

Utilization Management (UM) Best Practices for Psychiatric Residential Treatment Facility (PRTF) Services

August 2020



Agenda

- Introductions (10 min)
- Case examples/live demo (60 min)
 - Documenting against criteria in MCG
 - Defining criteria in CMHB manual
 - Defining required documentation
- Responding to RFIs (10 min)
- Future educational opportunities (5 min)
- Closing (5 min)

Introductions



Trainers

Telligen

Jean McClurken, LCSW

Montana DPHHS

Mountain-Pacific



Attendees

Introduce Yourself

Agency

Name/Role in agency

Goal for attendance today

Introductions

Why this topic now?



January – July 2020: 1,293 PRTF reviews



16 different providers, all with different documentation systems



Requests for information (RFIs) increased from 10% to 40%

Live Demo: Structure

- Toggle between Qualitrac stage environment and slide deck to hit all points (stopping periodically for Q&As)
- Case example:



Peter Pan

- 13-year-old male
- Oppositional defiant disorder (ODD), attention deficit hyperactivity disorder (ADHD), post-traumatic stress disorder (PTSD)
- Prospective PRTF in-state case, then we will do his CSR

Defining Criteria in State Manual

Medical Necessity Criteria - PRTF

Youth must meet the SED criteria as described in this manual and:

- (1) The referring provider must document what specific treatment needs will be addressed with PRTF services.
- (2) The youth must require:
 - (a) intensive psychiatric review and intervention, which may include adjustment of psychotropic medications, evidenced by either rapid deterioration or failure to improve despite clinically appropriate treatment in a less restrictive level of care; and
 - (b) medical supervision seven days per week/24 hours per day to develop skills necessary for daily living and to develop the adaptive and functional behavior that will allow the youth to live outside of the PRTF;
- (3) Less restrictive services are insufficient to meet the severe and persistent clinical and treatment needs of the youth and prohibits treatment in a lower level of care which is evidenced by at least one of the following:
 - (a) the youth has behavior that puts the youth at substantial documented risk of harm to self;
 - (b) the youth has persistent, pervasive, and frequently occurring oppositional defiant behavior, aggression, or impulsive behavior related to the SED diagnosis which represents a disregard for the wellbeing or safety of self or others; or
 - (c) there is a need for continued treatment beyond the reasonable duration of an acute care hospital and documented evidence that appropriate intensity of treatment cannot be provided in a community setting.
- (4) The prognosis for treatment at PRTF level of care can reasonably be expected to improve the clinical condition/ SED of the youth or prevent further regression based upon the physician's evaluation.
- (5) In the absence of PRTF treatment, the youth is at risk of acute psychiatric hospitalization or a readmission within 30 days of previous admission to an acute psychiatric hospital.

Defining Documentation Requirements

Certificate of Need (CON)	A CON is required. The provider must submit a CON in accordance with 42 CFR 441.152 and 441.153 to the Utilization Review Contractor no later than two business days prior to admission to the facility. The CON must be completed within 30 days before the admission of the youth to the requested level of care and signed before the youth receives treatment. The provider must maintain the original signed CON and send a copy to the department or the Utilization Review Contractor.
Prior Authorization	Prior authorization is required. (1) The provider must submit to the Utilization Review Contractor a Prior Authorization Request form no later than two business days prior to admission which includes an adequate demographic and clinical assessment. The clinical assessment must be sufficient for the clinical reviewer to make a determination regarding medical necessity. (2) If the youth becomes Medicaid eligible while at the facility, the provider must submit a prior authorization and a CON to the Utilization Review Contractor immediately upon learning the youth is Medicaid eligible.

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Difference between “Criteria” and “Review”

Defining Documentation Requirements

For a youth to be admitted into an out of state PRTF:

- (1) The provider must request admission from of all Montana PRTFs and be denied admission. The provider must document the denials in the file of the youth.
- (2) The Montana PRTFs may deny services for one of the following reasons:
 - (a) the facility cannot meet the clinical and/or treatment needs of the youth; or
 - (b) an opening is not available.
- (3) The Montana PRTFs must specify the reasons the facility is unable to meet the needs of the youth or state when the next bed opening will be available for the youth.
- (4) Legal representatives of all Montana Medicaid youth who are admitted to OOS PRTFs must complete an Interstate Compact Agreement before the youth leaves the state as part of the prior authorization process. The form is located on the department's website at: Interstate Compact on the Placement of Children (ICPC)

