



Roderick L. Bremby, Commissioner

Effective Date: May 1, 2019

Contact: William Halsey @ 860-424-5077

TO: Private Psychiatric Residential Treatment Facilities (PRTF)

RE: Increase Per Diem Reimbursement Rates

Effective for dates of service May 1, 2019 and forward, the Department of Social Services is requiring private psychiatric residential treatment facilities (PRTF) to offer enhanced services to better meet the clinical needs of Medicaid eligible members under age twenty-two and to reflect the higher level of services under PRTF level of care. Private PRTFs will have four months to comply with these new requirements. All private PRTFs must document compliance with the new requirements through reports due to the Department on or before October 1, 2019 reflecting the above requirements.

The updated Private PRTF rates, with dates of service on or after May 1, 2019, are based upon cost filings by the two in-state private PRTFs. These rates are being increased and authorized for individuals under 22* years of age who are eligible for HUSKY A, HUSKY C and HUSKY D and receive PRTF services for the periods indicated.

Code	Period	Per Diem Rate	Comment
T2048	Effective 5/1/2019	\$610.00	Prospective Rate

** Per CFR §441.151(a)(3)“(…)if the individual was receiving the services immediately before he or she reached age 21, before the earlier of the following- (i) The date the individual no longer requires the services; or (ii) The date the individual reaches 22;”*

STANDARDS:

The following standards must be met by the PRTF:

- 1. Evidence Based Treatment:** It is imperative that PRTFs offer evidence - based treatment on a consistent basis.
- 2. Therapeutic Recreation:** A critical component of a healthy therapeutic environment is recreation. Therapeutic recreation or recreational therapy can be used to reinforce clinical goals and teach new skills.
- 3. Family Therapy:** A treatment goal for all children in a PRTF should be to return to a healthy and therapeutic family living environment. Family therapy may include any person that the child and the provider deem to be a healthy and caring individual in the child’s life and one that will participate in the child’s progress upon discharge from the PRTF.
- 4. Transition Care Coordination:** The discharge planning process must be considered from the very earliest point of admission to a PRTF level of care. The goal of the transition care coordination staff is to prepare the child and the family/caregiver for the transition from PRTF to the community. This staff person will conduct home visits and maintain contact with the family/caregiver and child post discharge from the PRTF for up to sixty (60) days to increase the likelihood of a successful transition.
- 5. Quality Management:** In order to maintain and sustain quality clinical programming and individualized treatment planning for children, PRTFs

must institute a formal Quality Management Plan.

DOCUMENTATION (Compliance Report):

The PRTF Compliance Report is due on or before October 1, 2019, and must document compliance with all of the following on or before September 1, 2019:

1. **Evidence - Based Treatment:** Document the specific evidence - based treatments that they are delivering as well as staff training quality assurance.
2. **Therapeutic Recreation:** Document the type and expected frequency of therapeutic recreation activities.
3. **Family Therapy:** Document that family therapy is a component of treatment plans and is occurring on a regular basis for every child.
4. **Transition Care Coordination:** Identify a Transition Care Coordinator who will fulfill this role and document the hours per week in this role.
5. **Quality Management:** Document that they have implemented a formal Quality Management Plan. The Quality Management Plan must include, but is not limited to, hiring processes that attract the most qualified and diverse individuals, and ensure that staff and administration are trained and receive ongoing training in all of the following areas:
 - a. Individualized treatment plans using the principles of the Wellness Recovery Action Plan
 - b. Individualized clinical interventions
 - c. Individualized family interventions
 - d. Individualized discharge plans that must include crisis prevention plans
 - e. Supervision of clinical and non-clinical staff
 - f. Clinical de-escalation
 - g. Critical incidents/Adverse incident (identifying, documenting, debriefing, reporting)
 - h. Documentation of clinical records

DSS may require additional documentation and reporting from PRTF's as necessary to ensure compliance with the above requirements. In the future, DSS may implement additional performance measures and/or value-based payment methodology.

Clarification Related to Section 12005 of the Cures Act:

Section 12005 of the Federal 21st Century Cures Act requires that individuals who are eligible for Medicaid, under the age of 21, and receiving services in qualified inpatient psychiatric hospitals and facilities are guaranteed access to the full range of Early and Periodic, Screening, Diagnostic, and Treatment (EPSDT) services under Medicaid. This includes all medically necessary services, not only the inpatient psychiatric services provided by the PRTF. Medically necessary services other than the PRTF core clinical services may be provided by the PRTF or through arrangements with other Medicaid enrolled providers. Core clinical services are those services that directly evaluate and treat psychiatric conditions. Services that are necessary to treat or address non-psychiatric conditions may be separately billable and payable under Medicaid. Services that DSS considers not to be a PRTF Core Clinical Service must be provided by a licensed independent practitioner working within his/her scope of practice and must use a standardized treatment protocol, manualized treatment protocol or an evidence-based treatment protocol. Conditions that are considered outside of the Core Clinical Services include, but are not limited to:

- Medical conditions;
- Oral/Dental conditions;
- Autism spectrum disorder (ASD);
- Intellectual Disability (ID);
- Development Disability (DD);
- Substance Use Disorder.

Posting Instructions: Policy transmittals can be downloaded from the Web site at: www.ctdssmap.com.

Provider Authorization Questions: Please contact Beacon Health Options at 1-877-552-8247.

Distribution: This policy transmittal is being distributed to providers of the Connecticut Medical Assistance Program by DXC Technology.

Responsible Units:
DSS, Division of Health Services, Integrated Care Unit

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