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**5160-59-03.6 Psychiatric residential treatment facility (PRTF) service.**

(A) This rule sets forth provisions governing coverage for the PRTF service furnished as part of the Ohio resilience through integrated systems and excellence (OhioRISE) program.

(B) Definitions.

For the purposes of this rule, the following definitions apply:

- (1) "Bed hold day" means a day for which a bed is reserved for a resident of a PRTF through Medicaid reimbursement while the resident is temporarily absent from the PRTF for therapeutic leave or a visit with friends or relatives. Reimbursement for bed hold days may be made only if the youth has the intent and ability to return to the same PRTF. A youth on bed hold day status is not considered discharged because the PRTF is reimbursed to hold the bed while the youth is on temporary leave.
- (2) "Direct care costs" are costs for services delivered to a resident of a PRTF through a PRTF employee or contractual arrangement with a PRTF. Direct care costs include wages, taxes, staff development, contracting and consulting services.
- (3) "PRTF services" include the service and activities described in Chapter 5122-41 of the Administrative Code.
- (2) "Therapeutic leave" means a youth is temporarily absent from the PRTF and is in a residential setting other than a long-term care facility, hospital, or other entity eligible to receive federal, state, or county funds to maintain a resident, for the purpose of receiving a regimen of therapeutic services or visiting a potential new residential setting.

(C) Eligible providers

- (1) A "psychiatric residential treatment facility (PRTF) provider" for purposes of Chapter 5160-59 of the Administrative Code, is an entity covered in agency 5160 of the Administrative Code that provides psychiatric services to individuals twenty years of age or younger in an inpatient setting; and
  - (a) Meets the requirements in 42 CFR Part 441 Subpart D and 42 CFR Part 443 Subpart G; (January 1, 2023); and
  - (b) Has current behavioral health accreditation by the joint commission, the commission on accreditation of rehabilitation facilities, or the council on accreditation of services for families and children; and is one of the following:
    - (i) An entity that is certified as a PRTF in accordance with section 5119.36 of the Revised Code and Chapter 5122-41 of the Administrative Code.
    - (ii) An entity operating in another state and meeting the requirements set forth in rule 5160-1-11 of the Administrative Code. The entity has to:
      - (a) Maintain licensure to provide relevant services in the state where the entity operates; and
      - (b) Provide evidence that the facility is an eligible and enrolled PRTF provider with another state medicaid agency.
  - (c) PRTF services do not include hospital services covered in Chapter 5160-2 of the Administrative

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- (2) A PRTF facility has to have an active provider agreement with the Ohio department of medicaid (ODM).
- (a) PRTF providers will notify ODM if their license or accreditation is terminated, suspended, or not renewed within five business days of the action taken against their license or accreditation.
- (i) The PRTF provider will be disenrolled as an ODM PRTF provider, effective their license termination date, at least until such time as the license or accreditation is restored.
- (ii) Once the PRTF provider's license and/or accreditation is restored by the appropriate agency, the provider will notify ODM for potential reenrollment.
- (iii) A PRTF provider will be held liable for recoupment of any monies paid for services during the time that the provider did not possess a valid license and/or accreditation.
- (b) A provider enrolling or revalidating as an ODM PRTF provider will inform and make available to the department any cited deficiencies issued by, or plans of correction submitted to, any local, state, or federal licensure, accreditation, or certification authorities within the preceding three years.
- (c) No facility can enroll or revalidate as an ODM PRTF provider or receive medicaid funds for services furnished before the date on which an authorized individual signs an attestation which meets centers for medicare and medicaid services (CMS) requirements regarding restraint, seclusion, and death reporting policies, in accordance with 42 CFR Parts 441 and 483. (January 1, 2023).
- (d) A PRTF provider will inform ODM within thirty calendar days of any changes including, but not limited to:
- (i) Ownership;
- (ii) Specialty;
- (iii) Additions, deletions or replacements in group membership and practitioner affiliations; and
- (iv) Address, including all locations where services are rendered.
- (e) A PRTF provider will notify the department within ten days of any local, state, or federal civil (including licensure, accreditation, or certification) or criminal investigation of the provider related to allegations that, if true, could impact the health, safety, or welfare of youth at the facility.

(D) Coverage.

