

PROVIDER BULLETIN

Volume 44 Number 21

<http://dss.mo.gov/mhd/>

October 13, 2021

PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES: CERTIFICATION AND ENROLLMENT

Applies to: Psychiatric Residential Treatment Facility (PRTF) Providers

Effective date: October 1, 2021

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PRTF OVERVIEW

The MO HealthNet Division (MHD) intends to submit a Medicaid State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services (CMS) to allow private PRTF facilities to provide inpatient psychiatric services for individuals under age 22. The effective date of the SPA will be October 1, 2021, pending CMS approval.

Under the federal Medicaid “Psych under 21” benefit, services may be provided in psychiatric hospitals, psychiatric units in general hospitals, or in PRTFs. According to CMS, a PRTF is any non-hospital facility with a provider agreement with a State Medicaid Agency to provide the inpatient psych under 21 benefit. PRTFs provide services under the direction of a physician.

According to CMS:

- A PRTF provides comprehensive mental health treatment to children and adolescents (youth) who, due to mental illness, substance abuse, or severe emotional disturbance, need treatment that can most effectively be provided in a residential treatment facility.
- All other ambulatory care resources available in the community must have been identified, and if not accessed, determined not to meet the immediate treatment needs of the youth.
- PRTF programs are designed to offer a short term, intense, focused mental health treatment program to promote a successful return of the youth to the community.

- Specific outcomes of the mental health services include the youth returning to the family or to another less restrictive community living situation as soon as clinically possible and when treatment in a PRTF is no longer medically necessary.
- The residential treatment facility is expected to work actively with the family, other agencies, and the community to offer strengths-based, culturally competent, medically appropriate treatment designed to meet the individual needs of the youth including those identified with emotional and behavioral issues.

Reference: <https://www.medicaid.gov/medicaid/long-term-services-supports/institutional-long-term-care/inpatient-psychiatric-services-individuals-under-age-21/index.html>

INITIAL CERTIFICATION BY DHSS

Private facilities interested in providing PRTF services must follow steps 1-3 below to initiate the process of certification by the Department of Health and Senior Services (DHSS). DHSS certification is necessary prior to enrolling with the MO HealthNet Division (MHD) as a PRTF. DHSS certification is limited to facilities located in Missouri. Facilities located in a bordering state must be certified as a PRTF by that state's designated survey agency.

1. Consult with DHSS at CONP@health.mo.gov or (573) 751-6403 regarding whether a Certificate of Need application must be submitted pursuant to 197.300 – 197.367 RSMo and 19 CSR 60-50.010 – 19 CSR 60-50.900. Additional information about the Certificate of Need program is available on the DHSS [website](#).
2. Submit an attestation that includes all required elements as specified in Section 2832A of Chapter 2 of the Centers for Medicare & Medicaid Services (CMS) [State Operations Manual](#) to DHSS at hospitallicensure@health.mo.gov. Additional contact information for the DHSS Bureau of Hospital Standards is available [here](#). PRTFs must satisfy all requirements in [42 CFR 441 Subpart D](#) and [42 CFR 483 Subpart G](#). Interpretive guidelines for surveyors are contained in [Appendix N](#) of the State Operations Manual. In addition, once enrolled with MHD, PRTFs must submit attestation statements to MHD annually by July 21st of each fiscal year.
3. PRTFs must be accredited by:
 - a. the Joint Commission, or
 - b. the Commission on Accreditation of Rehabilitation Facilities, or
 - c. the Council on Accreditation of Services for Children and Families.

PRTFs must submit a copy of the most recent accrediting organization survey to [DHSS](#) for review along with the attestation noted in #2 above. DHSS will review the attestation and the accrediting organization survey and will make a certification decision. DHSS will send a letter to the facility indicating approval or denial of PRTF certification.

ENROLLMENT WITH MHD AS A PRTF

In order to enroll as a provider with MHD, facilities located in Missouri must submit a copy of the DHSS PRTF certification letter to MMAC.ProviderEnrollment@dss.mo.gov and request an enrollment application packet. MHD provider enrollment for PRTFs is by paper only. Applicants

may direct any enrollment questions to the email address above. Facilities located in bordering states must submit a copy of the certification letter from that state's surveying agency in order to request an enrollment packet.

ENROLLMENT WITH MHD MANAGED CARE PLANS

After enrolling through the MMAC provider enrollment unit, facilities may also enroll with one or more [MO HealthNet Managed Care Plans](#) by contacting them directly.

SUBJECT TO DHSS SURVEYS

Following initial certification, DHSS will conduct surveys (Recertification, Complaint Investigation, and Validation) at least every five (5) years to ensure that the PRTF remains in compliance with the applicable regulations and the assertions of the attestation. For more information about the survey requirements, refer to the CMS [State Operations Manual](#).

Provider Bulletins are available on the MO HealthNet Division (MHD) website at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD website at <http://dss.mo.gov/mhd/> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

The information contained in this bulletin applies to coverage for:

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

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

Provider Communications Hotline
573-751-2896