

Summary of Public Comments Regarding Private Psychiatric Residential Facility (PRTF) Services

November 29, 2021

The Department of Social Services, MO HealthNet Division received public comments from the Missouri Hospital Association.

COMMENT #1: Brian Kinkade, Vice President, Children’s Health and Medicaid Advocacy, Missouri Hospital Association, commented: “the SPA establishes no methodology for setting a rate for private PRTF services. It is therefore impossible to understand how the state agency is assuring that the rate it offers is consistent with efficiency, economy, and quality of care, and is sufficient to provide the level of access as required by Section 1902(a)(30)(A) of the Social Security Act. Although the SPA public notice says ‘MHD will reimburse private PRTF facilities a per diem rate of \$417.22 for procedure code H2013’, and the SPA says the rate ‘was derived from projected cost study data provided to MHD by privately owned facilities’, the SPA sets no standard for how the rate was established, why it is sufficient, and how it will be maintained. MHA questions whether private PRTF providers will deem this rate to be sufficient.”

RESPONSE: MHD appreciates Mr. Kinkade’s comment on ensuring that the private PRTF rates are consistent with efficiency, economy, and quality of care. PRTFs are a new provider type that will provide inpatient services to Medicaid-eligible individuals under the age of 21 years old. In establishing its rate, MHD sent a survey to stakeholders to find out what costs would be incurred for PRTF-services to create a prospective payment model. It was based on those expected costs from providers that the per diem rate was created. The prospective Missouri Private PRTF Per-diem rate was created using a wage rate model which utilized data derived from cost surveys prepared and submitted by potential PRTF providers. These cost surveys were collected February 2021 or prior. The model specifically examines potential facility: occupancy, staff to patient ratios, necessary nursing hours per patient day, direct care and behavioral health professional wage and overhead expense, and risk factors. For a detailed breakdown of these calculations, see: <https://dss.mo.gov/mhd/cs/psych/pdf/mo-prtf-wage-rate-build-model.pdf>. With the creation of the PRTF provider type, access to behavioral health services should increase in Missouri, not decrease.

Comment#2: Brian Kinkade, Vice President, Children’s Health and Medicaid Advocacy, Missouri Hospital Association, commented: “essentially all children accessing PRTF services after July 1, 2022, will do so through managed care and further, that many of these children will be in the care and custody of the Department of Social Services Children’s Division. The SPA provides no mechanism to assure children needing private PRTF services will be afforded fair access to it. In the same manner, the SPA lacks provisions to prevent managed care plans from creating de facto PRTF placements by denying or reducing the rate paid to an inpatient psychiatric hospital for a child admitted for inpatient care, when the child is unable to be discharged because placement in a PRTF or an appropriate lower level of community placement is unavailable, or when clinical indications are that continued inpatient psychiatric care is most appropriate for the child. These concerns would be ameliorated to some degree by specifying that all private PRTF placements (whether fee for service or managed care) must be certified by an independent agent that is accredited by DNF-GL or an equivalent organization.

RESPONSE: MHD appreciates Mr. Kinkade’s comment on the proposed State Plan Amendment (SPA). The addition of private PRTF providers will increase access to PRTF services, and access will not be

limited other than by medical necessity. The current managed care contract (see section **2.5.6 Certification Review** at <https://dss.mo.gov/business-processes/managed-care/docs/Managed-Care-Contract-Approved-1220.pdf>) contains a provision for psychiatric inpatient hospital admissions that if the member scores less than an inpatient level of care but the services recommended are not available, the health plan shall continue to authorize inpatient level of care. MHD is unaware of an organization referred to as “DNF-GL,” but is aware that DNV-GL is an accrediting organization for hospitals that is recognized by the Centers for Medicare & Medicaid Services. It is unclear whether DNV-GL offers accreditation for professional review organizations or managed care organizations. In addition, 42 CFR 441 Subpart D and the proposed amendment to 13 CSR 70-15.070, which address inpatient psychiatric care of individuals under age 21, require that a certification of need for care be performed by a team of professionals that is independent of the admitting facility. For fee-for-service covered youth in need of PRTF services (all Medicaid eligible youth until 7/1/22) these certifications of need will be performed by Conduent, MHD’s contracted vendor, by the same team that certifies inpatient hospital admissions for fee-for-service participants. As of 7/1/22, when PRTF services coverage will begin in managed care, these certifications of need will be performed by the appropriate managed care plan for their members or by Conduent, for fee-for-service covered participants.