

*****DRAFT - NOT FOR FILING*****

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

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

(B) Eligible providers.

(1) A "psychiatric residential treatment facility (PRTF) provider", for purposes of ~~this chapter~~ Chapter 5160-59 of the Administrative Code, is a ~~facility~~an entity covered in agency 5160 of the Administrative Code-~~that is not a hospital~~, 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, 2022); and;

(b) Has current behavioral health accreditation by the ~~Joint Commission~~joint commission, the commission on ~~Accreditation~~accreditation of Healthcare Organizations, the Commission on ~~Accreditation of Rehabilitation Facilities~~rehabilitation facilities, or the ~~Council~~council on ~~Accreditation~~accreditation of ~~Service~~services for Familiesfamilies and Childrenchildren; and is one of the following:

(i) An entity that ~~meets the certification requirements set forth in~~is certified in accordance with section 5119.36 of the Revised Code and ~~Chapters~~Chapter 5122-41, 5122-26 and 5160-1-~~of~~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 Code.

(2) A PRTF facility has to have an active provider agreement, ~~including an Ohio PRTF Supplemental Agreement~~, with the Ohio department of medicaid: (ODM).

(a) All PRTF providers will notify ~~the Ohio department of medicaid~~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 ~~Ohio department of medicaid~~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 ~~the Ohio department of medicaid~~ODM for potential reenrollment.

(iii) A PRTF provider will be held liable for recoupment of any monies paid for services during the

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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 ~~Ohio department of medicaid~~ 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, 2022).
- (ed) A PRTF provider will inform ~~the department~~ ODM within thirty calendar days of any changes including, but not limited to, changes in ownership; specialty; additions, deletions or replacements in group membership and practitioner affiliations; and 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.

(C) Coverage.

- (1) Inpatient psychiatric services furnished to an ~~Ohio medicaid~~ ODM recipient twenty years of age or younger in a PRTF are covered services.
- (2) PRTF services are available until the youth reaches twenty-one years of age or, if the youth was receiving services immediately before the youth reached twenty-one years of age, until the earlier of the following:
 - (a) The date the youth no longer requires the services; or
 - (b) The date the youth reaches twenty-two years of age.
- (3) The medicaid per diem reimbursement rate includes all medically necessary PRTF services provided under the direction of a physician, as outlined in the youth's treatment plan. These services include, but are not limited to:
 - (a) Room and board;
 - (b) Physician services, as defined in Chapter 5160-4 of the Administrative Code, ~~except for those identified in the child and family centered care plan as necessary for the youth's successful transition to a lower level of care;~~
 - ~~(c) Behavioral health services, as described in Chapter 5122-27 and rule 5160-8-05 of the Administrative Code, except for those identified in the child and family centered care plan as necessary for the youth's successful transition to a lower level of care;~~ (d) Staffing to support increases in acuity, extending to the provision of individual supports when necessary; and
 - ~~(d) Staffing to support increases in acuity, extending to the provision of one on one or two on one care when necessary; and~~
 - (e) The services of PRTF staff as attendants during transportation.

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~~(4) The room and board component of the PRTF per diem medicaid rate will be reimbursed to hold a PRTF bed for up to five days per acute hospitalization or therapeutic leave event.~~

~~(a) When anticipated, temporary absences will first be approved by the youth's treatment team and included in the treatment and child and family-centered care plans.~~

~~(b) In the case of an unanticipated absence, the circumstances of the absence will be documented in the youth's record and notification will be made to the youth's parent or legal guardian within 24 hours of the youth's departure from the facility.~~

~~(c) Extensions to bed hold days will be authorized in accordance with rule 5160-59-03.1 of the Administrative Code.~~

~~(5)~~

(4) When permitted, provision of any service addressed in Chapter 5160-59 of the Administrative Code by telehealth will comply with the appropriate telehealth requirement(s) requirements found in rules 5122-29-31 and 5160-1-18 of the Administrative Code.

(D) Limitations.

(1) PRTF admissions will be authorized in accordance with rule 5160-59-03.1 of the Administrative Code and meet the certification of need requirements in rule 5122-41-0301 of the Administrative Code.

(2) Services provided by the PRTF beyond those described in Chapter 5122-41 of the Administrative Code will be authorized by may only be provided if authorized by the OhioRISE plan in accordance with rule 5160-59-03.1 of the Administrative Code.

(3) Payment for physician, outpatient, and community behavioral health services outside of a PRTF, except for those identified in the child and family-centered care plan as necessary for the youth's successful transition to a lower level of care, is not allowable when a youth is in a PRTF. This includes:

(a) Outpatient behavioral health services, as defined in Chapter 5160-2 of the Administrative Code;

(b) Community behavioral health services, as defined in Chapter 5122-27 and rule 5160-080508-05 of the Administrative Code; and

(c) Physician services, as defined in Chapter 5160-4 of the Administrative Code, rendered by a physician employed by or under contract with a PRTF.

(4) The costs of medical and ancillary services not provided by the PRTF will not be included in the all-inclusive per diem rate and should be billed as a separate service by the provider of those services.

(a) Take-home drugs will be billed in accordance with provisions in Chapter 5160-9 of the Administrative Code. Payment to PRTFs for take-home drugs will be reimbursed according to the provisions of Chapter 5160-9 of the Administrative Code.

(b) Transportation to or from a PRTF, including inter PRTF transfers, that is provided in accordance with Chapter 5160-15 of the Administrative Code is not a PRTF service and is reimbursed as described in Chapter 5160-15 of the Administrative Code.

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(c) 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~~Chapter 5160-59 of the Administrative Code.

(5) Educational services will be billed to the financially responsible school district for the youth placed at the facility. If there is are not reimbursable as a tuition dispute, the PRTF provider will contact the Ohio department of education service.