Defining Documentation Requirements

Timeliness



Submission timeframes and deadlines

- Prior authorizations (PAs) and concurrents
- Continued stay reviews (CSRs)



Supporting documentation timeliness

- Supplementing Medical Transportation Program (MTP) reviews
- Biopsychosocial (BPS) assessments
- Clinical notes

Defining Criteria in State Manual: CSR-Specific

Continued Stay Criteria	<p>(1) The youth continues to meet all Medical Necessity Criteria and all of the following:</p> <ul style="list-style-type: none">(a) The medical record documents progress toward identified treatment goals and the reasonable likelihood of continued progress as;(b) The youth and family, if appropriate, are demonstrating documented progress toward identified treatment goals and are cooperating with the treatment plan; and(c) Demonstrated and documented progress is being made on a comprehensive and viable discharge plan. The treatment team must document a clinical rationale for any recommended changes in the discharge plan or anticipated discharge <p>(2) The UR contractor may approve up to 30 additional days to complete discharge planning per stay. The provider must document all previous attempts to secure appropriate discharge for the youth.</p>
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- (1) The following information must be submitted for a continued stay review:
- (a) changes to current DSM diagnosis;
 - (b) justification for continued services at this level of care;
 - (c) description of behavioral management interventions and critical incidents;
 - (d) assessment of treatment progress related to admitting symptoms and identified treatment goals;
 - (e) list of current medications and rationale for medication changes, if applicable; and
 - (f) projected discharge date and clinically appropriate discharge plan, citing evidence of progress toward completion of that plan.

Defining against Criteria in MCG

Authorization Request



Patient : 149567771 Name : Doede, Alex DOB : 09/25/1948 Gender : Female

show more

Authorization : EPS-00000104 Type : Admission authorization Status : NoDecisionYet

show more

Diagnosis Codes : F30.1(ICD-10 Diagnosis) primary Procedure Codes : 99233(CPT/HCPCS) primary

Diagnosis Code: F30.1 (ICD-10 Diagnosis)

Description : MANIC EPISODE WO PSYCHOTIC SYMPTOM

Indication Note



Please provide indication notes ...

250 characters left for notes

Add

Cancel

level of care. [✕](#)
ment at proposed level of care. [✕](#)
level is unavailable or not suitable for patient
or inappropriate. [✕](#)
order). [✕](#)
ly violent. [✕](#)
identified deficits can be managed by

Save Cancel

Defining against Criteria in MCG

Helpful Reminders



Last step

Cannot be revisited/
edited upon completion



Use the text boxes

Be specific to pages/notes
(250 characters)



Final checklist

Only upload/
check box if documentation
meets criteria



Attestation piece

Based on your best
professional opinion

Responding to RFIs

Reasons for RFI

- Difficulty locating criteria element in supporting documentation
- Updated/more current documentation needed

Format of Requests

- Unable to find evidence for following criteria: (1), (2), etc.
- Unable to find more recent date in clinical than X business days prior to requested start date... and timeliness requirements for requesting this service were set at X business days
- Please provide us additional clinical documentation or let us know where uploaded documentation can be found

Future Training Opportunities

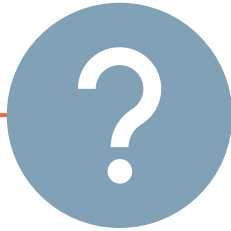
Levels of Care across Continuum of Care

- Hospital for special surgery
- Community-based psychiatric rehabilitation and support
- Outpatient
- Autism state plan
- Day treatment
- Partial hospitalization programs
- Therapeutic foster care
- Therapeutic group home
- PRTF assessment
- PRTF
- Acute inpatient

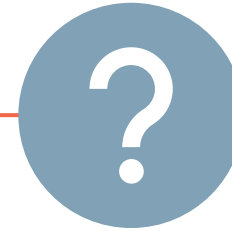
Discharge Planning and Care Coordination

- Non-MNC days
“The UR contractor may approve up to 30 additional days to complete discharge planning per stay. The provider must document all previous attempts to secure appropriate discharge for the youth.”
- Out-of-state PRTF – DPHHS care coordination
- Discharge tasks

Closing



What will you take away?



What will you do differently as a result of this training, if anything?

CONTACT CENTER

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