These payments shall be excluded from the PRTF interim per diem rates for the facility.

B. All in-state Medicaid participating PRTF providers are required to file an annual Medicaid cost report according to the department's specifications and departmental guides and manuals. The cost report fiscal year must correspond to the state fiscal year.

C. Services provided outside of the facility and/or not on the active plan of care shall not be reimbursed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:370 (February 2012).

§10703. In-State Publicly Owned and Operated Psychiatric Residential Treatment Facilities

A. In-state publicly owned and operated PRTFs shall be reimbursed for all reasonable and necessary costs of operation. These facilities shall receive the interim Medicaid per diem payment for services provided in, and by, the facility on the active treatment plan.

B. The interim payment to in-state publicly owned and operated PRTFs will be subject to retroactive cost settlement in accordance with Medicare allowable cost principles contained in the Centers for Medicare and Medicaid Service's Provider Reimbursement Manual Publication 15-1.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:370 (February 2012).

§10705. In-State Privately Owned and Operated Psychiatric Residential Treatment Facilities

A. In-state privately owned and operated PRTFs shall be reimbursed for covered PRTF services using a per diem rate consistent with the provisions of §10703 above. The fee schedule rate paid to the provider will be determined by the following ownership and service criteria:

1. free-standing private owned and operated PRTFs specializing in sexually-based treatment programs;
2. free-standing privately owned and operated PRTF specializing in substance abuse treatment programs;
3. hospital-based privately owned or operated PRTF specializing in sexually-based treatment programs; and
4. hospital-based privately owned or operated PRTF specializing in substance use treatment programs.

B. Except as otherwise noted in these provisions, the Medicaid fee schedule is the same for governmental and private individual practitioners.

C. Risk Sharing. In-state privately owned and operated PRTF covered services provided during the time period from January 1, 2012 through June 30, 2013 shall also receive risk-sharing payments. These payments shall be made as part of a transitional plan to include these services within the Medicaid Program.

D. Beginning July 1, 2013, no risk-sharing payments will be paid and all covered PRTF services rendered by private facilities will be reimbursed using the established Medicaid fee schedule rates.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:370 (February 2012).

§10707. Out-of-State Psychiatric Residential Treatment Facilities

A. Out-of-state PRTFs shall be reimbursed in accordance with the Medicaid fee schedule rates by applicable provider type. Any publically owned and operated PRTFs outside of Louisiana will not receive cost settlements, nor will they receive risk-sharing payments.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:370 (February 2012).