



PROVIDER BULLETIN

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Psychiatric Residential Treatment Facilities' Responsibilities – Annual Attestation Statements

Applies to: Psychiatric Residential Treatment Facilities Providers

Effective date: Immediately

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- **Annual Attestation Statements**
 - **Information to Include in Annual Attestation Statements**
 - **Submission of Annual Attestation Statements**
 - **Applicability**
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Annual Attestation Statements

Per the Centers for Medicare & Medicaid Services (CMS), Psychiatric Residential Treatment Facilities (PRTF) must provide annual attestation statements to the State Medicaid Agency in which they have an established provider agreement.

Attestation statements must be submitted to Missouri Medicaid Audit and Compliance (MMAC) on July 21 of each fiscal year. If July 21 falls on a holiday or weekend, the attestation statements are due to MMAC on the first business day following the holiday or weekend.

Information to Include in Annual Attestation Statements

Attestations must include the following:

- **Facility General Characteristics:**
 - Name
 - Address
 - Telephone number of the facility
 - Provider's National Provider Identifier (NPI)
- **Facility Specific Characteristics:**
 - Bed size
 - Number of participants currently served by the PRTF who are provided services under the MHD Inpatient Psychiatric Services for Individual Under Age 21 benefit

- Number of participants, if any, whose Medicaid Inpatient Psychiatric Services Under Age 21 benefit is paid for by any state other than Missouri
- List all states from which the PRTF has ever received Medicaid payments for the provision of Psych Under Age 21 services
- Signature of the PRTF director
- Date the attestation was signed
- Statement certifying that the facility currently meets all of the requirements of [42 CFR 483, Subpart G](#) governing the use of restraint and seclusion
- Statement acknowledging the right of MHD (or its agents) and, if necessary, CMS to conduct an onsite survey at any time to validate the facility's compliance with the requirements of the rule, to investigate complaints lodged against the facility, or to investigate serious occurrences
- Statement that the PRTF will submit a new attestation of compliance annually and in the event a new director is appointed/hired

If the signed attestation statements are not received annually by the due date, approval for new pre-certifications will not occur.

Submission of Annual Attestation Statements

Annual Attestation Statements must either be mailed to:

Missouri Medicaid Audit & Compliance
Attn: PRTF Attestations
P.O. Box 6500
Jefferson City, MO 65102-2320

Or emailed to, MMAC.General@dss.mo.gov, with PRTF Attestation in the subject line of the email.

APPLICABILITY

The information in this bulletin applies to the MO HealthNet (MHD) fee-for-service program and may apply to the MHD managed care program, as well. MHD's fee-for-service policies set the basic coverage policies for benefits and limitations in the managed care program. The managed care health plans have additional flexibilities in operating their respective programs such as determining which services require prior authorization, and details required for claims submission. Certain services, such as pharmacy, are "carved out" of managed care and will be paid through the fee-for-service program. To ensure your understanding of this bulletin's applicability to each managed care health plan, please contact your health plan directly, or contact MHD.MCCommunications@dss.mo.gov.

[Provider Bulletins](#) are available on the [MO HealthNet Division \(MHD\) website](#). Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletins page.

Providers and other interested parties are urged to [subscribe](#) to the electronic **MO HealthNet News** mailing list to receive automatic notifications of [provider bulletins](#), [provider hot tips](#), provider manual updates, and other official MO HealthNet communications via email.

The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- MO HealthNet Managed Care

Before delivering a service, please check the patient's eligibility status by swiping their MO HealthNet card, calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and choosing Option One or using the Participant Eligibility option in [eMOMED](#). Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan.

[MHD Education and Training](#) offers schedules for interactive web based trainings for providers and general and program specific educational resources.

Provider Communications
573-751-2896