

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

DEPARTMENT OF HEALTH CARE FINANCE
Inpatient Psychiatric Services for Individuals under 22 Years
Psychiatric Residential Treatment Facilities (PRTFs)

REIMBURSEMENT PRINCIPLES AND METHODS

1. General Provisions

A psychiatric residential treatment facility (PRTF) is a non-hospital facility that provides inpatient psychiatric services for individuals under the age of twenty-two (22). PRTF services shall be:

- A. Provided under the direction of a physician;
- B. Provided by a psychiatric hospital or an inpatient psychiatric program in a hospital, accredited by the Joint Commission on Accreditation of Healthcare Organizations; or a psychiatric facility that is not a hospital and is accredited by the Joint Commission on Accreditation of Health Organizations, the Commission on Accreditation of Rehabilitation Facilities, the Council on Accreditation of Services for Families and Children, or by any other accrediting organization with comparable standards that is recognized by the District;
- C. Provided before the individual reaches the age twenty-two (22), or, if the individual was receiving the services immediately before he or she reached age twenty-two (22), before the earlier of the following:
 - 1. The date the individual no longer requires the services; or
 - 2. The date the individual reaches twenty-two (22);
- D. Certified in writing to be necessary in the setting in which the services will be provided (or are being provided in emergency circumstances) in accordance with § 441.152; and
- E. Satisfied through all requirements found in subpart G of part 483.352.

2. Certification of need for services

- A. For an individual who is a Medicaid recipient when admitted to a facility or program, certification must be made by an independent team that includes a physician who has competence in diagnosis and treatment of mental illness and has knowledge of the recipient's situation.
- B. For an individual who applies for Medicaid while in the facility or program, the certification must be made by the team responsible for the plan of care as

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specified in § 441.156 and cover any period before application for which claims are made.

- C. For emergency admissions, the certification must be made by the team responsible for the plan of care within fourteen (14) days after admission.
3. Reimbursement of Psychiatric Residential Treatment Facilities for Individuals Twenty-two (22) Years or Younger

Reimbursement of PRTFs will be based on a prospective, provider-specific per diem as specified below:

- A. In-District Providers. The District's Medicaid program shall pay a psychiatric residential treatment facility a rate equal to the average rate paid by Medicaid programs in the state of Maryland under their State Plan for comparable service and provider type determined on an annual basis for the following year. The rate paid by Maryland as of July 1 of each year will be averaged and that rate will be the rate effective October 1 of that same year for a full year in the District.
- B. Out-of-District Providers. PRTFs in states outside of the District may file claims for services provided to District Medicaid-enrollees considered residents of the District of Columbia. If the provider is a:
1. Medicaid Enrolled Provider in the State Where the Facility is Located
 - (a) The payment rate shall be the rate used by the state in which the facility is located for reimbursing the same or comparable service(s), rendered by a comparable provider type under its State Plan and/or Medicaid program.
 - (b) These providers shall enroll in the District's Medicaid program and provide the District with documentation of their enrollment and/or participation in their state Medicaid program, along with the accepted Medicaid rate of that state.
 2. Non-Medicaid Enrolled Provider in the State Where the Facility is Located
 - (a) The established payment rate for services provided in out-of-District PRTFs that do not participate in Medicaid in the state in which they are located shall be the established payment rate for services that the provider charges other third party payers.
 - (b) The established payment rate for services provided in out-of-District PRTFs that do not participate in Medicaid in the state in which they are located, and do not charge other third party payers, shall be the lowest rate charged a self-paying recipient of services.

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(c) A non-Medicaid enrolled provider in the state where the PRTF facility is located shall be enrolled in the District Medicaid Program before accepting District beneficiaries for service.

4. Appeals

A. All provider appeals shall be governed through Chapter 13 of Title 29 of the District of Columbia Municipal Regulations: Medicaid Administrative Procedures.

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