- (1) Services and activities described in Chapter 5122-41 of the Administrative Code furnished to an ODM recipient twenty years of age or younger in a PRTF are covered services.
- (2) PRTF services may continue when a youth is receiving PRTF services upon turning twenty-one years of age until the individual meets discharge criteria or reaches twenty-two years of age, whichever occurs first.
- (3) The medicaid base per diem reimbursement rate includes medically necessary PRTF services. The per diem rate includes the following:

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- (a) Treatment, therapeutic and other services described in rule 5122-41-07 of the Administrative Code;
  - (b) Room and board;
  - (c) Direct care costs, to include:
    - (i) Staffing to support increases in acuity, extending to the provision of individual supports when necessary;
    - (ii) Staffing to support a youth during transportation; and
  - (f) Transportation of the youth to family visits or community outings, as included in the youth's individual plan of care.
- (4) The PRTF per diem medicaid rate will be reimbursed to hold a PRTF bed for up to three days per therapeutic leave or family visit event, as defined in paragraph (B) of this rule.
- (a) Temporary absences will first be approved by the youth's treatment team, included in the individual plan of care, and planned in consultation with the youth's child and family team as described in rule 5160-59-01 of the Administrative Code.
  - (b) Extensions to bed hold days will be authorized in accordance with rule 5160-59-03.1 of the Administrative Code.
- (5) The base per diem reimbursement rate for PRTF facilities serving youth with cooccurring behavioral health and intellectual or developmental disabilities will be higher than the base PRTF per diem rate to compensate the PRTF for the additional costs associated with serving youth with cooccurring needs. The additional costs include but are not limited to:
- (a) Intensive and specialized therapies (e.g., occupational, physical, speech, audiology, and applied behavioral analysis);
  - (b) Non-traditional therapies;
  - (c) Higher staffing levels;
  - (d) Higher level and intensity of supervision; and.
  - (e) Specialized training for staff.
- (6) The base per diem reimbursement rate for PRTF facilities providing PRTF services to youth in a discrete building of six or fewer beds will be higher than the base PRTF per diem rate.
- (6) Services not included in the PRTF per diem reimbursement rate for which a separate medicaid payment may be made include, but are not limited to:
- (a) Medical, ancillary and specialty healthcare services that a nurse is unable to provide onsite rendered by providers who bill Medicaid directly.
  - (b) Direct-care services provided by a practitioner of physician services or hospital services as described in Chapter 5160-2 of the Administrative Code when performed outside of the PRTF.
  - (c) Community behavioral health services, as defined in Chapter 5160-27 and rule 5160-8-05 of the

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Administrative Code, rendered by a provider outside of the PRTF, when identified in the child and family-centered care plan as necessary for the youth's successful transition to a lower level of care.

(d) Care coordination activities provided by a care management entity in accordance with rule 5160-59-03.2 of the Administrative Code will be reimbursed as described in Chapter 5160-59 of the Administrative Code.

(e) Mobile response and stabilization services provided by a behavioral health provider in accordance with rule 5160-27-13 will be reimbursed as described in Chapter 5160-59 of the Administrative Code.

(f) Drugs and take-home drugs billed in accordance with provisions in Chapter 5160-09 of the Administrative Code.

(g) Dental services provided by licensed dentists in accordance with Chapter 5160-5 of the Administrative Code.

(h) Laboratory and x-ray procedures in accordance with Chapter 5160-11 of the Administrative Code.

(i) Vision care services, including examinations, dispensing and the fitting of eyeglasses, are paid directly to authorized vision care providers in accordance with Chapter 5160-6 of the Administrative Code.

(j) Transportation:

(i) Emergency and non-emergency transportation to other healthcare facilities.

(ii) Of the youth's family or guardian to and from the PRTF facility.

(iii) Of a youth transitioning into or out of a PRTF.

(E) Payments for PRTF services will be paid the lesser of charges or at the per diem rate listed on the PRTF fee schedule in effect on the date of services rendered. The PRTF fee schedule is published on the department's website, <http://medicaid.ohio.gov/>.

(F) Limitations.

(1) PRTF admissions will:

(a) Be requested by the OhioRISE care coordinator upon recommendation of the child and family team;

(b) Meet the certification of medical necessity requirements in rule 5122-41-01 of the Administrative Code; and

(c) Be authorized in accordance with rule 5160-59-03.1 of the Administrative Code.

(2) Except as described in paragraph (D) of this rule, separate medicaid payment will not be made for community behavioral health services, as defined in Chapter 5160-27 and rule 5160-8-05 of the Administrative Code, by a provider outside of the PRTF, unless the service is prior authorized by the OhioRISE plan.

(3) A PRTF may not accept preadmission payment to reserve a bed from a medicaid-eligible prospective resident or from any other source on the prospective resident's behalf as a precondition for admission.

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- (4) Educational services and transportation to or from educational services are not reimbursable as a PRTF service.
- (5) When the OhioRISE plan denies, reduces, terminates or suspends PRTF services, this constitutes an adverse benefit determination, and can be appealed in accordance with rule 5160-26-08.4 of the Administrative Code.